Thornbury Health Centre - Male

Quality Report

Thornbury Health Centre (Dr. Male and Partners)
Eastland Road, Thornbury
BS35 1DP
Tel:01454 412167
Website: www.thornburyhealthcentre.nhs.uk

Date of inspection visit: 7 August 2014
Date of publication: 31/10/2014

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Contents

Summary of this inspection

Page

Overall summary 2
The five questions we ask and what we found 3
The six population groups and what we found 6
What people who use the service say 7

Detailed findings from this inspection

Our inspection team 8
Background to Thornbury Health Centre - Male 8
Why we carried out this inspection 8
How we carried out this inspection 8
Detailed findings 10

Summary of findings

Overall summary

Dr Male and Partners based at Thornbury Health Centre is a semi-rural practice which provides primary care services to patients living in Thornbury, South Gloucestershire and surrounding areas, Monday to Friday during working hours. In addition there are a range of clinics for all age groups and specialist nursing treatment and support.

As part of our inspection we spoke with other organisations, such as; the South Gloucestershire Clinical Commissioning Group, the local Healthwatch and other healthcare providers to share what they knew. We talked with patients and staff.

The practice used a range of information to identify risks and improve quality regarding patient safety. They had a system for reporting, recording and monitoring significant events. Patients were protected from the risk of abuse. The practice had systems which recognised and supported patients who were at risk of abuse. Patients were treated by suitably qualified staff. Patients were cared for in a safe environment. The practice had the appropriate equipment, medicines and procedures to manage foreseeable patient emergencies. The practice was well maintained. Patients were protected from the risks of unsafe medicine management procedures. Patients were cared for in an environment which was clean and reflected good infection control practices.

The practice met nationally recognised quality standards (the Quality and Outcomes Framework - QOF) for improving patient care and maintaining quality. For example, the management of patients with long term conditions comparing favourably with other practices in the area. Patient care was improved by the regular monitoring of treatment. Patients' rights were protected with regards to the consent process. Patients' care was managed by the practice and other healthcare professionals. The practice worked with other primary care providers to co-ordinate care. The practice had opted out of providing out of hours care. This was provided by another Out of Hours provider. Patients had access to a range of health promotion information to improve their health.

Patients we spoke with were very satisfied with their care and treatment. This was confirmed by results from the GP patient survey which demonstrated 98% of respondents from the practice had confidence and trust in their GP. Patient privacy was respected and they were involved in their treatment decisions.

Patients were generally able to get an appointment when they needed it. However. there were areas for minor change for example, appointments running late. The practice had taken steps to address the issues. Patients with disabilities had the support and resources to promote independence.

Patients were cared for by staff who were aware of their roles and responsibilities for managing risk and improving quality. Staff told us they worked well as a team and were well supported to undertake their role. GPs and nurses were encouraged to update and develop their clinical knowledge and skills. The practice used a range of approaches to collect patient feedback. Patients' views on the service were listened to.

The practice supported older patients and patients with long term conditions by offering advice and support through specialist clinics, screening and evidence based information. The practice supported mothers, children and young people by working with other healthcare providers. The practice supported the working age population and those recently retired by offering a flexible appointment system. The practice supported patients in vulnerable circumstances by the early identification and protection of patients at risk. The practice supported patients experiencing poor mental health by regular monitoring of their treatment and support needs.

Please note that when referring to information throughout this report, this relates to the most recent information available to the Care quality Commission (CQC) at that time.

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 used a range of information to identify risks and improve quality regarding patient safety. They had a system for reporting, recording and monitoring significant events.

The practice had systems which recognised and supported patients who were at risk of abuse. Staff we spoke with were aware of their roles and responsibilities with regards to protecting people from abuse or the risk of abuse.

Patients were treated by suitably qualified staff. The practice had written guidance to support staff with the recruitment and selection process of new staff. The practice had a system to enable sufficient staff numbers to meet service requirements.

Patients were cared for in a safe environment. The practice had the appropriate equipment, medicines and procedures to manage foreseeable patient emergencies. Practice records demonstrated equipment was regularly serviced and maintained. The practice building was well maintained.

Patients were protected from the risks of unsafe medicine management procedures. Medicines were stored, checked and records accurately maintained in line with legal and safety requirements. However medicine keys were not always kept securely.

Patients were cared for in an environment which was clean and reflected good infection control practices. Staff had access to appropriate information about their role and responsibilities in protecting patients from the risk of infection.

Are services effective?

Patients' care and treatment was delivered in line with recognised best practice standards and guidelines. The practice met nationally recognised quality standard for improving patient care and maintaining quality and compared favourably with other practices in the area.

Patient care was improved by the monitoring of treatment. The practice had a system in place for completing clinical audit cycles to evidence treatment was in line with recognised standards.

Patients' rights were protected with regards to the consent process. Staff were confident in their understanding of their legal and ethical responsibilities for gaining informed consent prior to treatment.

Summary of findings

Patients' care was managed by the appropriate healthcare professionals. The practice worked with other primary care providers such as community nurses to co-ordinate care. Patients had timely referrals to secondary care services. The practice had opted out of out of hours primary care provision. This was provided by another provider. Communication between the practice and out of hours service was generally effective.

Patients had access to a range of support to maintain a healthy lifestyle and improve their health. The practice offered specialist clinics for patients with long term conditions where health promotion discussions were part of their treatment plan.

Staff received the training and support to undertake their role. They had an annual performance review and personal development plan.

Are services caring?

Patients were supported by staff who provided person centred care. Patients said they appreciated the time and kindness demonstrated by staff and how they supported their emotional needs as well as their physical problems. We observed staff were patient in their interactions with their patients and were able to support them appropriately. The annual GP National Patient Survey 2014 indicated 99% of respondents from the practice rated the service as good.

Patients' privacy and dignity was respected

Patients were involved in treatment choices. Patients told us doctors and nurses explained their care and they were involved in care decisions. 85% of practice respondents in the GP National Patient Survey 2014 said GPs involved them in care decisions, 89% felt the GP was good at explaining treatment and results..

Are services responsive to people's needs?

The services provided enabled patients to access the care they needed. The annual national GP Patient Survey 2014 indicated 99% of practice respondents were able to get an appointment when they requested. However, some patients were concerned appointments often ran late. The practice had begun to address this issue.

The practice delivered core services to meet the needs of the main patient population they treated. For example, older adults had access to screening services to detect and monitor the symptoms of certain long term conditions. There were immunisation clinics for babies and children.

Summary of findings

The practice had arrangements in place to support patients with disabilities. There was a loop system for patients with hearing difficulties. We observed the layout of the building enabled patients with mobility needs to gain access without assistance.

The practice had a comprehensive complaints system. There had been no formal written complaints since 2011.

Are services well-led?

Patients were cared for by staff who were aware of their roles and responsibilities for managing risk and improving quality. There were clear governance structures and processes in place to keep staff informed and engaged in practice matters.

Staff told us they worked well as a team and were well supported to undertake their role. GPs and nurses were encouraged to update and develop their clinical knowledge and skills.

Patients' views on the service were listened to and were used to improve services. The practice had a patient participation group (PPG) to promote and support patient views and participation in the development of services provided by the practice. There was a satisfactory system to review complaints.

Patients were protected from risk. The practice measured, collected and monitored data to meet nationally recognised standards for improving patient care and maintaining quality. There was a system for reporting, recording and monitoring significant events.

Staff were supported to undertake their roles. Each member of staff had a comprehensive annual performance review and personal development plan.

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 supported older patients by enabling access to services without people having to attend the surgery. The practice provided screening and specialist clinics to promote wellbeing, the early detection of symptoms and the protection of patients at risk of complications of disease.

People with long-term conditions
The practice supported patients with long term conditions by offering advice and support through specialist clinics, screening and evidence based information. Staff worked with other health care providers to reduce hospital admissions and enable patients to be treated at home.

Mothers, babies, children and young people
The practice supported mothers, children and young people by working with other healthcare providers and offering advice and support through specialist clinics, screening and information.

The working-age population and those recently retired
The practice supported the working age population and those recently retired by providing screening for common medical conditions. They offered a flexible appointment system and access to information and services via the practice website.

People in vulnerable circumstances who may have poor access to primary care
The practice supported patients in vulnerable circumstances by the early identification and protection of patients at risk. Patients had fair and equal access to treatment and support.

People experiencing poor mental health
The practice supported patients experiencing poor mental health by regular monitoring of their treatment and support needs. Patients told us referrals to specialist services were prompt.

Summary of findings

What people who use the service say

On the day of the inspection we spoke with 10 patients attending the practice two of whom represented the patient participation group. In addition we looked at four patient comment cards, feedback from the practice patient survey 2012, NHS choices website and the GP National Patient Survey 2014.

Patients we spoke with were highly satisfied with the care and treatment received. They appreciated staffs' friendly, caring and empathetic approach. Patients gave examples of care from the GPs who went the extra mile because they were patient, good listeners and knowledgeable of their needs. This was supported by feedback from the GP National Patient Survey 2014 which said 98% of the practice respondents described their overall experience of the practice as good

All of the patient feedback told us patients were able to get an appointment on the day or with the doctor of their choice. However, patients' comments from the practice patient survey 2012/13 indicated appointments sometimes ran late. The practice had begun to address the issue by offering double appointments for patients requiring more time with their doctor.

Patients we spoke with told us they had no complaints about the service. Although they were not familiar with the procedure for making a complaint they said they would not hesitate to speak to the GP or practice manager if they had concerns.

Thornbury Health Centre - Male

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector and GP specialist advisor. Additional team members were a practice manager specialist advisor and CQC pharmacy inspector.

Background to Thornbury Health Centre - Male

Dr. Male and Partners based at Thornbury Health Centre is a semi-rural practice providing primary care services to patients resident in Thornbury and those living within a five mile radius. The practice shares a purpose built building with another practice. All patient services are located on the ground floor of the building. The practice has a patient population of approximately 4,850 of which 20.0% are over 65 years of age.

The practice has two full time male and one part time female GP partners. They employ a practice manager, five nursing staff and seven administrative staff. A number of these staff work part time. Each GP has a lead role for the practice and nursing staff have specialist interests such as diabetes, infection control and nurse prescribing.

Primary care services are provided by the practice Monday to Friday during working hours (8am - 6.30pm). In addition there are a range of clinics for all age groups and specialist nursing treatment and support. The practice has opted out of the out of hours primary care provision. This was provided by another Out of Hours provider.

Dr Male and Partners, in line with other practices in the South Gloucestershire Clinical Commissioning Group, is situated within a significantly less deprived area than the England average.

Why we carried out this inspection

We inspected this GP practice 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)

Detailed findings

- 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 our inspection, we reviewed a range of information we held about the service and asked other organisations, such as the South Gloucestershire Clinical Commissioning Group, the local Healthwatch and other healthcare providers to share what they knew.

We carried out an announced inspection on the 7 August 2014. During the inspection we spoke with two GPs, the practice manager, three nursing staff and administration staff. We spoke with 10 patients who used the service. We looked at patient surveys and comment cards.

We observed how staff talked with patients.

We looked at practice documents such as policies, meeting minutes and quality assurance data as evidence to support what people told us.

Are services safe?

Our findings

Safe patient care

The practice used a range of information to identify risks and improve quality regarding patient safety. For example, reported incidents and accidents, clinical audit and national patient safety alerts. They had a system to report concerns and complaints from patients. All staff we spoke with was aware of how to report incidents.

Learning from incidents

The practice has a system for reporting, recording and monitoring significant events. There were quarterly meetings to review and share learning from the incidents. These were well attended by GPs and nurses and minutes from the meetings were on the staff intranet to read.

The significant event records demonstrated there was a range of incidents reported, with no underlying trends. Records demonstrated changes to practice occurred when things went wrong. For example, the prescribing and monitoring practice of some analgesics.

Safeguarding

The practice had systems to recognise and support patients who were at risk of abuse. There were two lead GPs for safeguarding who had a clear role supporting staff and overseeing the safeguarding process. The lead for safeguarding children met regularly with the health visitor to discuss children and families at risk.

Staff had ready access to the safeguarding policies for both children and vulnerable adults for information and guidance. The policies included contact details of the appropriate authorities to report concerns.

Training records demonstrated staff were up to date with safeguarding training. In addition all staff had recently undertaken training in domestic abuse. Staff we spoke with were aware of their roles and responsibilities with regards to protecting people from abuse or the risk of abuse. They were able to recognise the signs of abuse and demonstrated how they would respond to safeguarding concerns.

There was a system to highlight vulnerable patients on the practice's electronic records. This information was available on the patient's record so that staff were aware of any safety concerns when they attended appointments.

The practice had a comprehensive chaperone policy as guidance for staff.

Monitoring safety and responding to risk

The practice had the appropriate equipment, medicines and procedures to manage foreseeable patient emergencies. The emergency equipment included an automated external defibrillator, portable oxygen, ventilation equipment suitable for adults and children, manual suction and pulse oximeter (a pulse oximeter measures the level of oxygen in the blood). Staff we spoke with were aware of the location of emergency equipment. Staff knew the procedure to manage an emergency.

Relevant emergency medicines were available to respond quickly in life threatening situations until an ambulance arrived. Records demonstrated staff checked emergency equipment monthly and medicines were in date.

Medicines management

Patients were protected from the risks of unsafe medicines management. There was an identified medicines lead GP who had a clear role in overseeing risk management processes and ensuring quality.

We observed medicines were stored, checked and records maintained in line with legal and safety requirements.

Staff as part of stock control routinely checked and recorded the expiry dates of medicines held in the practice. Medicine refrigerators were secure and their temperatures were recorded daily to ensure medicines were stored under conditions which ensured their quality was maintained. We noted room temperatures where medicines were stored were not recorded, however the room temperature on the day of the inspection was not extreme. Secure storage was available for other medicines held by the practice. However, the storage arrangements for some medicines keys were not always secure.

We observed the repeat prescribing procedure was in line with the practice policy and protected patients against the risk of medicines errors and abuse. We identified that patients on warfarin (blood thinning medicine) did not have their bloods checked each time a prescription was issued in line with the National Patient Safety Alert 2007. However we were told by the GP all patient blood results were checked when they were returned from the laboratory. In addition a monthly audit of blood results was undertaken to check patients had attended the clinics for regular monitoring.

Are services safe?

The practice had a system of audit of the use of medicines. Results from a range of prescribing audits demonstrated some patients medicines had been changed in line with best practice or safety alerts. Prescribing errors were also discussed at significant event reviews.

Nursing staff records demonstrated they had the training and support to undertake their role and responsibilities with regards to prescribing and administering medicines.

Cleanliness and infection control

Patients were cared for in an environment which was clean and reflected current infection control practices. On the day of the inspection areas of the practice we looked at were visibly clean, tidy, well lit and uncluttered of unnecessary equipment.

Environmental cleaning of the whole building was undertaken by an external contractor and monitored by the practice manager.

There was an identified infection control lead who monitored the effectiveness of infection prevention and control measures. The infection control audit completed in April 2014 identified some areas of improvement such as policy development and infection control training. There was an action plan to address the issues.

There were sufficient hand washing facilities for staff and patients. Staff had access to the necessary personal protective equipment such as gloves and aprons when undertaking clinical procedures.

Legionella and water testing was carried out and documented in line with national guidance.

Staffing and recruitment

The practice had written guidance to support staff with the recruitment and selection process of new staff. Suitable candidates were asked to provide documentation to confirm their identity and qualifications. These included references and proof of qualifications or registration with

the appropriate professional body. GPs and nurses and administrative staff with chaperone duties were subject to a satisfactory criminal records checks via the Disclosure and Barring Service (DBS).

The practice had a system to ensure staff numbers met service requirements. At the time of the inspection there were no staff vacancies. Staff told us generally there were enough staff. They said individual teams worked well together. Part time working meant staff were able to increase their hours to cover staff absences.

Dealing with Emergencies

The practice had a comprehensive emergency plan to cover a range of situations which could disrupt the service provided. We saw a fire safety risk assessment had been completed July 2014 and an action plan for minor works had been implemented. Fire equipment was regularly tested. Staff were up to date with fire training.

Equipment

We saw from practice records that equipment for example, blood pressure monitoring and emergency equipment was regularly serviced and maintained. The checks included the annual testing of all electrical equipment and fire protection equipment such as fire extinguishers.

The maintenance of the building was the responsibility of external contractors. The contract included fixtures and some fixed equipment. There had been an audit in January 2014 and action plan was in progress. There was a business continuity plan on site for services failure.

Are services effective?

(for example, treatment is effective)

Our findings

Promoting best practice

Care and treatment was delivered in line with recognised best practice standards and guidelines. GPs and nursing staff gave us examples which included the application of evidence based practice. For example, the treatment of wounds, the use of National Institute of Health and Care Excellence (NICE) patient treatment pathways for managing long term condition and guidelines for the safe use of certain medicines.

Nursing staff and GPs we spoke with were confident in their understanding of their legal and ethical responsibilities for gaining informed consent prior to treatment. They described the importance of assessment to determine for example, whether a child was mature enough to make decisions or for adults who had impaired capacity.

Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audit cycles. Examples of clinical audits included the use of contraceptive coils and referrals to hospital. Recommendations from the audits had yet to be re-audited to demonstrate that the changes have been implemented and that improvements have been made.

Nursing staff gave illustrations of how they monitored the effectiveness of their practice. For example, following up on the after care of patients seen in the practice minor illness clinic to evaluate the accuracy of diagnosis and treatment. Nurses use recognised tools to evaluate the progress in wound healing.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice. The 2013/14 QOF results for the practice were 885 points out of 900 points and compared favourably with other practices in the area.

Staffing

Staff received the appropriate training and support to undertake their role. Records demonstrated most staff had completed essential training to support safe, effective practice such as basic life support and cervical screening updates. Nurses told us they had opportunities for continuing professional development to enhance their role. For example, a master class in wound care and a child health assessment programme to assist in the management of minor illnesses. Staff had an annual performance review.

The practice had a recruitment policy and effective processes were in place to ensure patients were supported by suitably skilled, qualified and experienced staff. Records showed nursing staff were registered with their professional regulatory body the Nursing and Midwifery Council. All the GPs had an annual appraisal as part of their revalidation (a process to demonstrate they are fit to practice).

The practice had a comprehensive induction programme which was adapted to meet staff role responsibilities. Core components of the programme included reading of practice policies and procedures.

Working with other services

The GPs worked with other healthcare providers to co-ordinate and manage patients' care. There were monthly clinical meetings to review the management of patients with long term conditions. These were attended by other healthcare professionals such as the community nurses and community matron.

Community nurses and health visitors were based at the surgery which facilitated contact with and availability of community staff. Feedback from staff of the multi-disciplinary team suggested GPs were accessible and joint working with the practice worked well which enabled continuity of patient care. Meeting minutes demonstrated there were regular care plan meetings with the community nurse for older patients and community nurses. The safeguarding children lead GP met regularly with the health visitor.

Patients had timely access to secondary care services (secondary care services are provided by medical specialists and other health professionals who generally do not have first contact with patients such as hospitals). Patients told us they were satisfied with how the practice managed referrals and gave examples of prompt and appropriate referrals to psychological, surgical and childrens' services.

We were told patient correspondence from other health and social care providers was scanned into patient records once the GPs had seen the results. Patients' blood and other test results were requested and reported electronically to prevent delays and reduce error.

Are services effective?

(for example, treatment is effective)

The practice had a system to identify patient admissions and discharges from hospital. Each day a list of patients in hospital was generated so GPs remained informed of patient deaths, discharges and delayed discharges. The practice manager told us this information enabled GPs to plan for patient discharges and follow up patients whose stay in hospital was longer than anticipated which may have indicated complications.

GPs reviewed reports the following morning for patients seen by the out of hours service and followed up patients requiring further treatment.

Health, promotion and prevention

Patients had access to a range of health promotion information in the surgery and on the practice website. The practice offered specialist clinics for patients with long term conditions such as diabetes and asthma and health promotion discussions were part of their treatment plan.

There was a blood pressure patient self-monitoring machine in the waiting area. Patients recorded their own blood pressure and left the results in an envelope for their GP to review and arrange for a further follow-up if necessary. Nurses told us monitoring blood pressure in this way reduced patient anxiety and meant patients did not have to make an appointment with the GP or nurse.

The practice offered clinics to support patients maintain a healthy lifestyle and improve their health such as a smoking cessation clinic.

The practice provided screening services such as cervical screening and blood pressure monitoring to enable the early detection of disease.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

On the day of the inspection we spoke with 10 patients attending the practice two of whom represented the patient participation group. In addition we looked at four patient comment cards and feedback from the practice patient survey 2012, NHS choices website and the national GP Patient Survey 2014.

Patients we spoke with were highly satisfied with the care and treatment received. They appreciated staffs' friendly, caring and empathetic approach. Patients gave examples of care from the GPs who were patient, good listeners and knowledgeable of their needs. Patients told us the doctors and nurses not only addressed their physical problems but also supported their emotional needs. This was confirmed by feedback from the national GP Patient Survey 2014 which indicated 93% of practice respondents said the GP was good at listening to them and 94% said the GP gave them enough time.

We observed staff were patient and kind in their interactions with patients and relatives. Patients told us they were treated with privacy and dignity at all times. Staff told us they closed doors, curtains and blinds before starting treatment to maintain privacy and dignity.

Patients were aware they had access to a chaperone (a member of staff to accompany a patient during their consultation).There was information for patients in the waiting area and beside each examining couch about the service. Administrative staff providing chaperone duties when nursing staff were not available, had the relevant security checks and training.

Involvement in decisions and consent

Patients told us doctors and nurses explained their care and they were involved in making decisions about their care. 85% of the practice respondents who participated in the GP National Patient Survey 2014 said GPs involved them in care decisions, 89% felt the GP was good at explaining treatment and results. Nursing staff described how patients were involved in monitoring their own health for example, weighing themselves daily or taking their own blood pressure.

Patients had access to a variety of health information on display in the waiting area of the practice and also on the practice website. However we noted there were limited alternative formats of information such as diagrams, models and easy read formats to enable patients to make informed choices.

Nursing staff were aware of their legal and ethical responsibilities for gaining informed consent prior to treatment. Staff knew how to enable adults with diminished capacity to understand and make their own decisions. For example, staff stressed the importance of establishing a relationship, knowing the patient and recognising changes in behaviour or mood. If a patient came with a carer they involved them with the patient's permission. Nurses referred patients back to a GP when they refused treatment which nurses considered to be in the patient's best interest. Staff understood their legal responsibilities and obligations when assessing whether a child was mature enough to make decisions about their care.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice delivered core services to meet the needs of the main patient population they treated. The patient population had a higher than the national average population of patients who were over 65.

Older adults had access to preventative services such as flu immunisations and screening services to detect and monitor the symptoms of certain long term conditions such as heart disease. The Quality and Outcomes Framework (QOF) national quality standards indicated the practice had scored 100% for the management of some conditions of the older adult for example, osteoporosis (weakened bones) and strokes.

The practice delivered a range of enhanced services (services over and above the essential/additional services normally provided to patients). For example, one enhanced service was the co-ordination and management of care of frail older people and other high-risk patients to avoid unplanned admissions to hospital. The practice demonstrated their achievement of this service by early contact following attendance at the A&E department or admission to hospital and regular meetings with the community nurse for older people.

The GPs provided primary care services to their patients resident in four local care homes. Feedback from one home indicated patients were generally satisfied with the care they received.

The practice had recently set up a patient participation group (PPG) to promote and support patient views and participation in the development of services provided by the practice. Records demonstrated patients' views on developing systems for patient feedback were acted on.

The practice had arrangements in place to support patients with disabilities. For example, there was a hearing induction 'loop system' for patients with hearing difficulties. The practice building was purpose built and included the facilities necessary for patients with mobility needs to gain access without assistance.

New patients registering at the practice completed a registration form that gathered comprehensive details of their health and lifestyle choices. All new patients were offered a consultation with the lead nurse.

Access to the service

The service provided enabled patients to access the care they needed promptly and efficiently. The practice was open 8am - 6.30pm. The practice had extended the surgery opening times in the evening one day a week as part of a local enhanced service which meant patients who were working or not able to attend during normal practice hours were able to see a GP. Patient feedback on the day and data from the practice patient survey 2012 indicated patients were able to get an appointment when they requested however, appointments sometimes ran late. The practice had taken steps to address this by offering double appointments for patients requiring more time with the GP.

Patients were asked simple health related questions by the receptionists at the point of making an appointment. The questions were based on practice guidelines to enable patients to see the appropriate healthcare professional. Receptionists were prompted to check with a GP for further guidance. Some patients for example, those with minor illnesses could be offered an appointment with the lead nurse who was appropriately qualified to provide treatment and support. Patients could choose to see the doctor rather than the lead nurse.

Concerns and complaints

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

The practice manager told us they had not received a written complaint since 2011. Patient comments and feedback was generally verbal and recorded in a log by staff. We were told most patient concerns were addressed and resolved at the time of making them. For example, appointments running late and the music played in the waiting room. Recorded comments were reviewed at team meetings or clinical meetings and actions taken such as offering double appointments for patients requiring more time.

Patients told us they were not familiar with the procedure for making a complaint .However they said they would not hesitate to speak to the doctor or practice manager if they had concerns. We saw information regarding making a complaint was available in the waiting area, practice information leaflet and on the website.

Are services well-led?

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

Our findings

Leadership and culture

The practice was well led. The practice vision and values emphasised the importance of enabling good access and ensuring continuity of patient care. Staff we spoke with gave examples of how knowing their patients, some over many years enabled effective care and treatment.

Staff told us they enjoyed working in the practice and were well supported by the GPs and other staff.

We found practice systems and processes were transparent.

Governance arrangements

Staff were aware of their roles and responsibilities for managing risk and improving quality. Each service area had a department lead to develop their service and manage their staff. GPs and nurses had lead responsibilities for example, safeguarding, clinical governance and infection control and areas of interest such as dementia and wound healing.

The GPs met weekly with the practice manager and all other staff met monthly within their own teams to discuss practice issues, developments and performance standards. Nurses and GPs met with other healthcare professionals on a monthly to review patients with complex care needs. Staff met quarterly to review significant events and share best practice.

Systems to monitor and improve quality and improvement

The practice had systems to reduce risk and improve the quality of the service. Staff were committed to demonstrating the care and treatment provided met the Quality and Outcomes Framework (QOF) nationally recognised quality standards.

The GPs were engaged in a programme of clinical audit and service improvement for example, the use of contraceptive devices, regular medicines and infection control audit. At the time of the inspection, recommendations from the 2014 clinical audit cycle had yet to be re-audited to demonstrate that the changes have been implemented and that improvements have been made.

Patient experience and involvement

The practice used a variety of strategies to collect patient views on the service. For example, via the national GP Patient Survey, a suggestions box in the surgery and email address on the practice website. The practice had acted on patient feedback for example, longer appointments to reduce late appointments.

The practice had a patient participation group (PPG) to promote and support patient views and participation in the development of services provided by the practice.
The quarterly group meetings were well attended by a core number of patients and the practice manager. Support by the patient participation group had led to improvements in getting repairs completed to the building.

Staff engagement and involvement

Staff were engaged informally and formally with practice issues. Individual teams met on a monthly basis.

Staff told us they could raise ideas for improvement or concerns with their team lead. Meeting minutes were available on the staff intranet.

Learning and improvement

Staff were supported to undertake their roles. Each member of staff had a comprehensive annual performance review and personal development plan.

Training records demonstrated staff had opportunities for continuing professional development to enhance their role.

Identification and management of risk

The practice had a system to evaluate significant clinical events and incidents. Staff met quarterly to review from these events. Records demonstrated there had been changes to practice such as the prescribing of some analgesics and the monitoring of the side effects of some medicines.

GPs and nurses responded to national safety alerts and used audit to identify patients at risk for example, patients over 65 with atrial fibrillation (irregular heart rate or heartbeat). The records demonstrated changes in practice for example, changes to prescribed medicines.

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

Safe

The practice supported older patients by enabling easier access to services without having to attend the surgery. For example the facility to book an appointment and request a repeat prescription via the internet.

Patients had access to preventative health interventions. They were invited for an annual flu vaccination. Patients over 70 years had access to a shingles vaccination.

The practice screened patients over 65 years for a particular heart condition as part of meeting the QOF national quality standards and other conditions more prevalent in older patients such as osteoporosis (weakened bones).

Staff worked with other healthcare professionals to meet patient's health needs. We were told staff attended dementia awareness training to improve dementia screening. GPs worked with the Dementia Specialist Nurse to provide support for patients.

The practice delivered a range of enhanced services (services over and above the essential/additional services normally provided to patients). For example, one enhanced service was the co-ordination and management of care of frail older people and other high-risk patients to avoid unplanned admissions to hospital.

We saw from information regarding accident and emergency referrals, patients admitted to hospital following a fall were referred promptly by the practice to the community matron for assessment.

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 supported patients with long term condition such as diabetes and respiratory disease by offering advice, education and treatment through specialist clinics. The clinics were led by nurses appropriately qualified and able to offer additional services such as prescribing.

There were care planning meetings with the community matron and staff nurse with responsibilities for the older adult to review the treatment and support of vulnerable patients with complex and life limiting long term conditions. The most vulnerable patients had a personalised care plan, including details such as their preferred place of care and an agreed plan for crisis management. Data regarding admission to hospital suggested that the practice management of this group of patients had reduced the risk of hospital admission.

The Quality and Outcomes Framework (QOF) national quality standards (2012/1013) indicated the practice had scored 100% for the monitoring and management of the ten long term conditions identified.

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 supported mothers, children and young people by working with other healthcare providers to provide maternity services. Immunisation clinics were led by appropriately qualified and trained nurses.

The lead nurse saw children for minor ailments. The nurse had recently completed child health assessment training to assist in the diagnosis and treatment of young children.

The practice worked collaboratively with other healthcare professionals to support children at risk and their families. Records demonstrated the lead GP met regularly with health visitors to review child at risk and their families.

Young adults had access to preventative sexual health services provided by the practice. For example, self-screening facilities for Chlamydia (a sexually transmitted disease) and contraceptives as part of the 'No worry scheme' contraception scheme.

The practice sent out letters to remind teenagers of vaccinations that were due.

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 provided screening services for adults between the ages of 40 and 75. This enabled the early detection of medical conditions such as diabetes, respiratory conditions and high blood pressure. Specialist clinics for example, diabetes provided on-going information, monitoring and support for patients with an existing condition or the newly diagnosed.

Patients were able to monitor their own blood pressure using equipment in the practice without having to make an appointment with the doctor or nurse unless follow up was required.

The practice website had links to further health information and organisations.

The practice had extended their opening hours one evening a week for patients unable to attend appointments in working hours.

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 had facilities to support patients with communication difficulties. There was access to a translation services for people whose first language was not English. There was a loop system in the reception area for patients with hearing difficulties.

There was strong leadership in the safeguarding of vulnerable adults and children. All practice staff were confident in their role and responsibilities in detecting and reporting abuse. Staff had undertaken training in domestic abuse. The GPs worked with other healthcare professionals in the monitoring and management of children and families at risk. As part of an enhanced service new-borns could have the hepatitis B vaccination.

Patients with a learning disability had an annual health check.

The practice manager told us they did not have any travellers registered at the practice. However they had a contact number to gain additional support and guidance for patients.

People experiencing poor mental health

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

Our findings

Patients experiencing poor mental health had a comprehensive care plan to meet their needs. The practice regularly monitored patients for the side effects of certain medicines used in the treatment of mental health conditions.

The practice offered patients at risk of developing dementia an assessment and referral to specialist services for further assessment and diagnosis as part of an enhanced service (services over and above the essential/ additional services normally provided to patients).

Patients told us they were referred promptly to mental health and psychological services.

The practice website included useful links to other information and support services.