Stockett Lane Surgery

Quality Report

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Date of inspection visit: 15 May 2014
Date of publication: 20/08/2014

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.

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Overall summary

Stockett Lane Surgery provides primary medical services Monday to Fridays for patients in the Coxheath and surrounding areas of Maidstone in Kent. The practice has five general practitioners (GPs), four of whom form the partnership management team. The senior partner is the registered provider of services at the practice. The services are commissioned by the West Kent Clinical Commissioning Group (CCG) and provide regulated activities for:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

We spoke with patients during our inspection and over the phone the following day they were all very complementary about the services they had received from the practice. We also received many positive comments from patients who had completed comment cards prior to our inspection. All expressed a high level of satisfaction with the practice and the staff. We also met with two members of the Patient Participation Group (PPG), who emphasised the support, engagement and good working relationship the group had with the GP partners at the practice. Staff we spoke with told us that the management were very open and approachable.

We found that the practice was in the process of a return to a full complement of GPs and nursing staff which would with time provide an embedded management team. Despite some problems with staff absence, sickness and difficulty with the recruitment of suitable clinical staff, overall, we found the practice was well-led and provided caring, effective and responsive services to a wide range of patient groups, including older people, those of working age and recently retired, mothers, babies, children and young people, patients with long term conditions and complex needs, people in vulnerable circumstances and people who were experiencing poor mental health.

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 practice was safe. The practice could demonstrate that changes had been made when things had gone wrong. The information about incidents had been shared amongst the team and measures had been put into place to reduce the risk of re-occurrence. There were good safeguarding systems in place and all staff were trained to recognise the signs of abuse and what to do if abuse was suspected. The practice was clean, tidy and hygienic. Staff followed guidelines to ensure that good standards of hygiene were maintained. The provider showed us evidence that, assured us the practice protected patients against the risks associated with medicines. The staff were trained and equipped to deal with medical emergencies, we observed this when a medical emergency occurred during our visit.

Are services effective?

Overall the practice was effective. There were enough suitably trained and experienced staff to meet the needs of the patients who used the practice. We saw evidence that the practice worked very well with other healthcare providers and held and participated in a number of multidisciplinary meetings with other health and social care professionals, a care home and the local pharmacy. We saw a varied selection of information that was supplied to patients or was on display in the waiting area this included information on health promotion, prevention and travel advice.

Are services caring?

Overall the practice was caring. Patients told us that they were always treated with dignity and respect when using the practice. We heard how compassionate the GPs were with regard to end of life care and how they had supported patients through bereavement. Patients commented on how they were involved in their care and had their options explained to them where this was possible. Staff we spoke with were able to demonstrate their understanding of the consent process. However, we found that some staff had not received up to date Mental Capacity Act (MCA) training. Following our inspection the provider assured us and provided evidence that training had been scheduled for all staff and they would send confirmation of the training once it had been completed.

Are services responsive to people's needs?

Overall the practice was responsive to patients needs. There were systems and processes in place to respond and take action when things did not go as planned. The practice had a complaints

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procedure and complaints had been responded to in a timely manner. Patients were able to make suggestions to improve the services they received. Patients had been listened to and we saw that actions had been taken as a result of their comments and feedback.

Are services well-led?

Overall the practice was well-led. The management team were in the process of developing a more structured leadership procedure for staff. Staff told us that there was an open and supportive culture, that they were comfortable approaching the senior and other partners for anything they needed and that management listened to them. There were monitoring and risk management systems in place that ensured that lessons were learned and the service improved as a result.

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 had a higher than the national average population of older patients. We saw that the practice offered routine care to older patients, this included blood tests, blood pressure monitoring and general well man/woman consultations.

Older patients were seen annually, or sooner depending on the complexity of their needs, by the nursing or medical team to review their medicines. The practice also held daily clinics for patients on medication for rheumatoid arthritis and blood clotting problems. This meant that, continued monitoring ensured that older patients received the right treatment and care when they needed it.

We saw that flu vaccinations were routinely offered to older patients to help protect them against the virus and associated illness.

We found the practice to be caring in the support it offered to older patients and there were effective treatments and ongoing support for those patients identified with dementia. The practice was responsive in meeting the needs of the older patients and in recognising future demand on the practice for this age group The practice was well led in relation to improving the provision of the service for patients and their families who were receiving end of life care.

We found the practice to be responsive. with an idea and vision for a new purpose built practice which would, if approved by NHS England, tackle the current difficulties with regard to space and accessibility. There was a clear understanding from the leadership team of what the future of general practice would be and the practice had responded to it proactively.

People with long-term conditions

The practice offered routine care to patients with long term conditions which included blood tests, blood pressure monitoring, electro cardiography (ECG) and spirometry (to measure breathing) at the surgery. The practice offered nurse led chronic pulmonary obstructive disease (COPD) and diabetes clinics and patients were seen at least annually for their checks.

We saw that flu vaccinations were routinely offered to patients with long term conditions to help protect them against the virus and associated illness.

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Patients with long term illness were seen annually or sooner depending on the complexity, by the nursing or medical team to review their medicines. The practice also held daily clinics for patients on medication for rheumatoid arthritis and blood clotting. This meant that patients with long term conditions were appropriately monitored and medication could be monitored to ensure their wellbeing.

The practice held regular diabetic retinal screening clinics from a mobile unit run by a charitable trust which attended the surgery each month. Diabetic patients from the practice were invited to attend these clinics. This meant that diabetic patients would be able to receive care, treatment and advice to reduce the risk of and/or any complications arising with their eyesight.

Staff from the local hospice attended meetings with the GPs and the nursing staff, this enabled GPs to discuss the needs of patients with chronic and terminal illness. They discussed arrangements for individual patients on advanced care plans and ensured the out of hours service was informed of the care arrangements if emergencies or crises arose. This meant that these patients received the care relevant to their circumstances regardless of when they needed it.

We found the practice to be caring in the support it offered to patients with long term conditions that the care they received was effective and treatment pathways were monitored and kept under review by a multidisciplinary team. The practice was responsive in prioritising urgent care that patients required and the practice was well-led in terms of improving outcomes for patients with long term conditions and complex needs.

Mothers, babies, children and young people

Mothers, babies, children and young people received routine care from the practice. Mothers attending the practice were seen for their initial antenatal assessment and then referred to the midwife who held clinics on site. Mothers were then seen again routinely for a postnatal check at the six to eight week stage. Babies were seen at the baby clinic within the practice where they were checked and given their first immunisations.

The practice worked closely with both the midwives and health visitors and in addition to the clinics held at the practice also provided childbirth preparation classes and a first time mother support group.

We found that the practice was caring in its approach to mothers, babies, children and young people and provided effective services and treatment, offering dedicated clinics at the practice and referrals into community based services to provide additional

Summary of findings

support. The practice provided a responsive service, prioritising appointments for mothers with babies and young children. The practice was well-led in relation to having a named lead with responsibility for children's safeguarding.

The working-age population and those recently retired

The working age population and those recently retired were offered routine care by the practice. The practice held a telephone triage service every week day this was in addition to patients attending for appointments. The practice was open later on a Monday and Thursday so that patients had the opportunity to attend after work.

We saw that flu vaccinations were routinely offered to the working age population and those recently retired to help protect them against the virus and associated illness. The practice also offered travel vaccinations and travel advice on a private basis.

We found the practice to be caring in the support it offered to working age and recently retired patients, and were responsive by extending opening hours to provide access for patients later in the day. There were effective monitoring services and clinics and the management team completed clinical audit cycles to evaluate outcomes for patients in this group.

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

The practice provided routine care to patients in vulnerable circumstances who may have poor access to primary care. The practice served a community of traveller families and they were frequent users of the practice. The practice also had patients who were homeless and had systems for keeping in touch with these patients so that they had access when they needed it even if they had moved out of the area.

We saw that flu vaccinations were routinely offered to patients who were in vulnerable circumstances who may have poor access to a GP to help protect them against the virus and associated illness.

We found that the practice was caring about vulnerable patients, the homeless and travelers, by providing access and support when there were issues around literacy. There was effective support from the practice for vulnerable patients and the practice was responsive in providing care in people's homes who found it difficult to attend.

People experiencing poor mental health

We saw that the practice offered routine care to patients experiencing a mental health problem. Patients were offered same day pre-booked and follow up appointments and where possible every effort was made to make appointments with the same GP.

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The practice held multidisciplinary meetings bi-monthly which were attended by staff in the mental health team where they discussed arrangements for individual patients and ensured the out of hours service was informed of the care arrangements if emergencies or crises arose. This meant that patients experiencing mental health problems had support from the practice, in the community and care and treatment when they needed it.

We found that the practice was caring in relation to patients experiencing poor mental health and the practice had effective procedures in place for undertaking routine mental health assessments. The practice was responsive in referring patients to other service providers for on going support. We found the practice to be well-led with their approach in relation to identifying and managing risks to patients who may be experiencing poor mental health.

Summary of findings

What people who use the service say

All of the patients we spoke with on the day were very positive about the services they had received at Stockett Lane Surgery. They were particularly complementary about the staff, and said that they were always caring, supportive and sensitive to their needs. Patients told us that they felt safe when visiting the practice or when the GPs visited them in their homes.

Patients indicated that they had no concerns with regard to hygiene and the cleanliness of the practice. They told us that staff always washed their hands when examining them or carrying out a procedure.

We heard how patients felt they were involved in their care and treatment and that options were always explained and discussed with them. They told us that the staff always gave them enough information to be able to make decisions with regard to their care and that they could make these decisions in their own time.

Patients said that they were treated with dignity and respect when using the service and that they could request to speak to one of the reception staff privately if they wished.

Patients we spoke with told us that it was sometimes difficult to get an appointment with the same GP and this had been reflected in the most recent patient satisfaction survey. However, they said that this was improving.

We also received positive comments from patients who had completed comment cards prior to our inspection, all expressed that they were more than satisfied with the support, care and treatment they had received from the practice. We also spoke with two members of the Patient Participation Group (PPG) who both emphasised the support, engagement and working relationship they had with the management team.

Areas for improvement

Action the service COULD take to improve

Staff were not aware of when to report any allegation of abuse to the Care Quality Commission.

Some of the staff had not had Mental Capacity Act training and could not explain what measures would need to be followed in patients best interests where they could not consent.

Good practice

Our inspection team highlighted the following areas of good practice:

We found the practice to be caring in the support it offered to older patients and there were effective treatments and on going support for those patients identified with dementia. The practice was responsive and well led in relation to improving the provision of the service for patients and their families who were receiving end of life care.

The practice held regular diabetic retinal screening clinics from a mobile unit run by a charitable trust which attended the surgery each month. This meant that diabetic patients would be able to receive care, treatment and advice to reduce the risk of and/or any complications arising with their eyesight.

Stockett Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and a GP and the team included a second CQC Inspector and an Expert by Experience

Background to Stockett Lane Surgery

Stockett Lane Practice provides general medical services at the following location:

3 Stockett Lane

Coxheath

Maidstone

Kent

ME17 4PS

The practice has a higher than average population of patients over the age of 65.

Stockett Lane Practice provides primary medical services Mondays to Fridays for patients in the Coxheath and surrounding areas of Maidstone in Kent. The practice provides a service for approximately 6700 patients.

Health care clinics are offered at the practice, led and provided by the clinical team. There are a range of population groups that use the practice, mostly comprising of older people, working age people and recently retired people and mothers, babies, children and young people.

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.

Before our visit to Stockett Lane Practice, we reviewed a range of information we hold about the practice. This included information about the patient population groups, results of surveys and data from The Quality and Outcomes Framework (QOF). QOF is a voluntary system where GP

Detailed findings

practices are financially rewarded for implementing and maintaining "good practice" in their surgeries. We asked other organisations to share what they knew about the practice this included the Local Commissioning Group and local Healthwatch.

Prior to our visit we provided comment cards for the practice to place in their waiting area so that patients could share their views and experiences of using the practice. During our visit we spoke with a range of staff which comprised of two GP partners, one registrar GP, a registered nurse, one healthcare assistant, the practice manager, two administration staff and spoke with patients who used the practice. Following our inspection we spoke with another GP over the telephone and asked for some more information by email. We observed how people were being cared for and talked with carers and family members and reviewed some practice records, policies and protocols.

We carried out an announced visit on 15 May 2014 between 9:30am -8pm

Are services safe?

Summary of findings

Overall the practice was safe. The practice could demonstrate that changes had been made when things had gone wrong. The information about incidents had been shared amongst the team and measures had been put into place to reduce the risk of re-occurrence. There were good safeguarding systems in place and all staff were trained to recognise the signs of abuse and what to do if abuse was suspected. The practice was clean, tidy and hygienic. Staff followed guidelines to ensure that good standards of hygiene were maintained. The provider showed us evidence that, assured us the practice protected patients against the risks associated with medicines. The staff were trained and equipped to deal with medical emergencies, we observed this when a medical emergency occurred during our visit.

Our findings

Safe patient care

New patients registering with the practice completed a health questionnaire which provided important information about their past medical history, current health concerns and lifestyle choices. The practice offered new patients a consultation with a nurse or GP so that their individual needs were assessed and access to support and treatment was available as soon as possible. Patients notes were requested from their previous GP and relevant information scanned into their electronic record.

Staff explained to us how the practice had electronic records in place to accurately describe the contact patients had with the practice and the actions taken to provide appropriate care and treatment. This included a record of patients test results and referral letters. The systems the practice had in place to ensure that patients health care was monitored following a particular diagnosis or hospital discharge were explained to us and demonstrated that patients had received after care and treatment or referrals to other health care professionals in a timely and appropriate way.

Learning from incidents

Systems were in place to report, record and analyse significant events with outcomes being shared at practice meetings. We looked at all of the significant events recorded this year, there were five in total. All were recorded and included detailed information regarding each event, the follow up action that was taken and the changes that were made as a result. For example, further training was identified for staff in the use of the blood monitoring machine for identifying patients blood clotting (INR) status and what the readings meant. We also saw evidence that the practice had learned from significant incidents such as medication errors. Staff had changed their practise as a response to an error and the team had been informed of the issue and outcome at a practice meeting. The patient concerned and their family were kept updated during the process and were happy with the outcome. This demonstrated that the practice made positive changes as a result of significant events.

Safeguarding

Patients we spoke with told us that they felt safe when visiting the practice or when they had a home visit. They told us that if they had any concerns they would speak to

the practice manager or directly to their GP. The practice offered a chaperone option where a member of staff would be available to escort people during intimate examinations at their request. We saw notices in the waiting area and in consultation rooms to that effect. All of the clinical staff had recently completed safeguarding training that was appropriate to their role. Staff we spoke with were aware of their responsibilities with regard to identifying and reporting any concerns about abuse. They were able to give examples of the types and signs of abuse and knew who to report any concerns to including the local authority reporting procedures. Staff were familiar with the practice's safeguarding policy and knew where to locate it.

Medicines management

We saw that the practice had in place and followed guidelines for maintaining the vaccine cold chain so that the viability of vaccinations could be assured. Staff explained to us how the vaccines were kept in line with the manufacturers' recommendations. The vaccines were kept in a locked fridge which was located in the nurse's consultation room. We saw that staff were routinely monitoring and recording the fridge temperature to ensure that it was operating within a safe range. The fridge temperature was recorded daily on a calendar with the exception of weekends when the practice was closed. Staff told us that the fridge would set off an alarm if the temperature was out of the safe range or if it failed at night or over a weekend. They told us of the local protocol for seeking advice from the relevant manufacturers to determine whether the vaccines required replacement if they had been exposed to non-standard temperatures.

We found that a stock of emergency medicines were readily accessible during clinic times. Emergency medicines were stored in a central place and emergency kits, oxygen and a defibrillator were available in the nurse's rooms. Outside of clinic times or when the surgery was closed we saw that the medicines were secured in a locked cupboard in a locked room. The practice manager had responsibility for carrying out regular checks of the emergency medicines to ensure they were in date and fit to use. We saw a chart on the inside of the cupboard indicating that these checks had been carried out regularly. This meant that emergency medicines were acquired, monitored and stored appropriately and safely.

Before the inspection we were told that the practice did not hold any Controlled Drugs (CDs) however we did find a controlled medicine in the emergency cabinet. We brought this to the attention of the senior GP. Following our inspection the only CD that was held had been disposed of and risk assessed as being no longer required.

We found that prescription forms were not being stored in line with the practice prescription policy. We found that blank prescriptions were in a box at reception and not kept in a locked cupboard as the prescription policy stated. We were informed on 26 May 2014 that staff were following strict adherence to the policy and all prescription forms were locked away when not in use and at the end of each clinical session.

Cleanliness and infection control

During our inspection we visited patient waiting and treatment areas, administrative and office spaces. We found that the practice was visibly clean and tidy. There was hard flooring in the treatment and consultation rooms which was clean and intact. This enabled staff to clean any contamination or spillages effectively.

Staff were able to tell us about the infection control policy and their roles with regard to good infection control practices and the importance of strict adherence to the policy.

The treatment and consulting rooms were clean, tidy and uncluttered. Each room was stocked with personal protective equipment including a range of disposable gloves, aprons and coverings. This enabled the clinical staff to follow clean processes. We saw that there was a supply of antibacterial hand wash, gel and paper towels were available throughout the practice. Patients told us that the staff always washed their hands and the practice was always cleaned to a high standard. Patients told us that they had no concerns with regard to the cleanliness of the practice.

We saw that there was a system for handling, storing and disposing of clinical waste. However on the day of our visit we found that clinical waste was being handled and transported by the staff employed to clean the premises. There was no record that these members of staff had received the necessary vaccinations to handle and transport clinical waste safely. We brought this to the attention of the registered manager. Following our inspection on 26 May 2014 we received confirmation that the cleaning staff no longer handled or transported the clinical waste and this would continue until they could

demonstrate they had received the required vaccinations or provided a document to opt out. Clinical staff had now taken on this role. This meant that clinical waste was handled, transported and stored safely.

Staffing and recruitment

Staff were recruited safely with robust checks being carried out on all of the clinical staff including locums.

No checks via the Disclosure and Barring Service (DBS) had been undertaken for reception or administration staff whose duties include chaperoning. However, this had been risk assessed and deemed unnecessary because the staff were always accompanied by a GP during chaperoning (this is where another person is asked to be present when an examination is carried out). The assessments had not taken account of staff handling money or prescriptions and the practice manager told us that this omission would be rectified immediately. On 26 May 2014 we were informed that all non-clinical staff had submitted an application for a DBS check.

Dealing with Emergencies

Staff had received Cardio Pulmonary Resuscitation (CPR) and Basic Life Support (BLS) training the day before our inspection, we saw evidence that this had taken place. The practice had a good supply of emergency medication which had been checked and were all in date. Oxygen and the defibrillator had been regularly checked and were fit for purpose. A medical emergency occurred during our visit with the patient being stabilised at the practice and transferred to secondary care promptly. This demonstrated that the practice was prepared and could respond confidently in the event of a patient suffering a medical emergency.

We looked at the practice fire policy and fire drill protocols. All of the staff we spoke with were aware of their roles and responsibility should a fire occur and we saw evidence that regular testing and checking of the alarm and fire equipment had taken place. We saw the practice had a comprehensive contingency plan in the event of a fire, flood, extreme weather and loss of utilities. This meant that care would not be compromised and patients would still have access to a GP during this time.

Equipment

We saw evidence of appropriate maintenance of the equipment including electrical checks and calibration of clinical apparatus such as the blood pressure monitor and nebuliser. All had been checked, tested and passed as fit for purpose. For example, we saw that a blood pressure monitor had been identified as ineffective, this was disposed of, discussed at a practice meeting and replaced. This demonstrated that staff had taken steps to protect patients against the risks associated with the equipment they used.

Are services effective?

(for example, treatment is effective)

Summary of findings

Overall the practice was effective. There were enough suitably trained and experienced staff to meet the needs of the patients who used the practice. We saw evidence that the practice worked very well with other healthcare providers and held and participated in a number of multidisciplinary meetings with other health and social care professionals, a care home and the local pharmacy. We saw a varied selection of information that was supplied to patients or on display in the waiting area this included information on health promotion, prevention and travel advice.

Our findings

Staffing

We found that there were enough staff available to cover the needs of the patients using the practice. The practice provided a total of 850 clinical sessions which was above the national average required for the patient population who had access to the practice. This meant that patients had their health and welfare needs met by sufficient numbers of appropriate staff with the right knowledge, skills, experience and qualifications to support their needs.

Working with other services

Patients health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. The practice had protocols and systems in place for referring patients to external services and professionals including acute and medical specialists, social services and community healthcare services. We saw examples of the practice working closely with multidisciplinary teams. Regular multidisciplinary meetings took place between clinical staff and staff at the practice, we looked at the minutes of these meetings. We saw that individual cases had been discussed and plans put in place to meet patients needs and keep them safe. The practice worked closely with a care home in the area and the manager of the home attended appropriate parts of practice meetings. The practice worked closely with the local pharmacy and pharmacy staff attended meetings to discuss medication issues such as repeat prescriptions. The local hospice held meetings with the GPs and the nursing staff, this enabled the GP to discuss the needs of patients with chronic and terminal illness, they discussed arrangements for individual patients on advanced care plans, they ensured the out of hours service was informed of the care arrangements if emergencies or crisis arose. This meant that patients had care and treatment and that advanced decisions were upheld when using other services.

There were arrangements in place for sending referrals and receiving various test results and feedback from other health professionals. The staff we spoke with told us of the training they had received to enable them to audit and ensure that the system for results and referrals was working

Are services effective?

(for example, treatment is effective)

effectively. All test results were seen by a GP first, and then scanned into the patients records. This meant that results were checked and arrangements made for patients in a timely manner.

Health, promotion and prevention

Patients were given appropriate information, support and advice regarding their care and treatment. We saw there were a range of information leaflets in the waiting area and posters detailing services provided by the practice and external clinics. Patients were given further written information, if needed to encourage independence, self-treatment, and advice regarding health promotion and support services such as smoking cessation and healthy living. The practice website held information and advice for patients that they could refer to, such as what to do and how to manage common ailments such as back pain, cuts and bruises, burns and scalds and how to recognise the signs and symptoms of meningitis. This meant that patients could treat minor ailments or injury at home and when it would necessary to attend the practice.

The practice held regular diabetic retinal screening clinics from a mobile unit run by The Paula Carr Trust which attended the surgery each month. Diabetic patients from the practice were invited to attend these clinics. This meant that diabetic patients would be able to receive care, treatment and advice to reduce the risk of and/or any complications arising with their eyesight.

Are services caring?

Summary of findings

Overall the practice was caring. Patients told us that they were always treated with dignity and respect when using the practice. We heard how compassionate the GPs were with regard to end of life care and how they had supported patients through bereavement. Patients commented on how they were involved in their care and had their options explained to them where this was possible. Staff we spoke with were able to demonstrate their understanding of the consent process. However we found that some staff had not received up to date Mental Capacity Act (MCA) training. Following our inspection the provider assured us and provided evidence that training had been scheduled for all staff and they would send confirmation of the training once it had been completed.

Our findings

Respect, dignity, compassion and empathy

We observed that all staff spoke to patients in a friendly and helpful manner. All staff spoken with demonstrated a good understanding of how patients privacy and confidentiality was preserved. Reception staff explained how patients could request a private room to discuss anything they did not wish to discuss in the waiting area and this would be arranged. Patients we spoke with confirmed that they had requested to speak to staff in private and this was always arranged promptly. Consultation rooms had examination couches with surrounding privacy curtains and blinds at the windows that were used when consultations or treatments were undertaken. We noted that during a consultation the doors were closed and no conversations could be overheard in the corridor outside. Staff were able to explain how they would preserve 'a patients dignity' when carrying out intimate examinations. Patients were also able to request a chaperone should they wish and details regarding the chaperone service were displayed in all of the consultation rooms and the waiting area. Patients told us that when they attended the practice, staff were always caring and happy to spend time with them as they needed. This meant that patients had their privacy and dignity respected.

Involvement in decisions and consent

Patients told us that they had time to discuss their concerns or treatments when they attended for appointments and that it was possible to book a double appointment when they needed to discuss more than one concern or complex problems. If a patient needed to be referred to another service or specialist this was discussed during their appointment and they were given a choice of location, where possible.

Staff we spoke with were able to demonstrate their understanding of consent and that patients had the right to withdraw it at any time and that this would be respected. The most recent patient survey results indicated that of the 300 patients that participated in the survey 85% had stated that they felt involved in their care. This demonstrated that the practice routinely involved patients with their care and treatment and their choices respected.

Where patients did not have the capacity to consent to treatment, staff could demonstrate that they acted in accordance with legal requirements. Mental capacity is the

ability to make an informed decision based on understanding the options available and the consequences of decisions made. If patients were unable to make a decision for themselves staff told us that they would involve relatives to support patients in their treatment options. However, some of the staff had not had recent Mental Capacity Act training and could not explain what measures would need to be followed in patients best interests where they could not consent. On 29 May 2014 we were informed that one of the GPs who had recently completed this training would provide training immediately and this would be followed by a verifiable training day that had been arranged for September 2014 for all staff. This meant that patients who were unable to make decisions for themselves were given appropriate support.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Overall the practice was responsive to patients needs. There were systems and processes in place to respond and take action when things did not go as planned. The practice had a complaints procedure and complaints had been responded to in a timely manner. Patients were able to make suggestions to improve the services they received, patients had been listened to and we saw that actions had been taken as a result of their comments and feedback.

Our findings

Responding to and meeting people's needs

42% of patients who had participated in the most recent patient survey had indicated frustration with having to see a different GP each time they visited the surgery. Patients we spoke with said that it was not always easy to see a preferred GP as the GPs worked part time. All did say, however, they had been seen quickly when needed but this meant that they would have to explain everything again with another GP.

We spoke with the registered manager about the concerns patients had with continuity. The registered manager explained that with a multitude of changes in staff there had been times where it was necessary to use locums, this had resulted in many changes of GPs at the practice. However, with the new planned partnership arrangements, face to face meetings with patients was to be implemented which would strengthen relationships between patient and GPs with an emphasis on getting to know each other. We saw that the practice had dealt with the concerns and responded to patients feedback about seeing the same GP.

Access to the service

Patients had expressed their concerns with regard to getting appointments, the telephone system and seeing the same GP for continuity of care. The most recent patient survey carried out from December 2013 – to February 2014 had indicated that these issues had scored highest as being most frustrating to the patients when using the practice. We saw from the minutes of the most recent Patient Participation Group (PPG) meeting that these issues had been discussed and it had been actioned that the telephone system and appointment system would be reviewed. Staff we spoke with told us that they were currently looking at the appointment and telephone systems and that since there was a full complement of GPs this had already improved. Patients we spoke with all commented that the appointment system had improved but there was still some difficulty at getting through on the telephone at the beginning of the day. Patients told us that generally they were able to get an appointment when they needed or speak to one of the GPs over the telephone. Patients said that in emergency or urgent situations they had not experienced any problems getting to see a GP promptly. This meant that the surgery had ensured that patients could access the practice at a time to suit them.

Are services responsive to people's needs?

(for example, to feedback?)

Concerns and complaints

The practice took steps to make patients aware of the complaints system. We saw there was information in the practice leaflet to alert patients to the comments and complaints process. We saw from the minutes of the Patient Participation Group (PPG) meeting on 16 October 2013 that the provision of a suggestions box had been requested. We saw that this had been actioned and a comments box was located in a visible, accessible place on the reception desk. We looked at the practice complaints policy and procedures. The policy detailed the timescales for responding to any complaint received and details of who to complain to if the patient was not satisfied with the response from the practice. This included reference to the Health Service Ombudsman. Staff we spoke with were aware of their responsibilities in the event of a complaint being received. We looked at the complaints the practice had received this year, we saw that the complaints procedure had been followed and that issues had been raised directly with the Concerned. Learning points had been shared with the clinical team and in the responses to the patients.

Patients we spoke with said that they had not had any reasons to make a complaint. However they all told us that they were not aware of the complaints procedure but would speak to the practice manager or their GP if they were not happy with anything.

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 practice was well-led. The management team were in the process of developing a more structured leadership procedure for staff. Staff told us that there was an open and supportive culture, that they were comfortable approaching the senior and other partners for anything they needed and that management listened to them. There were monitoring and risk management systems in place that ensured that lessons were learned and the practice improved as a result.

Our findings

Leadership and culture

The registered manager told us that the team structure had been unsettled for some time due to clinical staff being off sick or, on maternity leave and the difficulties the practice had faced with recruiting suitable clinical staff in general. At the time of our visit the clinical team had returned to a full complement of GPs and nurses and the practice was in the process of recruiting two new GPs. The registered manager told us that when a very difficult situation arose which had put the leadership of the practice under strain, the team had pulled together to ensure that this had been of no detriment to the patients. We saw evidence that although clinical staffing levels had been reduced and leadership absent, patients had received quality care when they needed it. Staff told us that they had worked together to get by during the unsettled time and things were now stable with good leadership from the senior partner. Staff told us that there was no lead nurse at the practice and this lack of structure for the nursing team was not working. The registered manager and other partners in the practice had identified that the nursing team needed leadership and were in discussion with regard appointing a senior nurse to lead the team. Staff indicated that going forward they would prefer to have delegated responsibilities so that all of the nursing team would know exactly what is expected of them, although this had not had any impact on patient care as all duties were appropriately completed by good team work. We saw that in spite of some difficulties experienced by the practice there was strong leadership with clear direction and a positive and open culture in the practice. This enabled staff to raise any issues with the knowledge that something would be done to address them.

Vision and strategy

The provider told us that there were plans to build six hundred new homes in the area and this would place a strain on the practice in its current form. We were told of early stage plans for a new purpose built practice which would, if approved by NHS England, tackle the current difficulties with regard to space and accessibility. There was a clear understanding from the leadership team of what the future of general practice would be and the practice had responding to it proactively.

Are services well-led?

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

Governance arrangements

There were delegated responsibilities to named GPs, such as a lead for the safeguarding of vulnerable adults and children, a prescribing and clinical governance lead. This provided structure for staff and clear lines of who to contact for support and guidance when needed. Staff undertook clinical governance as part of their personal learning development and revalidation process. Staff told us of a medications dosing audit that had been carried out recently. The results of the audit had been shared via the practice computer system to other members of the clinical team. However some clinical staff we spoke with were not aware that this audit had taken place or what the findings were. There was no clear evidence that the results of this clinical audit had been shared amongst staff. Each GP had completed clinical audits. We saw evidence of previous audits concerning a named medicine and dementia. The results had been shared during clinical meetings and had been used to check the standards of clinical services that patients had received.

Systems to monitor and improve quality and improvement

During our visit we looked at a number of systems the practice had in place to assess the quality of the service it provided. The policies and procedures in place were available for staff to access which supported the safe running of the practice. All of the policies and procedures we examined were dated and reviewed on a regular basis. The practice had participated in the annual national Quality and Outcomes Framework (QOF). The QOF is a nationally recognised programme for GP surgeries in England. The practice is required to achieve targets for each domain. These domains include care such as coronary heart disease, high blood pressure, diabetes and asthma. The practice used this system to monitor, improve and maintain the services they provided under each domain. The results of the 2013 QOF had resulted in changes to services being provided, such as the re-call system for health reviews and diabetes checks. This meant that the practice used the results to improve services for their patients.

The practice had a number of systems to check and ensure the practice was effective and safe. For example we looked at audits carried out in relation to infection control and medicines management, where improvements were required; the practice had taken action to resolve the outstanding issues.

Patient experience and involvement

The practice had systems in place to seek and act upon feedback from patients. The practice promoted a Patient Participation Group (PPG). The group was made up of practice staff and seven patients that represent the patient population. The PPG for Stockett lane had been consistently trying to recruit younger people to join but had not been successful to date. We spoke with two members of the PPG during our visit and they were able to give us detailed and positive feedback about the practice. They told us that they felt listened to by the practice team and suggestions they made were acted upon.

We looked at the most recent patient satisfaction survey carried out from December 2013 to February 2014 this survey had been amended to make it more meaningful to the patients. The results of the survey were published on the website and the areas of concern raised were in the process of being reviewed and addressed by the practice. This demonstrated that the practice responded to issues or concerns raised by patients in a positive way.

Staff engagement and involvement

Staff were encouraged to attend and participate in regular staff meetings and we saw evidence that regular meetings took place which included discussions about changes to procedures, clinical practice and staff cover arrangements. We saw that the staff had a whistleblowing policy that included outside agencies for staff to contact if staff wished to report any concerns they had.

Learning and improvement

We saw that general and individual issues and cases had been discussed at clinical meetings with learning points that had been considered and shared amongst the clinicians. The practice was designated as a learning practice where qualified GPs (registrars) trained to become GPs. Whilst at the practice they developed their knowledge, skills and clinical competencies. This was considered important to the practice in strengthening and supporting an exchange of learning and innovation amongst all clinicians. We saw that all staff at the practice had recently completed basic life support and the use of an automated external defibrillator (AED) and other courses such as safeguarding. We saw a training plan where other courses and in house training was planned such as smoking cessation. We noted from staff training records that staff had not received Mental Capacity Act training. On 29 May 2014 we were informed that one of the GPs who had

Are services well-led?

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

completed this training recently would provide training immediately and this would be followed by a verifiable training day that had been arranged for September 2014 for all staff. This meant the practice responded to the learning needs of the staff and ensured that they attended relevant training to provide safe appropriate care to patients.

Identification and management of risk

We saw systems and processes were in place to manage risks. Risk assessments were used to consider individual risks to patients, staff and visitors to the practice. Assessments had been undertaken to consider and determine likely risks to patients, staff and visitors such as fire assessments and environmental hazards. Also disruption to the practice had been risk assessed such as continuity of the service in the event of disruption or loss of the premises.

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

We found the practice to be caring in the support it offered to older patients and there were effective treatments and ongoing support for those patients identified with dementia. The practice was responsive in meeting the needs of the older patients and in recognising future demand on the practice for this age group. The practice was well led in relation to improving the provision of the service for patients and their families who were receiving end of life care.

Our findings

We found the practice to be caring in the support it offered to older patients and there were effective treatments and ongoing support for those patients identified with dementia. The practice was responsive in meeting the needs of the older patients and in recognising future demand on the practice for this age group. The practice was well led in relation to improving the provision of the service for patients and their families who were receiving end of life care.

Safe

The practice provided annual flu vaccination clinics for older people, to provide ongoing protection/prevention from contracting the virus and associated complications/ illness.

The practice had a safeguarding policy that reflected the arrangements for protecting vulnerable adults from the risks of abuse. We saw evidence that staff had received safeguarding training for vulnerable adults. This meant that staff were able to recognise or have awareness to the risks of abuse for vulnerable older people.

We found that the practice had systems in place to manage medicines safely and help protect older patients from the risks associated with medicines.

We found that the practice had appropriate infection control procedures and systems in place to minimise the risks of cross infection for older patients.

We looked at some staff files and saw that appropriate safety checks had been carried out for all of the clinical team. The practice was in the process of obtaining safety checks for non-clinical staff that performed chaperoning duties and handled money and prescriptions. The practice had a robust recruitment policy for all staff including locums.

Older people

Caring
The practice had formal links with a local care home and provided regular and ongoing care and support to the residents as patients. This enabled the residents to have continuity of care in supporting them with ongoing routine and more complex health care needs.

Effective
The practice had a system to identify patients who presented with symptoms that may indicate dementia. Follow-up blood tests would be arranged at the practice and a referral made to the specialist mental health nurse to carry out mental health assessments. Following diagnosis, the patient would be referred and linked to other support services. Patients were also referred by the practice to groups and clinics that provide ongoing support and treatment for physical health care needs, including a foot care clinic.

Responsive
The practice acknowledged that the patients they supported included a significant number of older people, who may place higher demands on the practice as an ageing population group in the future, with associated health care needs and complex conditions. The management had therefore considered how future planning would respond to the needs of patients in this age group and had taken some actions to address this, for example, additional specialist training in dementia and end of life care had been identified for the GPs.

We found the practice to be responsive with the ideas and vision of a new purpose built surgery which would, if approved by NHS England, tackle the current difficulties with regard to space and accessibility. There was a clear understanding from the leadership team of what the future of general practice would be and the practice had responded to it proactively.

Well-led
We saw evidence that the practice undertook clinical audits to improve outcomes for older patients. The results were reviewed against national data to determine any changes that could be made to care/treatment pathways and clinical therapies to improve outcomes for older patients.

People with long term conditions

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

Summary of findings

We found the practice to be caring in the support it offered to patients with long term conditions and the care patients had received was effective, treatment pathways were monitored and kept under review by a multidisciplinary team. The practice was responsive in prioritising urgent care that patients required and the practice was well-led in terms of improving outcomes for patients with long term conditions and complex needs.

Our findings

We found the practice to be caring in the support it offered to patients with long term conditions and the care patients had received was effective, treatment pathways were monitored and kept under review by a multidisciplinary team. The practice was responsive in prioritising urgent care that patients required and the practice was well-led in terms of improving outcomes for patients with long term conditions and complex needs.

Safe

The practice provided annual flu vaccination clinics for patients with long term conditions, to provide ongoing protection/prevention from contracting the virus and associated complications/illness.

The practice had a safeguarding policy that reflected the arrangements for protecting vulnerable young people and adults from the risks of abuse. We saw evidence that staff had received safeguarding training for vulnerable adults. This meant that staff were able to recognise or have awareness to the risks of abuse for vulnerable adults.

We found that the practice had systems in place to manage medicines safely and help protect patients with long term conditions from the risks associated with medicines.

We found that the practice had appropriate infection control procedures and systems in place to minimise the risks of cross infection for patients with long term conditions.

We looked at some staff files and saw that appropriate safety checks had been carried out for all of the clinical team. The practice was in the process of obtaining safety checks for non-clinical staff that performed chaperoning duties and handled money and prescriptions. The practice had a robust recruitment policy for all staff including locums.

People with long term conditions

Caring

We spoke with a number of patients who had long-term conditions and they were consistently positive about the care and support they received from the practice and the staff. They told us that their well-being was monitored and they were re-called for routine checks and follow-up appointments on a regular basis.

Effective

Patients with long-term conditions and complex needs were supported by the clinical nursing team at the practice, who provided specialist care and treatments for specific conditions and attended the weekly multi-disciplinary meetings at the practice. This meant that patients with long-term conditions were monitored and their treatment pathways kept under review.

Responsive

Patients we spoke with who had long-term conditions had told us that when they required an urgent appointment, the practice ensured they were prioritised and would be able to see a GP quickly.

Well-led

We saw evidence that the practice undertook clinical audits to improve outcomes for patients with long-term conditions. The results were reviewed against national data to determine any changes that could be made to care/ treatment pathways and clinical therapies to improve outcomes for patients with long term conditions.

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

We found that the practice was caring in its approach to mothers, babies, children and young people and provided effective services and treatment, they offered dedicated clinics at the practice and referrals into community based services to provide additional support. The practice provided a responsive service, prioritising appointments for mothers with babies and young children. The practice was well-led in relation to having a named lead with responsibility for children's safeguarding.

Our findings

We found that the practice was caring in its approach to mothers, babies, children and young people and provided effective services and treatment, they offered dedicated clinics at the practice and referrals into community based services to provide additional support. The practice provided a responsive service, prioritising appointments for mothers with babies and young children. The practice was well-led in relation to having a named lead with responsibility for children's safeguarding.

Safe

The practice had a safeguarding policy that reflected the arrangements for protecting children and vulnerable adults from the risks of abuse. We saw evidence that staff had received safeguarding training for children and vulnerable adults. This meant that staff were able to recognise or have awareness to the risks of abuse for children and vulnerable adults.

We found that the practice had systems in place to manage medicines safely and help protect mother's babies, children and young people from the risks associated with medicines.

We found that the practice had appropriate infection control procedures and systems in place to minimise the risks of cross infection for mothers, babies, children and young people.

We looked at some staff files and saw that appropriate safety checks had been carried out for all of the clinical team. The practice was in the process of obtaining safety checks for non-clinical staff that performed chaperoning duties and handled money and prescriptions. The practice had a robust recruitment policy for all staff including locums.

Caring

The practice supported the Patient Participation Group to engage with mothers who had babies and young children. They had been asked for their views, comments and

Mothers, babies, children and young people

suggestions during the most recent patient survey about the type of clinics, services and information they would like to see developed at the practice, for example, maternity issues, childhood illness and immunisation.

Effective

The practice had links and routinely made referrals for mothers with babies and young children to the community health visitor, providing an additional level of support. The practice also offered regular baby and child immunisation clinics, and ante/post-natal clinics provided by the clinical team. They also referred young people to the appropriate service for care and advice if required.

Responsive

Sometimes patients experienced extended waiting times in the reception/waiting area. Comments had been received from mothers and other patients, who felt that it was not appropriate for babies and young children to be kept waiting and the practice had subsequently introduced a system to alert the GPs when babies and/or young children were waiting to be seen. GPs were then able to prioritise appointments around these patients.

Well-led

The management at the practice had identified a named lead for safeguarding children who had specific responsibility for disseminating information and training to other staff within the practice.

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

We found the practice to be caring in the support it offered to working age and recently retired patients, and were responsive by extending opening hours to provide access for patients later in the day. There were effective monitoring services and clinics and the management team completed audits cycles to evaluate outcomes for patients in this group.

Our findings

We found the practice to be caring in the support it offered to working age and recently retired patients, and were responsive by extending opening hours to provide access for patients later in the day. There were effective monitoring services and clinics and the management team completed audits cycles to evaluate outcomes for patients in this group.

Safe

The practice had a safeguarding policy that reflected the arrangements for protecting vulnerable adults from the risks of abuse. We saw evidence that staff had received safeguarding training for vulnerable adults. This meant that staff were able to recognise or have awareness to the risks of abuse for vulnerable adults.

We found that the practice had systems in place to manage medicines safely and help protect working age patients from the risks associated with medicines.

We found that the practice had appropriate infection control procedures and systems in place to minimise the risks of cross infection for working age patients.

We looked at some staff files and saw that appropriate safety checks had been carried out for all of the clinical team. The practice was in the process of obtaining safety checks for non-clinical staff that performed chaperoning duties and handled money and prescriptions. The practice had a robust recruitment policy for all staff including locums.

Caring

The practice supported the Patient Participation Group to engage with working age patients. They had been asked for their views, comments and suggestions in the most recent patient survey about the type of clinics, services and information they would like to see developed at the practice, for example, keeping healthy, prevention of heart disease, menopause, and managing the aging process.

Working age people (and those recently retired)

Effective
The practice offered a range of services and clinics to provide monitoring and routine support for patients in this age group, including lifestyle and healthy living checks, blood pressure and diabetes checks.

Responsive
The practice had introduced extended opening hours and surgery times for working age patients who may find it difficult to attend appointments during core working hours. This included some early week-day mornings and evenings.

Well-led
The practice management team had systems in place to ensure clinical audit cycles were completed to highlight/ identify where improvements could potentially be made for working age patients.

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

We found that the practice was caring about vulnerable patients, by providing access to all and support when there were issues around literacy. There was effective support from the practice for vulnerable patients and the practice was responsive in providing care in people's homes who found it difficult to attend.

Our findings

We found that the practice was caring about vulnerable patients, by providing access to all and support when there were issues around literacy. There was effective support from the practice for vulnerable patients and the practice was responsive in providing care in people's homes who found it difficult to attend.

Safe

The practice had a safeguarding policy that reflected the arrangements for protecting children and vulnerable adults from the risks of abuse. We saw evidence that staff had received safeguarding training for children and vulnerable adults. This meant that staff were able to recognise or have awareness to the risks of abuse for children and vulnerable adults.

We found that the practice had systems in place to manage medicines safely and help protect vulnerable patients from the risks associated with medicines.

We found that the practice had appropriate infection control procedures and systems in place to minimise the risks of cross infection for vulnerable patients.

We looked at some staff files and saw that appropriate safety checks had been carried out for all of the clinical team. The practice was in the process of obtaining safety checks for non-clinical staff that performed chaperoning duties and handled money and prescriptions. The practice had a robust recruitment policy for all staff including locums.

We saw that flu vaccinations were routinely offered to patients who were in vulnerable circumstances who may have poor access to a GP to help protect them against the virus and associated illness.

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

Caring
We observed that the premises enabled easy access for patients with reduced mobility. We saw that the reception desk did not have a lowered area to accommodate patients using wheelchairs, but the staff told us that they would come out to the patient. Special arrangements were made to see patients with mobility problems in a downstairs consultation room when a particular GP was requested.

Effective
The practice provided routine care to patients in vulnerable circumstances who may have poor access to primary care. The practice served a community of traveller families and they were frequent users of the practice. The practice also had patients who were homeless and had systems in place for keeping in touch with these patients. One of the GPs would ring vulnerable patients to check that they were ok and offer help and support if required. This meant that they had access when they needed it even if they had moved out of the area.

Responsive
The practice recognised that some vulnerable patients may find it difficult to attend the GPs surgery for care and treatment. We were told that the GP or the district nurse would support and treat patients at home if they were housebound, enabling patients with limited access and mobility to receive appropriate care and treatment in their homes.

Well-led
The practice recognised and acknowledged that the practice had few identifiable vulnerable patient groups within the locality of the practice. However, where patients were identified as particularly vulnerable, mechanisms had been put in place to help ensure equality of access to the practice and the services provided.

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

We found that the practice was caring in relation to patients experiencing poor mental health and the practice had effective procedures in place for undertaking routine mental health assessments. The practice was responsive in referring patients to other service providers for ongoing support. We found the practice to be well-led with their approach in relation to identifying and managing risks to patients who may be experiencing poor mental health.

Our findings

We found that the practice was caring in relation to patients experiencing poor mental health and the practice had effective procedures in place for undertaking routine mental health assessments. The practice was responsive in referring patients to other service providers for ongoing support. We found the practice to be well-led with their approach in relation to identifying and managing risks to patients who may be experiencing poor mental health.

Safe

The practice had a safeguarding policy that reflected the arrangements for protecting children and vulnerable adults from the risks of abuse. We saw evidence that staff had received safeguarding training for children and vulnerable adults. This meant that staff were able to recognise or have awareness to the risks of abuse for children and vulnerable adults.

We found that the practice had systems in place to manage medicines safely and help protect patients experiencing poor mental health from the risks associated with medicines.

We found that the practice had appropriate infection control procedures and systems in place to minimise the risks of cross infection for patients experiencing poor mental health.

We looked at some staff files and saw that appropriate safety checks had been carried out for all of the clinical team. The practice was in the process of obtaining safety checks for non-clinical staff that performed chaperoning duties and handled money and prescriptions. The practice had a robust recruitment policy for all staff including locums.

We saw that flu vaccinations were routinely offered to patients experiencing poor mental health who may have poor access to a GP to help protect them against the virus and associated illness.

People experiencing poor mental health

Caring
We saw that the practice offered routine care to patients experiencing a mental health problem. Patients were offered same day pre-booked and follow up appointments and where possible every effort was made to make appointments with the same GP.

Effective
We were told by staff that the practice undertook mental health assessments as part of other routine health checks. This helped to identify mental health issues and early detection for patients who would then be referred to specialist services and receive ongoing support.

Responsive
The practice held multidisciplinary meetings to consider individual patients needs, including those who may be experiencing mental health issues. If concerns were indicated, a referral was made to the specialist mental health nurse, who would provide appropriate support/ interventions.

Well-led
The management team had systems and procedures in place to identify and manage risks to individual patients and included those who presented with poor mental health.