Holland Park Surgery

Quality Report

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

Summary of findings

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Summary of findings

Overall summary

Holland Park Surgery is a general practice (GP) surgery that operates from a single premises located opposite Holland Park underground station, in the London borough of Kensington and Chelsea. The practice currently has about 9000 patients on its list. The service is registered with the Care Quality Commission (CQC) to provide the following regulated activities: diagnostic and screening procedures; maternity and midwifery services; and treatment of disease, disorder and / or injury.

All the patients we talked with were very happy with the care they received. We received positive comments about the care and service provided by the surgery.

The senior GP partners provided a visible leadership and staff we spoke with told us they were very approachable. There was a strong focus on staff training and professional development. One of the GP principals is the North West London Clinical Commissioning Group (CCG's) clinical lead for IT and a member of their Quality, Patient Safety and Risk (QPSR) Committee.

We found that Holland Park Surgery provided a well-led service which was safe, effective, caring and responsive to people's needs.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Overall the service was safe.

There were systems and processes in place to raise concerns and there was a culture of reporting and learning from incidents within the organisation. The equipment and the environment were maintained appropriately, and staff followed suitable infection control practices. The premises was clean and well-maintained. Vaccines, medicines and prescriptions kept on the premises were stored suitably and securely. There were suitable systems for the receipt, storage, record and administration of vaccines. Medicines were checked regularly to ensure they were within their expiry dates. Staff we spoke with were trained in and aware of their responsibilities for safeguarding vulnerable adults and children.

Are services effective?

Overall the service was effective.

Patients' needs were suitably assessed and care and treatment was delivered in line with current legislation and best practice. Audits of various aspects of the service including prescribing were undertaken at regular intervals and changes were implemented to help improve the service. The provider worked with other health and social care services, and information was shared with relevant stakeholders such as the Clinical Commissioning Group (CCG) and NHS England. There were effective staff recruitment procedures in place and staff were supported in their work and professional development.

Are services caring?

Overall the service was caring.

All the patients we spoke with and the comments we received were complimentary of the care and service that staff provided. Patients and carers were involved in their care decisions, and care was provided with respect to patients' privacy and dignity.

Are services responsive to people's needs?

Overall the service was responsive to people's needs.

The service obtained and acted on patients' feedback. Staff we spoke with told us there were various formal and informal meetings held and they were encouraged to provide feedback. People's needs were suitably assessed and met. The provider learned from people's experiences, concerns and complaints to improve the quality of care.

Summary of findings

Are services well-led?

Overall the service was well-led.

There were robust governance structures in place. The culture within the practice was open and transparent. We saw good working relationships amongst staff and an ethos of team working. Risks to the effective delivery of service were assessed and there were suitable business continuity plans in place.

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 service was safe, effective, caring, responsive and well led for people aged 75 and over.

Older people were cared for with dignity and respect. The practice was well-led and responsive to older people's needs, followed national guidance and worked with other health and social care providers to provide a safe care.

People with long-term conditions
The service was safe, effective, caring, responsive and well led for people with long-term conditions.

People in this population group received safe and effective care which was based on national guidance. Care was tailored to people's needs, had a multi-disciplinary input and was reviewed regularly.

Mothers, babies, children and young people
The service was safe, effective, caring, responsive and well led for mothers, babies, children and young people.

The practice followed national guidance and staff were aware of their responsibilities and the various legal requirements in the delivery of care to people in this population group. Staff worked with other health and social care providers to provide a safe care.

The working-age population and those recently retired
The service was safe, effective, caring, responsive and well led for working age people.

The practice was well-led, had a good structure and governance arrangements. There was an appropriate system of receiving and responding to concerns and feedback from patients in this group who had found difficulty in getting appointments

People in vulnerable circumstances who may have poor access to primary care
The service was safe, effective, caring, responsive and well led for people in vulnerable circumstances who may have poor access to primary care.

Summary of findings

There were good governance arrangements in place, the practice was well-led and staff had been provided training on safeguarding vulnerable adults and child protection. Staff we spoke with were aware of the safeguarding policies and processes and knew what action to take if they needed to raise an alert.	
People experiencing poor mental health Overall the service was safe, effective, caring, responsive and well led for people experiencing poor mental health The practice ensured that good quality care was provided for patients with mental health illnesses. The practice was well-led, responsive to patients' needs and staff told us that they worked with other professionals and community teams to ensure a safe, effective and co-ordinated care.	

Summary of findings

What people who use the service say

All the people we spoke with during the inspection and those who completed comment cards were very pleased with the service they received. People told us they were happy with the medical care and treatment at the practice. One person we spoke with said, they had been with the surgery for many years and had found the GPs very professional. There were varied opinions though regarding the availability of appointments. Some people told us they were very happy with the appointment system. One person never found any trouble in booking their appointments, while others said it was difficult at times to book a quick appointment, especially if they wanted to see a specific GP.

Areas for improvement

Action the service COULD take to improve

- Designation of clinical leads who would ensure relevant national guidance like NICE guidelines are appropriately cascaded amongst staff.
- Ensure clear audit trail to document usage or return of prescription slips carried by GPs while doing home visits.
- Develop a training matrix to enable information to be available with ease as regards training modules completed by all staff.
- Install an automated external defibrillator (AED) and provide staff with relevant training.

Good practice

Our inspection team highlighted the following areas of good practice:

- Regular reviews of prescriptions of older people discharged from hospital and those using more than 10 medicines by the visiting pharmacist.
- Strong involvement of the practice in audit activity in various areas.
- Robust commitment to training and learning for both clinical and non-clinical staff.
- Co-ordination of care of the elderly and vulnerable patients undertaken by a designated staff member-'Primary Care Navigator'.

Holland Park Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The lead CQC inspector was accompanied by a CQC manager and a specialist advisor- a practicing GP. The specialist advisor was granted the same authority to enter Holland Park Surgery as the CQC inspector.

Background to Holland Park Surgery

Holland Park Surgery is a general practice (GP) surgery located in the London borough of Kensington and Chelsea.

The surgery is a member of the NHS West London Clinical Commissioning Group (CCG) which is responsible for making sure that the people living within the Royal Borough of Kensington and Chelsea, and Queen's Park and Paddington (within Westminster City Council area), have access to the healthcare services they need. The Royal Borough of Kensington and Chelsea is an urban area, and one of the most densely populated in the United Kingdom. Compared to the England average there is a far higher proportion of 20-39 year old people living in the area.

The practice operates from a single premises located opposite Holland Park underground station. The practice currently has about 9000 patients on its list. The practice staff included principal and salaried GPs, trainee GPs, nursing staff, practice manager, healthcare assistant, receptionists and administrative staff.

The service is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder and / or injury.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

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

Detailed findings

Before visiting, we reviewed a range of information we had received from the out-of-hours service and asked other organisations including the CCG, NHS England and HealthWatch to share their information about the service. We also spoke with a patient on the telephone before the inspection visit and received comments via email from a member of the practice's Patient Participation Group (PPG). The PPG officer at the local CCG shared with us the work that had been undertaken to further develop the PPG and the action plan that had been developed following the 2014 patient survey.

We reviewed 23 comment cards completed by patients who visited the surgery on the day of our inspection.

We carried out an announced visit on 15 May 2014. We observed how staff interacted with patients. We talked with patients and family members. We reviewed information such as policies, procedures and the systems the provider had in place. We interviewed a range of staff including the: GP partners, trainee GP, practice manager, clinical nurse, receptionists, and administrative staff covering prescription, Quality & Outcomes framework (QOF) and patient engagement.

Are services safe?

Summary of findings

Overall the service was safe.

There were systems and processes in place to raise concerns and there was a culture of reporting and learning from incidents within the organisation. The equipment and the environment were maintained appropriately, and staff followed suitable infection control practices. The premises was clean and well-maintained. Vaccines, medicines and prescriptions kept on the premises were stored suitably and securely. There were suitable systems for the receipt, storage, record and administration of vaccines. Medicines were checked regularly to ensure they were within their expiry dates. Staff we spoke with were trained in and aware of their responsibilities for safeguarding vulnerable adults and children.

Our findings

Learning from incidents

Effective systems were in place to ensure the safety and welfare of people using the service. There was evidence of identifying and reporting serious incidents. Learning from incidents took place and where identified changes were implemented. The practice maintained records of significant events and we saw examples where errors in the safe management of vaccines and prescriptions, and handling of incoming calls related to children under two years old were promptly identified and analysed. There was evidence of changes having been implemented as a result of learning from these events. A health and safety policy was available and displayed for staff to refer to when required. Regular checks were undertaken on the equipment used in the practice to ensure they were safe for use.

Monitoring Safety & Responding to Risk

The practice had identified and assessed risks to the business continuity resulting from events such as IT equipment breakdown, inability of staff to reach work, flooding, snow and flu pandemic and put in place suitable plans. The provider had worked with local practices to ensure care to patients would continue to be provided if there was an event affecting the operation of the service.

Safe Patient Care

The provider had good systems for identifying, reporting and learning as regards patient safety issues. People's safety was maintained and staff were aware of their responsibilities to identify and report incidents. All the staff we spoke with were aware of identifying concerns and issues and how to report them. We were told for example, of an instance where an incident involving inappropriate storage of vaccines had been identified and was investigated appropriately and promptly to ensure people were provided with safe care.

Safeguarding

Patients were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. There were appropriate safeguarding and whistle-blowing policies and procedures in place, and staff we spoke with were aware of how to report any concerns they had. Staff we spoke with were aware of and had received training on safeguarding vulnerable adults and child protection. They

Are services safe?

understood the policies and processes and knew what action to take if they needed to raise an alert. The practice manager showed us their training software which staff could access to complete on-line training modules. Clinical and non-clinical staff we spoke with were aware of the procedure to follow if they were concerned about any poor practices in the service. Staff we spoke with told us they would refer any concerns to a senior member of the clinical staff such as the GP or the Practice Manager. They said they could also report their concerns to the local authority or relevant professional regulator if their concerns were not being listened to.

Medicines Management

Appropriate arrangements were in place in relation to the management of medicines at the practice. These included safe storage, records and disposal. We checked the emergency drug kit and found that all drugs were in date. There was a log maintained with the expiry dates of all the drugs available in the kit. The vaccinations were stored in suitable fridges at the practice and the practice maintained a log of temperature checks on the fridge. The records we checked showed all recorded temperatures were within the correct range. All the drugs and vaccines that we checked were within their expiry date. Staff were aware of protocols to follow if the fridge temperature was not maintained suitably. We were shown records of an instance where the fridge had been switched off from the mains. The issue had been identified promptly and suitable action taken including seeking advice from the vaccine manufacturers.

We saw that the medicines cupboard and the vaccines refrigerator in the nurse's treatment room were securely locked. There were regular reviews of the prescriptions of people with long term conditions. The pharmacist also reviewed the prescriptions of older people discharged from hospital and those using more than 10 medicines.

Cleanliness & Infection Control

Effective systems were in place to reduce the risk and spread of infection. The waiting area, and the consultation and treatment rooms were clean and well-maintained. We found that equipment was clean, there was no high level dust and that work surfaces in treatment rooms were clear of clutter. Staff were aware of infection control guidelines and a cleaning schedule and cleaning audit were available. There was evidence of action having been taken where the audit had identified shortcomings. Facilities for washing hands and hand cleaning gel and paper towels were available.

Staffing & Recruitment

The provider had a suitable process for the recruitment of all clinical and non-clinical staff. The staff files we looked at had records of pre-employment checks which included appropriate references, and criminal record checks. All staff were issued with an identity card. Staff had been provided a job description and a contract of employment. Newly appointed staff received an induction which included explanation of their roles and responsibilities, and access to relevant information about the practice including relevant policies and procedures.

Dealing with Emergencies

There were arrangements in place to deal with foreseeable emergencies. Emergency medication, oxygen and equipment like airway tubes were available at the surgery. Staff had received training in the management of medical emergencies, and regular checks of the equipment and medications were undertaken. Emergency drugs that we checked were in date and stored securely. However an automated external defibrillator (AED) which is considered good practice was not available at the surgery at the time of our inspection.

Equipment

Staff told us they had adequate equipment to enable them to carry out various diagnostic and treatment procedures. Regular checks of equipment and calibrations were undertaken where applicable. The equipment we checked including blood pressure monitors, weighing scales, vaccine fridges and otoscopes were clean and well maintained. The practice manager and nurse told us various pieces of equipment were cleaned and serviced at regular intervals.

Are services effective?

(for example, treatment is effective)

Summary of findings

Overall the service was effective.

Patients' needs were suitably assessed and care and treatment was delivered in line with current legislation and best practice. Audits of various aspects of the service including prescribing were undertaken at regular intervals and changes were implemented to help improve the service. The provider worked with other health and social care services, and information was shared with relevant stakeholders such as the Clinical Commissioning Group (CCG) and NHS England. There were effective staff recruitment procedures in place and staff were supported in their work and professional development.

Our findings

Promoting Best Practice

The practice took into account national guidelines such as those issued by the National Institute for Health and Care Excellence (NICE). The practice had regular meetings where clinical and business issues relevant to patient care, significant events and complaints were discussed. There were periodic multi-disciplinary meetings attended by GPs and nursing staff to discuss the care of people. The meetings covered various clinical issues; for example referrals, training of staff and audit findings and action plans. Staff ensured that patients on the Quality and Outcomes Framework (QOF) register were contacted and recalled at suitable intervals.

Management, monitoring and improving outcomes for people

The provider had systems and processes in place to ensure that standards of care were effectively monitored and maintained. The practice carried out regular clinical audits to ensure the treatment they offered people was in line with relevant guidance. Audits undertaken in the previous year had covered amongst others prescribing, paediatric, dermatology referrals, mental health audit covering use of medicines, There was evidence of learning from the audit process. For example a recent audit had focused on the paediatric attendance at the local accident and emergency department. The results had been analysed and actions planned as a result of the learning.

Staffing

Staff received appropriate support and professional development. The provider had identified training modules to be completed by staff which included amongst others; safeguarding of children and vulnerable adults, infection control and health and safety. Staff were aware of and had received training related to safeguarding, infection control and basic life support skills. Staff received supervision and an annual appraisal of their performance. The practice manager told us about staff from the reception team who had been supported and trained to take on clinical responsibilities. Several staff were working up from healthcare assistants roles to take on nursing responsibilities. The staff told us they had received this training and how much they enjoyed their variety of work. Staff we spoke with all told us they felt well supported by their colleagues and the practice manager.

Are services effective?

(for example, treatment is effective)

Staff said they had been supported to attend training courses to help their professional development, and there was a culture of openness and communication that enabled them to feel comfortable to raise concerns or discuss ideas. The GP trainee we spoke with was highly complementary of the training and support they had received at the practice.

Working with other services

The provider worked in co-operation with other services and there was evidence of good multi-disciplinary team working. Staff told us they worked well as a multidisciplinary team (MDT) and that there was good involvement of other social and healthcare professionals, especially in the care of the elderly, and patients with learning disabilities and mental health issues.

Health Promotion & Prevention

The practice ensured that where applicable people received appropriate support and advice for health promotion. A patient we spoke with said they had found the practice staff very supportive in helping them manage a healthy lifestyle. The nursing staff we spoke with gave examples of how people with Diabetes mellitus, and cardiac and respiratory conditions such as hypertension, chronic obstructive pulmonary disease (COPD) and asthma were provided advice and information about support available in the community to pursue active and healthy lifestyles.

Are services caring?

Summary of findings

Overall the service was caring.

All the patients we spoke with and the comments we received were complimentary of the care and service that staff provided. Patients and carers were involved in their care decisions, and care was provided with respect to patients' privacy and dignity.

Our findings

Respect, Dignity, Compassion & Empathy

Patients that we spoke with told us staff were respectful and polite at all times and we observed this to be the case. They told us that staff respected their privacy and dignity. We were told that if people wished they could ask for a chaperone and we saw that there were notices displayed in the reception area and consulting rooms to the same effect. GP and nurse consultations were undertaken in consulting rooms that afforded privacy and confidentiality. Staff we spoke with were aware of the need to be mindful of people's right to privacy and dignity. In all the interactions we observed, we found that staff were compassionate and respectful at all times. Staff also explained the steps they took to keep people's personal information confidential such as being careful while taking personal information over the telephone.

The West London CCG area's GP Patient Survey results for the working age population and those recently retired, reported a lower percentage (13%) of people who said it was not easy to get through to someone at GP surgery on the phone, compared to the England average of 22%. This feedback also came via comments left by people on NHS Choices. There was no concerning data that related to the other population groups.

Involvement in decisions and consent

The practice had worked with the Patient Participation Group (PPG) officer from the local CCG to produce a practice survey for the wider practice population. A patient survey had been undertaken in early 2014 and steps taken towards completion of the identified action. All the people we spoke with and the comment cards people had completed were complimentary of the staff at the practice and the service that people had received. People expressed their views and were involved in making decisions about their care and treatment. A person told us how they had been given the choice when the GP made a referral to a specialist and other people told us they felt their preferences were listened to and acted on. People who use the service were given appropriate information and support regarding their care or treatment. People told us that the doctors took time to explain things to them. People said they had the opportunity to ask additional questions if they needed to and felt their concerns were listened to. Staff we spoke with were aware of the

requirements under the Mental Capacity Act and the needs for ensuring that decisions were always taken in the best interests of patient. They were aware of seeking multi-disciplinary input and advice from other health and social care professionals especially when care involved vulnerable patients who could not provide consent.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Overall the service was responsive to people's needs.

The service obtained and acted on patients' feedback. Staff we spoke with told us there were various formal and informal meetings held and they were encouraged to provide feedback. People's needs were suitably assessed and met. The provider learned from people's experiences, concerns and complaints to improve the quality of care.

Our findings

Concerns & Complaints

The practice had a complaints policy and a patient information leaflet was also available which provided the procedure and timescales for handling of complaints. The provider maintained a log of complaints and the complaints procedure was available upon request. We saw that a record of the date complaints were received and responded to was kept and was available at the time of our inspection. Complaints and concerns were reviewed and we also saw that they had been responded to in a timely manner. Complaints were responded to in a timely manner and audits were undertaken regularly to review the working procedures and practices which were amended where applicable.

Responding to and meeting people's needs

The practice had worked with the Patient Participation Group (PPG) officer from the local CCG to produce a practice survey for the wider practice population. A patient survey had been undertaken in early 2014 and steps taken towards completion of the identified action. The patient survey showed that patients were happy with the service and that it met their needs. We also found this to be the case in our discussion with patients and from the comment cards submitted by patients attending the surgery on the day of our visit. The practice now routinely included up to 45 minutes of catch up time in all GP surgery appointments to help reduce the time patients had to wait to be seen. This was in response to PPG's comments about long waiting times.

Access to the service

Patients were mostly happy with the way their calls and booking of appointments were dealt with; though some people commented that the system could be improved. Following an incident where a parent had been referred to the urgent care centre inappropriately, the practice had responded to the way calls for booking of appointments for children under two years of age were handled and these were now given urgent priority. Children under two years of age were now offered immediate triage appointment (face to face or phone) with the duty doctor or the assistant.

Are services responsive to people's needs?

(for example, to feedback?)

Learning from experiences, concerns and complaints

The practice had a culture of openness and learning. Staff told us they felt confident in raising issues and concerns. We saw that incidents were reported, analysed and acted upon promptly.

Are services well-led?

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

Summary of findings

Overall the service was well-led.

There were robust governance structures in place. The culture within the practice was open and transparent. We saw good working relationships amongst staff and an ethos of team working. Risks to the effective delivery of service were assessed and there were suitable business continuity plans in place.

Our findings

Leadership & Culture

Staff told us there was an open culture at the practice and the GPs and the manager were very supportive. Staff said the practice worked as a good team, there were clear roles and responsibilities, and that they were provided with opportunities for development and training. We noted a good relationship between clinical and non-clinical staff. Appraisals were carried out annually and a training programme, though in its early stages, was in place. The training included e-learning as well as face to face training.

Governance Arrangements

The practice staff included principal GPs, salaried GPs, nursing staff, practice manager, healthcare assistant, receptionists and administrative staff. One of the GP principals was an academic facilitator for Imperial College London and undertook teaching of other local GPs. Another GP was a GP tutor and her role included planning educational events for clinical staff in the locality. We saw good working relationships amongst staff and an ethos of team working. Line management arrangements were clear and staff received regular supervision and performance review. The practice had stable arrangements of administrative and receptionist staff.

Systems to monitor and improve quality & improvement

The practice undertook and participated in regular audits. We noted examples of learning from incidents and audits, and noted that where applicable practices and protocols had been amended accordingly. Following an incident where a parent had been referred to the urgent care centre inappropriately, the practice had responded to the way calls for booking of appointments for children under two years of age were handled and these were now given urgent priority.

Patient Experience & Involvement

The practice had a Patient Participation Group and the practice worked with them to help improve the care services. All the people we spoke with and the comment cards peoples had completed were complimentary of the staff at the practice and the service that people had received. Patients told us that they felt listened to and involved in the decisions about the care and treatment.

Are services well-led?

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

Staff engagement & Involvement

Staff we spoke with all told us that they felt well supported by their colleagues and the practice manager. They said they had been supported to attend training courses to help them in their professional development and that there was a culture of openness and communication at the practice and they felt comfortable to raise concerns or discuss ideas. The GP trainee we spoke with was highly complementary of the training and support they had received at the practice.

Identification & Management of Risk

There were robust risk management plans in place. The provider had worked with local practices to ensure care to patients would continue to be provided if there was an event affecting the operation of the service. Risks to the business continuity resulting from events such as IT equipment breakdown, inability of staff to reach work, flooding, snow and flu pandemic had been identified and assessed, and plans had been put in place.

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 safe, effective, caring, responsive and well led for people aged 75 and over.

Older people were cared for with dignity and respect. The practice was well-led and responsive to older people's needs, followed national guidance and worked with other health and social care providers to provide a safe care.

Our findings

All the patients we spoke with said the service was responsive to their needs, and the comments we received were complimentary of the care and service that staff provided; although some patients commented about some difficulty in getting quick access to their GP of choice.

The practice manager and GP told us they were currently working towards the requirement of providing a named accountable GP for patients 75 years old and over.

Patients and carers were involved in their care decisions and care was provided with respect to patients' privacy and dignity. In our observations we found the staff to be caring towards their patients.

The practice was well-led, relevant national guidance was followed and the staff worked with other providers to ensure care was planned and delivered effectively. For example, the practice worked with an Age UK staff who was based in the practice three days a week to help co-ordinate care of the elderly and vulnerable patients.

The practice provided GP support for a nearby nursing home with dementia patients and there were clear protocols for their care.

People we spoke with said that they felt involved in the decision-making process especially where there had been choices to be made about how they were treated. One of the GP principals was the CCG lead for care of older patients.

The practice had a protocol whereby older patients had their care plan reviewed when they were discharged from a hospital stay. Care plans were developed and regularly reviewed for highest risk elderly patients based on risk scoring. The practice was also involved in the Putting Patient First Local enhanced Scheme (PPF LES) which was based around the care planning of patients aged over 75 with chronic conditions at risk of emergency admission.

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 service was safe, effective, caring, responsive and well led for people with long-term conditions.

People in this population group received safe and effective care which was based on national guidance. Care was tailored to people's needs, had a multi-disciplinary input and was reviewed regularly.

Our findings

The practice was well led and responsive to the needs of people with long term conditions (LTCs).

Staff were well trained and had the knowledge and skills to respond to the needs of this population group and provide safe care.

We found people's care was tailored to their individual needs and circumstances; and patients and carers were involved in decisions about their care. There were regular patient care reviews to ensure people in this group received coordinated multi-disciplinary care, and to ensure that referrals to specialists were made in an appropriate and timely way.

Evidence-based guidelines and care pathways were used for the care of people with long term condition

The practice was well led and responsive to the needs of people with long term conditions (LTCs).

Staff were well trained and had the knowledge and skills to respond to the needs of this population group and provide safe care.

We found people's care was tailored to their individual needs and circumstances; and patients and carers were involved in decisions about their care. There were regular patient care reviews to ensure people in this group received coordinated multi-disciplinary care, and to ensure that referrals to specialists were made in an appropriate and timely way.

Evidence-based guidelines and care pathways were used for the care of people with long term conditions.

There was a good system to undertake regular blood tests and monitor repeat prescriptions for various medications such as the disease-modifying antirheumatic drugs (DMARDs) used in the treatment of long term conditions like rheumatoid arthritis.

People with long term conditions

There were regular multi-disciplinary meetings attended by GPs and nurses to review the care of people receiving palliative treatment. The practice had put in place a new system of referral management to ensure peer discussions were undertaken for every new referral.

There were regular blood tests and monitoring of repeat prescriptions for people on specific medications such as the disease-modifying antirheumatic drugs (DMARDs) used in the treatment of long term conditions like rheumatoid arthritis.

There were regular multi-disciplinary meetings attended by GPs and nurses to review the care of people receiving palliative treatment. The practice had put in place a new system of referral management to ensure peer discussions were undertaken for every new referral.

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 service was safe, effective, caring, responsive and well led for mothers, babies, children and young people.

The practice followed national guidance and staff were aware of their responsibilities and the various legal requirements in the delivery of care to people in this population group. Staff worked with other health and social care providers to provide a safe care.

Our findings

The provider ran a post-natal clinic and the health visitors were practice-based and had a room in the building. There was also a drop-in breast feeding forum for new mums. The practice was well led and had responded to the way calls for booking of appointments for children under two years of age were handled and these were now given urgent priority. There was evidence of good multidisciplinary working with involvement of other health and social care professionals. Staff we spoke with were aware of and had received training on safeguarding vulnerable adults and child protection. There was a rolling programme for staff to obtain up to level 3 training. Staff understood the policies and processes and knew what action to take if they needed to raise an alert.

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 service was safe, effective, caring, responsive and well led for working age people.

The practice was well-led, had a good structure and governance arrangements. There was an appropriate system of receiving and responding to concerns and feedback from patients in this group who had found difficulty in getting appointments.

Our findings

The practice was well led and responsive to the needs of people in this group. The provider had made improvements to their appointment system to help enable access for this group and from the feedback we received in comment cards we found that it was fairly easy to contact the practice We saw an appropriate system of receiving and responding to concerns; and feedback from patients in this group who had found difficulty in getting appointments. The staff and practice manager told us that the appointment system was regularly monitored and improvements were made in response to people's comments.

Staff were well trained and had the knowledge and skills to respond to the needs of this population group and provide safe care.

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 service was safe, effective, caring, responsive and well led for people in vulnerable circumstances who may have poor access to primary care.

There were good governance arrangements in place, the practice was well-led and staff had been provided training on safeguarding vulnerable adults and child protection. Staff we spoke with were aware of the safeguarding policies and processes and knew what action to take if they needed to raise an alert.

Our findings

Staff we spoke with were aware of the safeguarding policies and processes and knew what action to take if they needed to raise an alert.

The practice undertook annual reviews of the care planning of people with learning disabilities and this was undertaken by the practice nurse at the practice or in people's homes. The practice also undertook learning and improvement initiatives to ensure it provided a safe service.

The GP principal told us that one of the practice's highest priorities was the development of a 'hybrid primary care worker' which combined the responsibilities of a nurse and healthcare assistant. The worker would be able to undertake 20 tasks such as measuring blood pressure, administering eye drops and changing dressings. This would ensure that vulnerable people and especially those with poor access would be able to receive the care service.

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

Overall the service was safe, effective, caring, responsive and well led for people experiencing poor mental health

The practice ensured that good quality care was provided for patients with mental health illnesses. The practice was well-led, responsive to patients' needs and staff told us that they worked with other professionals and community teams to ensure a safe, effective and co-ordinated care.

Our findings

The practice ensured that good quality care was provided for patients with mental health illnesses. Staff told us that they worked with other professionals and community teams to ensure co-ordinated care. There were clear structures and responsibilities and the GP principal told us that there were good working relationships with other local providers to ensure effective and safe care for people in this population group. There were systems to ensure increased supervision for those patients being discharged from hospital The practice was part of the local CCGs new pilot scheme to provide better integrated care. Staff we spoke with were aware of the requirements under the Mental Capacity Act and the needs for ensuring that decisions were always taken in the best interests of patient. Staff were aware of seeking multi-disciplinary input and opinion from other health and social care professionals especially when care involved vulnerable patients who could not provide consent.