The Handbridge Medical Centre

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.

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Overall summary

The Handbridge Medical Centre is located in Handbridge, in the City of Chester. It provides a range of services for all population groups across all ages. People can access advice, care and treatment by telephone consultations with doctors or nurses and book appointments online or by phone. Usual opening times are 8am to 6.30pm Monday to Friday. The practice was registered by the Care Quality Commission (CQC) in April 2013 to provide the following regulated activities:

Treatment of disease, disorder or injury

Surgical procedures

Maternity and midwifery services

Family planning

Diagnostic and screening procedures.

All the patients we spoke with were complimentary about the service they received. We saw the latest patient survey results, which showed patients were consistently pleased with the service. We received a number of comments cards that had collected the views of patients at the practice over the previous two weeks before our inspection. All the comments received were extremely positive about care, treatment and services provided by the Handbridge Medical Centre.

The practice delivered services safely. We found that safeguarding of adults and children was managed well. All staff had been trained at a level appropriate to their role and demonstrated knowledge, application and understanding of safeguarding.

The practice was effective in how it delivered care and treatment. We saw examples of good practice, including care for people aged over 75 and an award won for innovative practice in community mental health care.

The practice was responsive to the needs of its patient population. Members of the patient participation group (PPG) told us how the practice responded well and made improvements to services following suggestions, comments or complaints.

We found the practice to be extremely well-led. There was an open culture of incident reporting and learning from events and complaints to improve services. There were excellent arrangements for governance and managing risks, which ensured patients were cared for and treated safely and effectively.

The practice provided services for all population groups safely, effectively and in a caring, responsive manner. A number of services were developed for specific population groups. These were delivered effectively in line with current good practice guidelines.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The service was safe. There were policies and procedures in place to support the safe delivery of services. Safeguarding was well led at the practice by a GP who was also the lead for safeguarding in the area clinical commissioning group (CCG). All staff were trained to a level appropriate to their role and were able to demonstrate knowledge, understanding and application of protecting vulnerable adults and children from abuse. Medicines and infection control were managed to minimise risks to patients, staff and the public.

Staff were trained to deal with medical emergencies. There were policies, procedures and flow charts for action and suitable equipment available to ensure people were treated as effectively as possible if they had a medical emergency at the practice.

The practice demonstrated a strong culture of patient safety. There was open, honest reporting of incidents, accidents and significant events. Staff told us they felt confident with reporting as they worked in a 'no-blame, learning from mistakes' environment. The practice reported well, both internally and externally to NHS England.

Are services effective?

Services were delivered effectively. Care and treatment was delivered in line with current published best practice and national clinical guidelines. Patients' needs were consistently met in a timely manner. Results from the GP Outcomes Standards Framework showed that the practice achieved well for identifying many patients' conditions, including cancer, chronic obstructive pulmonary disease (COPD), asthma and diabetes.

Staff were appropriately qualified, skilled and experienced to carry out their role effectively. All the clinicians participated in clinical audit for both national and locally identified areas.

We saw innovative practice developed to promote patient self-care. The patient participation group (PPG) were involved in promoting self-care and other health promotion initiatives.

Are services caring?

The service was caring. Discussions with patients and members of the PPG, comments received from patients and the public and the patient survey results all told us that patients were treated with

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dignity and respect and were very well cared for. They told us overwhelmingly that the service was excellent, that all staff were good at their jobs and treated patients with kindness and compassion.

We observed good caring interaction with patients and saw that patients were treated with dignity and respect. Patients received good understandable information and had the opportunity to ask questions and reflect on what the clinicians had told them.

Are services responsive to people's needs?

The service was responsive to patient's needs. There was a clear complaints policy, which was promoted to patients. Feedback was welcomed and the PPG actively worked with the practice to improve services. We found evidence that feedback from patients, public and staff was acted upon and improvements implemented.

The service was accessible to patients and the practice ensured that patients with limited mobility were enabled to receive care and treatment.

Are services well-led?

The service was well-led. There was a strong visible leadership team with clear vision and purpose. Governance structures were robust. There was a clear and effective system for managing risks.

There was an open culture of reporting and learning from incidents, complaints and significant events. Staff told us about the strong positive leadership that motivated them to deliver good practice and continually improve care. They felt safe to report incidents and mistakes without fear of discrimination. Such events were openly reported and lessons were learned to minimise risk and prevent re-occurrence.

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

Older patients received safe and effective care from staff who were well trained and supported by current policies, procedures and guidelines.

The practice safeguarded older vulnerable patients from the risk of harm or abuse. Care and treatment was delivered effectively in line with published guidance. There was proactive intervention for older patients and it was evident that the practice met the needs of this population.

Older patients were treated with dignity and respect in a caring manner. We found that services for older patients were responsive, well-led and managed. The leadership team was visible, effective and had a clear vision around service provision for patients over 75 years old.

People with long-term conditions

Patients with long term conditions were supported by a healthcare team that cared for people using good practice guidelines and were attentive to people's changing needs.

There was proactive intervention of patients with long term conditions. Patients had health reviews at frequent regular intervals depending on their health needs and condition. Registers of patients with long term conditions enabled the practice to monitor this population group's needs as a whole.

Patients were listened to and the services were delivered and monitored by a visible leadership team who were committed to improving services.

Mothers, babies, children and young people

Services for mothers, babies, children and young people were diverse, age-appropriate, effective and safe. Care was delivered safely by a multi-disciplinary team in line with relevant good practice guidelines and which were attentive to young people's developmental and developing needs.

Mothers and young people were listened to and the services were delivered and monitored by a visible leadership team who were committed to improving services for this group of patients.

Summary of findings

The working-age population and those recently retired

The working-age population and those recently retired were able to access safe services which patients described as good and excellent in delivery and care. Care and treatments were in line with good practice and were age-appropriate.

Patient surveys indicated that the practice listened to people's comments. We found that the practice responded where improvements were needed.

The services were delivered and monitored by a visible leadership team who were committed to improving access to services.

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

This practice encountered few patients in vulnerable circumstances who had poor access to primary care. Systems were in place to enable vulnerable patients to access primary care services. We found that patients with vulnerable circumstances such as homelessness or travellers were referred and directed to another local GP practice, which the clinical commissioning group (CCG) had commissioned to provide services to these groups of patients.

Services provided at this practice were sensitive to the challenges faced by patient in this population group and all patients described the practice as good and excellent in the care it provided. Care and treatments were in line with good practice and were age and life style appropriate.

Patient surveys indicated that the practice listened to their comments. The services were delivered and monitored by a visible leadership team who were committed to improving access to services.

People experiencing a mental health problems

The practice had a clear commitment to people experiencing mental health problems. Services were age-appropriate and sensitive to the challenges faced by people in this population group. The practice had won an award for innovative practice and good services for patients experiencing poor mental health in the primary care setting. The model of care delivered to these patients became a good practice model, which was adopted by GP practices in the local area. This meant that the service provided good effective care and treatment for patients experiencing poor mental health.

Summary of findings

Patients described the practice as good and excellent. Care and treatments were in line with good practice. Patient surveys indicated that the practice listened to people's comments. The services were delivered and monitored by a visible leadership team who were very committed to improving mental health in the local community.

Summary of findings

What people who use the service say

We spoke with patients from different age groups during our visit, including parents with children and teenagers, older people and those with different health needs. All the people we spoke with were very complimentary about the care provided by all staff including doctors, nurses, managers and receptionists. They all felt that the clinical staff had good knowledge and expertise and felt confident about being treated by them. They told us that all staff were polite and respectful and that they would recommend this practice to friends and family.

We spoke with the chair and a member of the patient participation group (PPG). A PPG is made up of patients that are representative of the practice population and practice staff. The main aim of a PPG is to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned by the practice. The members of the PPG gave us very positive feedback about the GPs and the practice. They told us the practice was very eager to engage with its patients and listened to them. They told us they responded well to suggestions, comments and complaints. Lessons were learned and actions were taken to improve services.

We received 25 CQC comment cards from patients and carers. Patients were extremely positive about the service they received. They told us they were treated with dignity and respect and that the service was excellent and outstanding. There were also positive comments in respect of the cleanliness of the practice. People felt confident and supported in diagnosis, referral and treatment. Patients recommended this practice as a good safe practice at which to receive primary care.

We looked at the results of the practice patient survey. These were very positive about the service. The PPG had also conducted a survey regarding the nursing team. The patients' response was very positive once more. The national GP patient survey (2013) indicated that the practice had received good results that were similar and better than expected when compared to the England average. Comments on the NHS Choices website were generally very positive, with one negative comment received two years ago.

Areas for improvement

Action the service COULD take to improve

Audit records and records of various clinical, team and business meetings were held on the practice shared drive of the computer. However, not all staff knew where they were or how to access them.

Some CRB/DBS checks had not been undertaken before a member of staff started work. Risks assessments had not been undertaken to ensure that any risks posed by not checking DBS or CRB disclosures prior to employment were minimised.

When locum GP locums were used, there was no evidence of the practice having checked professional registration, Disclosure and Barring Service (DBS) checks nor medical indemnity insurance. The practice could not demonstrate these checks had been carried out prior to Locum GPs working at the practice.

Good practice

Our inspection team highlighted the following areas of good practice:

The practice had developed initiatives to help promote self-care to patients. A member of the PPG was enabled to attend training in self-care of health conditions, to promote this to patients. Self-care was promoted on a

Summary of findings

large noticeboard in the reception area. The patient participation group PPG planned to hold an open day in the near future which would further promote self-care to the patient population.

The practice had won an award for innovative practice and good services for patients experiencing poor mental health in the primary care setting. The model of care delivered to these patients became a good practice model, which was adopted by GP practices in the local area.

The Handbridge Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector. The inspector was accompanied by a second CQC inspector and a specialist GP advisor.

Background to The Handbridge Medical Centre

The Handbridge Medical Centre is located in Handbridge, in Chester. It offers a range of services for all population groups across all ages. They offer a range of options for accessing advice, care and treatments including online booking of appointments, telephone consultations with doctors or nurses, and advance appointment bookings.

The service has approximately 6,845 patients. Services are provided from one site, the Handbridge Medical Centre. Usual opening times are 8am to 6.30pm Monday to Friday. Out of hours patients could access West Cheshire Out of Hours GP service which operated from three locations in Western Cheshire.

From the information we reviewed before our inspection, we had no concerns regarding this service.

Why we carried out this inspection

We inspected this 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 the inspection, we reviewed a range of information we hold about the service and asked other organisations to

Detailed findings

share what they knew about the service. We carried out an announced visit on 4 June 2014. During our visit we spoke with a range of staff and spoke with patients who used the service. We observed how staff handled patient information and how staff talked to patients and carers. We also reviewed how GPs and other clinical staff made their clinical decisions. We spoke with members of the patient participation group (PPG). We reviewed information that patients had given us through their CQC comments cards.

Are services safe?

Summary of findings

The service was safe. There were policies and procedures in place to support the safe delivery of services. Safeguarding was well led at the practice by a GP who was also the lead for safeguarding in the area clinical commissioning group (CCG). All staff were trained to a level appropriate to their role and were able to demonstrate knowledge, understanding and application of protecting vulnerable adults and children from abuse. Medicines and infection control were managed to minimise risks to patients, staff and the public.

Staff were trained to deal with medical emergencies. There were policies, procedures and flow charts for action and suitable equipment available to ensure people were treated as effectively as possible if they had a medical emergency at the practice.

The practice demonstrated a strong culture of patient safety. There was open, honest reporting of incidents, accidents and significant events. Staff told us they felt confident with reporting as they worked in a 'no-blame, learning from mistakes' environment. The practice reported well, both internally and externally to NHS England.

Our findings

Safe patient care

The practice had systems in place to monitor and reduce risks in all aspects of patient safety. Information from NHS England and the West Cheshire Clinical Commissioning Group showed that the practice was the highest reporting practice in the local area and appropriately reported incidents, accidents and events. Staff were able to describe the incident reporting process and were encouraged to report in an open, no-blame culture. They told us they felt confident in reporting and raising concerns and felt they would be dealt with appropriately and professionally.

Staff told us about the process for giving feedback and disseminating information to all staff and we saw examples in minutes of meetings. Important information and feedback on incidents, complaints and other significant events was also emailed to staff.

Learning from incidents

We found there was an open and transparent culture when accidents, incidents and near misses occurred. Staff had been trained in incident and accident reporting, and training records showed all staff had completed the module. We looked at records of incidents and significant events and saw the robust investigation process, action planning and the lessons learned. There was an accident and incident reporting policy and procedure and a significant event protocol to support staff.

We spoke with the IT and data manager who demonstrated the process for reporting incidents and significant events. These were recorded on the computer system and monitored to ensure investigations and actions were completed. Each month significant events were reviewed at the rolling half-day learning meetings, which were open to all staff. Staff took ownership of the incidents and events that they had reported and presented them at these meetings. They discussed how lessons had been learned, risks minimised and practice improved as a result of the process. Incidents, accidents and significant events were also reported monthly through the DATIX computer system to the NHS England local area team. We saw that feedback and learning from such events was passed on either face-to-face or by email to staff.

Are services safe?

The lead GP and practice manager handled alerts and safety notifications from national safety bodies. Staff confirmed that they were informed about and involved in any required changes to practice or any actions that needed to be implemented.

Safeguarding

The practice proactively managed safeguarding. This was well led across the practice by the safeguarding lead, who attended local case conferences and completed reports where necessary for the local safeguarding board.

There was a current local policy for adult safeguarding. This referenced the Department of Health's guidance. One of the partner GPs was the responsible person for the practice and was supported in the role by the practice manager. (The responsible person is responsible for the overall co-ordination and management of safeguarding at the practice. They are also responsible for ensuring staff are appropriately trained and have guidance and support to protect vulnerable people and children from abuse.) The role of responsible person was defined in the local policy. This gave information and guidance including a flow chart and contact details for what to do in the event of suspected abuse.

There was a current safeguarding children policy, which again supported staff to identify report and deal with suspected abuse of children. The policies were supported with contact details of local agencies and authorities and links to current national guidance.

We saw evidence that all staff received safeguarding training as an annual mandatory training module. The safeguarding lead provided further face-to-face training to support this. Training was undertaken at a level appropriate for staff roles.

Monitoring safety and responding to risk

We saw that staffing levels were set and reviewed to ensure patients were kept safe and their needs met. If there was an unplanned absence staff covered from the establishment. Duty rotas took into account planned absence such as holidays or maternity leave. The practice occasionally used locum doctors to cover shortfalls and contracted with a company for cleaning in the absence of the practice cleaner. Any temporary staff used were checked to ensure they were fit to practise. We were told that if locum GPs were used, the practice did not check documentary evidence of their professional registration, Disclosure and Barring Service (DBS) checks nor their medical indemnity insurance. Staff told us they checked that locums were on the GP Performers List and felt this was sufficient safety checks for employment. After discussion, the practice manager told us they would check the required documentary evidence for themselves and be able to demonstrate this in future.

Medicines management

Relevant staff had received training appropriate to their role in medicines management. We spoke with the medicines manager for the practice who explained their work to ensure medicines were prescribed, reviewed and managed safely. Prescription pads were secure and there were safety systems to minimise the risk of them being misused, as well as appropriate policies and procedures to support staff to manage them safely. There were systems in place to ensure patients' medications were prescribed, issued and reviewed appropriately and safely, and this was monitored frequently.

We saw that emergency medicine, including medicines for anaphylactic shock, were stored safely yet accessible, and were monitored to ensure they were in date and effective. The practice did not hold stocks of controlled drugs (strong medicines which require extra administration checks to ensure safety).

Doctors did not keep medicines in their bags for home visits. They did not use medicines on home visits frequently. When making a home visit they assessed whether the patient needed medicines beforehand. If they did, medicine would be prescribed, signed out and recorded. This system minimised the risk of medicines going out of date or being used inappropriately.

Vaccines were stored in designated fridges, which ensured the medicine was stored in line with the manufacturer's guidelines. Temperature logs for the vaccine fridges were accurate and completed, which meant that staff could be confident that the medicines were fit for use. A protocol was in place that detailed the action staff needed to take if the fridges became too warm or malfunctioned, and staff knew what actions to take if they were not working properly to ensure safe storage of these medicines. This ensured that vaccinations given to patients were fit for purpose and safe to use.

Are services safe?

Cleanliness and infection control

The practice environment was clean and tidy and equipment was well-maintained. We looked at the cleaning schedules and cleaning check lists, which demonstrated daily and weekly cleaning routines were undertaken. We noted that cleaning equipment was segregated and colour-coded for its different uses. Cleaning equipment was stored appropriately. We observed appropriate segregated waste disposal for clinical and non-clinical waste. Contracts were in place for waste disposal and clinical waste was stored securely outside of the building.

One of the practice nurses was the lead for infection control. The nurse was able to detail their role and responsibilities in infection prevention and control. We noted that they did not have any specific qualification in infection control, but they obtained support and guidance from the community infection control team.

There was a current infection control policy with supporting policies and guidance appropriate to GP practices. Hand washing technique posters were displayed in each treatment and consultation room. Hand wash and alcohol hand decontamination dispensers were situated in all the relevant rooms. A needle stick/inoculation injury flowchart protocol was displayed in all treatment rooms where the risk to staff of acquiring an infection from this type of injury was more prevalent.

We found that staff had completed annual training in infection control relevant to their role. The infection control lead provided further face-to-face training at rolling half-day learning sessions. Staff were able to describe their own roles and responsibilities in relation to infection control.

The practice did not undertake regular infection prevention and control audit. However, an audit was planned for the near future, using an audit tool developed by the practice nurse. Results were to be fed back to all the staff at a learning session.

Staff were familiar with the protocol for handling samples/specimens, and could demonstrate how to handle them. The practice contracted appropriate laboratory services from a local accredited provider.

Staffing and recruitment

The provider had a comprehensive recruitment policy in place that was currently being updated to reflect recent changes to the Criminal Records Bureau (CRB) and Disclosure and Barring Service (DBS) checks. These checks provide employers with access to an individual's full criminal record and other information to assess their suitability for the role. Appropriate pre-employment checks were in place and completed before employment, such as references, medical checks, professional registration checks, photographic identification and curriculum vitae. Staff told us that they obtained appropriate disclosures for new members of staff before they started work at the practice. However, one staff file we looked at showed that the person had started work before a satisfactory DBS check was obtained. There was no risk assessment undertaken as to why this had happened. We saw that the DBS had been applied for, but not yet received. This may mean people are at risk of being cared for by unsuitable staff.

Dealing with Emergencies

Staff were trained in anaphylaxis and basic life support skills. The training records showed that all relevant staff had completed this, and staff we spoke with confirmed this. Emergency equipment, including drugs, were stored securely yet were accessible. The emergency equipment was checked to ensure that it was correct and in working order. There were policies and protocols in place to deal with emergencies.

There was a 'disaster handling and business continuity' plan to deal with emergencies that might interrupt the effective running of the practice. Various procedures for what to do in the event of an emergency were detailed, along with a number of contact details for support and action.

Equipment

Nurses had completed training appropriate to their role in using medical devices, and staff confirmed this.

We saw maintenance logs of clinical equipment, and evidence that it was regularly calibrated and tested. There were contracts in place for routine maintenance and testing of electrical equipment, fire safety equipment and building security systems.

Are services effective?

(for example, treatment is effective)

Summary of findings

Services were delivered effectively. Care and treatment was delivered in line with current published best practice and national clinical guidelines. Patients' needs were consistently met in a timely manner. Results from the GP Outcomes Standards Framework showed that the practice achieved well for identifying many patients' conditions, including cancer, chronic obstructive pulmonary disease (COPD), asthma and diabetes.

Staff were appropriately qualified, skilled and experienced to carry out their role effectively. All the clinicians participated in clinical audit for both national and locally identified areas.

We saw innovative practice developed to promote patient self-care. The patient participation group (PPG) were involved in promoting self-care and other health promotion initiatives.

Our findings

Promoting best practice

The clinical staff we spoke with were able to detail how they cared for patients in a person-centred way. They were familiar with best practice national guidelines and told us how they used these. There was a system to update and inform staff about new guidelines or treatment plans to be implemented. The GPs met weekly and discussed updates such as National Institute for Health and Care Excellence (NICE) guidelines. This ensured that clinicians remained up to date with the latest best practice guidelines. We were told about the work to proactively care for patients in the over 75 age group. We saw evidence in meeting minutes of the discussions around implementing a named GP at the practice for this age group.

The practice used a rota for GPs to act as duty doctor for the day. This GP made a telephone triage of all emergency calls from patients, performed home visits when necessary and carried out some practice-based patient consultations.

Clinicians described how they made comprehensive assessments that covered all health needs. They carried out a health review at intervals appropriate to the patient's needs and condition. These reviews were recorded and 'flagged' as diary alerts to inform clinicians when they needed to be done. We found that care and treatment was planned to meet a patient's identified individual needs and was reviewed.

The practice provided a service for all age groups. The GPs had developed special interests in different areas, for example, family planning, dementia and minor surgery. Patients were encouraged to be referred to the most appropriate GP where possible.

Patients told us they were pleased with how they were cared for at the practice. They were very satisfied with diagnoses, timely referrals to secondary care (such as hospitals) and treatment or care from the GPs and nurses. They felt confident in the skills, knowledge and experience of the clinicians.

Clinicians were able to detail how they obtained consent, when it was applicable, and how to obtain consent from people in vulnerable groups who were not able to give a valid consent. They were supported by current policies and

Are services effective?

(for example, treatment is effective)

procedures, which gave guidance and included the various forms to complete to obtain consent if a person lacked capacity and for withdrawal of consent. They were able to detail the consideration of Gillick competency in children (Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge). We saw that clinicians obtained formal written consent for minor surgical procedures and staff told us about documenting consent given by parents for child immunisations.

Results from the GP Outcomes Standards Framework showed that the practice achieved well for identifying many patients' conditions including cancer, chronic obstructive pulmonary disease (COPD), asthma and diabetes.

Management, monitoring and improving outcomes for people

The practice monitored its own performance and national targets and developed actions to improve services. For example, the practice had been identified as an outlier in the case of a national target for admission to hospital for people with dementia. The practice had requested further detailed information to enable it to understand any areas that needed to improve. It was currently assessing this information and would develop actions to improve the service where needed.

All the clinicians participated in clinical audit for both national and locally identified areas. We saw evidence of the audits undertaken. We discussed audits with GPs and found a culture of communication, sharing of continuous learning and improvement.

Staffing

We looked at the comprehensive induction programme that included mandatory training, role-specific training, risk assessments, and health and safety. We discussed induction with staff who told us of a good programme where they shadowed other staff, felt supported and did not start the role until they were prepared. They were confident that this process enabled them to undertake their role. Their competency and skill was assessed as part of the induction programme before starting to work on their own.

The recruitment process ensured that all staff employed were appropriately qualified and skilled for the role, and appropriate checks had been undertaken to ensure that clinical staff were registered with their professional body.

Staff had received annual appraisal, we saw evidence that they were appraised last year (March 2013). The practice manager told us that appraisals were overdue for this year, but they would start soon. We found that learning and development needs were identified through recruitment and appraisal/supervision. A training policy supported staff to undertake continuous professional development, mandatory training and other opportunities for development in their role. Mandatory training topics were identified with relevance to the role. The practice ensured that all staff could access the training provided easily and helped them to access further training and development courses.

We saw a good example of the clinical supervision system that had been implemented for the nurses at the practice, which used current research for best practice methodology. The three nurses in the team met regularly and documented their meetings to ensure that clinical supervision was effective and staff were skilled to deliver services appropriately.

Working with other services

The practice worked closely with other health care providers in the local area. GPs and the practice manager attended various meetings for management and clinical staff involving practices across West Cheshire. We were told that these meetings shared information, good practice and national developments and guidelines for them to implement or consider.

The practice staff worked closely with community nursing teams to provide nursing care services to older people and those patients at the end of their life. Multi-disciplinary meetings ensured that information about patients was up to date and shared with the appropriate clinicians. We saw that when patients were coming towards the end of their life, the practice made sure that current information was available to other providers of care services in case patients needed support when the GP practice was closed.

If a patient attended the local out-of-hours GP service the practice received information in a timely manner to be acted upon if needed. Staff told us they had good

Are services effective?

(for example, treatment is effective)

communication links with the local NHS acute hospital services. This aided the flow of information and helped patients receive accurate, timely referrals and treatment plans.

Health, promotion and prevention

The practice gathered information on the different conditions and needs that patients presented with. They understood the number and prevalence of conditions being managed by the practice. Clinical staff and the practice manager could detail the patient population groups, the patients with long-term conditions and what these were, and how staff reviewed their needs regularly. We saw a notice board for carers in the waiting room, which gave information about the support available for carers.

Members of the PPG told us about the self-care promotion they had undertaken with the practice. A notice board in the waiting room displayed plenty of understandable information and guidance to encourage patients to look after themselves when they had minor ailments. The self-help promotion had included liaising closely with the local pharmacies, displaying information around the practice to help patients to look after themselves and planning a forthcoming event in conjunction with the local church to encourage self-care and to promote the work of the PPG. One member of the PPG had attended a self-management of conditions course to have more knowledge and understanding of self-care so they could pass information on and educate patients better.

Various information leaflets were accessible to patients in the practice. These covered a number of health promotion topics including stopping smoking, diet and exercise, high blood pressure and diabetes management. This meant that patients could access information and guidance relevant to their condition or health need easily. We were told that anyone who needed help to stop smoking was referred to the local pharmacy where they could access the support they needed.

Patients told us they received plenty of information from all clinical staff caring for them about their conditions, referrals (where needed) and treatment. They felt involved in their care and respected by all staff.

Are services caring?

Summary of findings

The service was caring. Discussions with patients and members of the PPG, comments received from patients and the public and the patient survey results all told us that patients were treated with dignity and respect and were very well cared for. They told us overwhelmingly that the service was excellent, that all staff were good at their jobs and treated patients with kindness and compassion.

We observed good caring interaction with patients and saw that patients were treated with dignity and respect. Patients received good understandable information and had the opportunity to ask questions and reflect on what the clinicians had told them.

Our findings

Respect, dignity, compassion and empathy

The service had a dignity and respect policy in place. Staff were able to describe how they would promote people's dignity and how they treated them with respect. Consultation rooms were private with added privacy of curtain screening within the room itself during examinations. There was a chaperone policy in place. Relevant staff had undertaken chaperone training and were able to detail how to act as a chaperone. There was signage in the reception area offering chaperones if needed. Patients we spoke with all told us that staff treated them with the utmost dignity and respect. They said that doctors and staff maintained their privacy and dignity effectively.

We spent some time observing reception staff while answering telephone calls from patients and the public. They treated people with respect and listened to them and answered their queries in a professional manner. In the morning, reception staff had a dedicated room for answering the telephone calls. This ensured conversations were conducted in a confidential manner. When patients came to the reception desk staff would ensure confidentiality as far as possible. Facilities were available if someone wished to speak in private at the reception area. We noticed that staff communicated effectively and in a caring, sensitive manner with patients and public.

Patients all told us they were extremely satisfied with the treatment by staff at the practice. They commented that they felt staff were very caring, compassionate and respectful.

We were told about and saw evidence of a 'zero' tolerance policy towards abuse or discrimination from patients, public and staff. There were clear signs in the practice advising that such behaviour would not be tolerated. We were told of an example of abusive behaviour towards reception staff and how the practice had dealt with it effectively and compassionately, with the patient and staff member concerned.

Involvement in decisions and consent

The patient participation group (PPG) was very active. Members of the group told us about their involvement in the running of the service. They said they felt listened to by

Are services caring?

the GPs and practice manager, and that they were able to influence decisions regarding the service because their suggestions to improve services were listened to and acted on.

Individual patients told us they felt involved in decisions about their own treatment, they received full explanations about diagnosis and treatments and that staff listened to them and gave them time to think about decisions.

Patients told us clinical staff would ask for their consent when undertaking non-invasive procedures such as checking blood pressure or examinations. Doctors and nurses we spoke with demonstrated knowledge and understanding around consent, including consent in younger people and those who lacked the mental capacity to make decisions. Clinicians told us how they would work within the patient's best interests and in accordance with the Mental Capacity Act.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The service was responsive to patient's needs. There was a clear complaints policy, which was promoted to patients. Feedback was welcomed and the patient participation group PPG actively worked with the practice to improve services. We found evidence that feedback from patients, public and staff was acted upon and improvements implemented.

The service was accessible to patients and the practice ensured that patients with limited mobility were enabled to receive care and treatment.

Our findings

Responding to and meeting people's needs

The practice was located within an older style building over two floors. There was no lift and therefore the first floor consulting rooms were not accessible to disabled people. We were told that contingency plans were in place when disabled patients needed consultations. They would be accommodated in the ground floor treatment and consultation rooms. This was pre-planned where possible if they had appointments booked in advance. If it was an urgent consultation, then staff arranged on the day to see the patient in a ground floor room. The reception area was accessible with a ramp outside to the door and electronic door opening aids. Hearing loops were installed throughout. Patients could alert staff to their arrival for an appointment using an iPad or by notifying staff at the reception desk.

The practice analysed its activity and monitored patient population groups. This was then used to help develop the most optimum service to meet the needs of the patients. The practice held regular clinics for a variety of health needs and long term conditions, such as diabetes and respiratory disease. This meant that patients could be confident that, if they had a long-term health condition, the GPs and nurses would make sure they could achieve the best quality of life.

Staff arranged for patients' needs to be met even when the service was not operating. Information was exchanged with other providers at meetings and by messages and access to the EMIS Web patient management system. Patients who may be at the end of their life were identified and information shared with out-of-hours services and community healthcare staff so that if a patient needed care and treatment outside of the practice working hours, other healthcare professionals had access to their health records and information regarding their wishes and needs.

Access to the service

Patients we spoke with told us they were satisfied with the appointment service. Members of the PPG explained how the practice received comments the previous year regarding access to appointments; the PPG made suggestions and the practice implemented changes as a result. A telephone consultation service was introduced,

Are services responsive to people's needs?

(for example, to feedback?)

which was a great success with both patients and GPs/ clinical staff, as they felt it improved the appointment system greatly. Other improvements to the appointment system included online booking of appointments.

Patients and the PPG members told us they felt the opening hours of the service met the needs of the patient population, including those people who were of working age. The practice had appointments available from 8am to 6.30pm on weekdays.

We received comments from patients indicating that they received a good service, both face-to-face and through the telephone system. They also told us that they generally had no problems getting a convenient appointment.

The practice had an accurate and up-to-date practice information leaflet about its services. There was also an accurate and informative website. These both contained information about what to do in the event of illness outside of the normal practice hours, for example accessing the out-of-hours service.

We asked the provider how they met the needs of patients in vulnerable circumstances, such as homeless people or travellers. There were arrangements to refer any patients with no fixed abode to a local GP practice within the area for care and treatment, as the local CCG commissioned this alternative practice to provide services to such patients.

Concerns and complaints

We looked at the complaints log for the last 12 months and found that complaints had been dealt with and responded to appropriately. The practice took action in response to complaints to help improve the service. For example, an issue arising from a complaint was raised at staff meetings and at training for learning purposes. New or revised policies were implemented as a result of analysis of complaints.

Complaints were investigated thoroughly. A basic summary of all complaints was recorded on a spread sheet. However, this did not include an overview log, which would have demonstrated adherence to timescales and trends in the nature of complaints so this could be analysed to help with learning and improvement.

Patients we spoke with were all aware of the complaints procedure. An information leaflet detailing the process for making complaints or comments about the practice was available to take away at the reception desk. It included alternative contact details for other authorities if a patient wanted to take a complaint further. We also saw a comments and suggestions box in the reception hallway.

Are services well-led?

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

Summary of findings

The service was well-led. There was a strong visible leadership team with clear vision and purpose. Governance structures were robust. There was a clear and effective system for managing risks.

There was an open culture of reporting and learning from incidents, complaints and significant events. Staff told us about the strong positive leadership that motivated them to deliver good practice and continually improve care. They felt safe to report incidents and mistakes without fear of discrimination. Such events were openly reported and lessons were learned to minimise risk and prevent re-occurrence.

Our findings

Leadership and culture

There was a well-established clearly identified management structure with clear lines of responsibility. We spoke to staff with differing roles within the service and they were clear about the lines of accountability and leadership. They all spoke of good clear leadership which articulated vision and values and motivated staff to provide a good effective service. Staff were able to articulate the values and working strategy of the practice and they could tell us about the key concepts of the practice's vision and strategy. Staff felt well supported in their role by the management team and the lead GP. They felt confident in the senior team's ability to deal with any issues, including serious incidents and concerns regarding clinical practice. Staff reported an open and no-blame culture where they felt safe to report incidents and mistakes. The patient participation group (PPG) was actively involved in developing and promoting standards.

Senior clinical staff and management communicated regularly with the local area clinical commissioning group (CCG) to discuss performance and how improvements could be made to meet the needs of the patients. We saw evidence of these documented meetings.

GPs and nursing staff received appraisal, which included reflection on their practice and asking colleagues and other staff for their views about their behaviours and skills. Any complaints about interpersonal skills were evaluated. All this information was used to help management complete an accurate appraisal and assess competency to work at the practice.

We saw current policies and procedures for bullying and harassment, equality and diversity and whistleblowing/ public interest disclosure.

Examples of various practice meeting minutes demonstrated good information exchange, quality monitoring, improvements to service, practice developments and learning from events.

Governance arrangements

We looked at the governance systems at the practice by reviewing documents, talking to staff, reviewing policies and talking with patients. We found overall the systems and

Are services well-led?

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

processes for quality assurance and improvement were effective. The robust governance framework involved all staff and patient representatives in monitoring the quality of services and helping to continuously improve services. The leadership team was strong and visible and had clear visions for providing good quality services.

Systems to monitor and improve quality and improvement

The practice had good systems in place to monitor the quality of its services. We found there was an open culture of learning and improvement across the practice. The practice used information from audit, complaints and patient feedback, accident and incident reporting to improve services.

Over the last 12 months, clinical staff had audited cancer diagnosis, diabetes and medication prescribing. The practice shared results with all staff for learning and implementing actions. It kept a record of all the audits undertaken, which was accessible to staff through the computer system. However, not all staff were fully aware of this and where to find it.

The practice contributed to the Quality and Outcomes Framework for GPs (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK, rewarding them for how well they care for patients. The QOF contains groups of indicators, against which practices score points according to their level of achievement. The QOF gives an indication of the overall achievement through a points system. The practice used the QOF to monitor how well it managed and delivered the services to its patients, including monitoring different conditions.

Data collection and monitoring was managed effectively. Staff recorded patient activity, care and treatment accurately and systematically, using Read Coding. (Read codes are the standard clinical terminology system used in General Practice. It supports detailed clinical encoding of multiple patient phenomena including: occupation; social circumstances; ethnicity and religion; clinical signs, symptoms and observations; laboratory tests and results; diagnoses; diagnostic, therapeutic or surgical procedures performed; and a variety of administrative items.) This helped support clinical staff to manage patients' care efficiently and effectively.

Patient experience and involvement

The practice recognised the importance of gaining the views of patients, carers and the public to build on and improve services. There was an active PPG, and we spoke with the members as part of our inspection. The PPG met every two to three months, and notes showed that the meetings were meaningful and useful. There was a two-way process in which the practice imparted information to the PPG in an open, honest way. For example, we saw that at each meeting a member of the practice staff would attend and present a complaint or serious event. Detailed information about the event including investigation, actions taken and lessons learned were discussed. The members of the PPG found this very useful. The practice respected the PPG and had developed good relationships with it. The practice acted on comments and suggestions from the PPG. The PPG felt they were listened to by the practice and felt involved in the running, monitoring and improving of the service.

The practice regularly undertook satisfaction surveys to gain feedback on the service. Some of these surveys were undertaken by the PPG who reported on the findings and fed back to the practice. They would then jointly develop and implement action plans.

We looked at complaints and found they were well managed. The practice investigated and responded to them in a timely manner, and complainants were satisfied with the outcomes. Actions taken following investigation of the complaint were open and appropriate. They were discussed at staff meetings and were used to ensure staff learned from the event.

Staff engagement and involvement

The minutes from staff meetings demonstrated feedback, both positive and negative, was discussed and disseminated to all staff. This included feedback from complaints and learning from significant events, accidents, incidents and near misses.

There was a whistleblowing policy in place. Staff told us they had no concerns about reporting any issues internally. They felt well supported by the management team and felt confident that any concerns raised would be dealt with appropriately. They gave examples of reporting incidents openly and believed there was a no-blame culture at the practice, which encouraged reporting and evaluation of incidents and events.

Are services well-led?

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

Learning and improvement

There was a comprehensive programme of induction and training and development for all staff. A practice training policy supported learning and development. Mandatory training was enabled and monitored to ensure staff were equipped with the knowledge and skills needed for their specific individual roles. Staff were supervised and appraised to help identify what training and development they needed.

The practice held protected learning half days every month. Topics for discussion at whole team, clinical and non-clinical meetings were scheduled in advance. These sessions included presentation of significant event reviews and feedback from complaints for all the staff to learn from and improve on their service and practice.

Identification and management of risk

The practice had systems in place to identify and manage risk safely. There were appropriate risk assessments such as those for fire, infection control and environmental safety, and contingency plans to deal with any unforeseen risks to the service provision.

All of the staff we spoke to knew how to report incidents, and significant events. The practice reported locally and through the regional reporting system (DATIX). This enabled it to share experiences with other practices by making patient safety lessons widely available. The practice had a process for monitoring significant events and when needed, these were reported to the local clinical commissioning group (CCG) for further monitoring and scrutiny.

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

Older patients received safe and effective care from staff who were well trained and supported by current policies, procedures and guidelines.

The practice safeguarded older vulnerable patients from the risk of harm or abuse. Care and treatment was delivered with consideration to current published guidelines and good practice. There was proactive intervention for older patients and it was evident that the practice met the needs of this population.

Older patients were treated with dignity and respect in a caring manner. We found that services for older patients were responsive, well-led and managed. The leadership team was visible, effective and had a clear vision around service provision for patients over 75 years old.

Our findings

Safe

Older patients received safe and appropriate care from staff that worked in an open culture and had a good awareness of how to learn from events, incidents and accidents that occurred.

We spoke with some older patients during the inspection and they told us they felt safe and confident with the treatment they received. Most of them had been coming to the practice for many years and had a good long standing relationship with the GPs and other staff.

The practice safeguarded vulnerable older people from the risk of abuse. Staff were trained in protection of vulnerable older people and there were practice policies in place to support safeguarding. Regular clinical meetings took place at which staff could discuss the needs of older patients and their carers.

Caring

Older people were treated with compassion and in a caring manner. They were given time and support during their appointment, when presenting at reception or over the telephone. Older patients told us during the inspection that staff were always respectful, caring and treated them with dignity.

Effective

The practice was providing an effective service for older people. This included those with good health and those who may have had one or more long-term conditions, both physical and mental. Care and treatment was delivered with consideration to current published guidelines and good practice. The practice had a special interest in this population group and their health needs. It was proactive, and had implemented enhanced services to meet the needs of this population. It was currently looking at implementing a named GP for patients over 75 years old to ensure the practice was able to focus services for those

Older people

older people with long term conditions and focus on improving their health and wellbeing. This was a proactive way of monitoring all older people closely to ensure problems could be identified and treated at an early stage.

Responsive

The practice was responsive in particular in terms of access to treatment for older patients. They were able to contact the practice by telephone or in person, and could book appointments and order repeat prescriptions online. Patient leaflets relevant to older people and their carers were available in the waiting room.

The reception area was accessible to older patients with limited mobility. We noted the practice had an induction hearing loop which was clearly displayed and could be used for older patients with hearing difficulties. The premises were clean and well maintained with appropriate signage around the practice that was visible.

The practice had an active patient participation group (PPG), and some members were older people who attended the practice. They told us how caring and supportive staff were, particularly when attending the PPG meetings and giving information and feedback on services. Examples were given showing us that staff always took account of patient views, comments and suggestions.

Well-led

We found that services for older patients were well-led and managed. The leadership team was visible, effective and had a clear vision in particular around its services for the over 75 years old patient population. We saw that reviews of prescribing and medication were undertaken regularly. Prescribing was consistent with current guidelines 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

Patients with long term conditions were supported by a healthcare team that cared for people using good practice guidelines and were attentive to people's changing needs.

There was proactive intervention of patients with long term conditions. Patients had health reviews at frequent regular intervals depending on their health needs and condition. Registers of patients with long term conditions enabled the practice to monitor this population group's needs as a whole.

Patients were listened to and the services were delivered and monitored by a visible leadership team who were committed to improving services.

Our findings

Safe

We found that patients with long term conditions received safe and appropriate care from staff that worked in an open culture and had a good awareness of how to learn from events, incidents and accidents that occurred.

We spoke with some patients and their carers during the inspection. Patients with a long term condition such as cardio vascular disease or chronic back pain told us they felt safe and confident with the treatment they received. They had been coming to the practice for a long time and had a good, long standing relationship with the GPs and other staff. They felt staff were very supportive and understood their health needs.

We found the practice safeguarded patients who had long term conditions from the risk of abuse. Staff were trained in protection of vulnerable adults and there were practice policies in place to support safeguarding. Staff discussed the needs of patients with long term conditions and their carers at regular clinical meetings.

Caring

Patients with long term conditions were treated with compassion and in a caring manner. They were given time and support during their appointment, at reception or over the telephone. Patients told us during the inspection that staff were always respectful, caring and treated them with dignity.

Effective

The practice was providing an effective service for patients with long term conditions. Care and treatment was delivered with consideration to current published guidelines and good practice. We found there was proactive intervention of patients with long term conditions. Patients had health reviews at frequent regular

People with long term conditions

intervals depending on their health needs and condition. This meant that the practice was able to focus on improving the health and wellbeing of those patients with long term conditions.

Registers of patients with long term conditions enabled the practice to monitor this population group's needs as a whole. This was a proactive way of ensuring all patients were monitored closely to ensure problems could be identified and treated at an early stage.

Results from the GP Outcomes Standards Framework demonstrated the practice achieved well for identifying many patients with long term conditions including cancer, chronic obstructive pulmonary disease (COPD), asthma and diabetes.

Responsive

We found the practice to be responsive in particular in terms of access to treatment for patients with long term conditions. They were able to contact the practice by telephone, in person, and book appointments and order repeat prescriptions online. Patient leaflets about long term conditions such as cardio vascular disease, diabetes and asthma were available in the patient waiting room.

We saw that the practice had a clear complaints policy and responded to complaints and comments about the service. It was active in seeking the views of patients and responding to suggestions to improve the service and access to the service.

The reception area was accessible to patients with long term limited mobility. Patients who could not use the stairs were seen in the consultation and treatment rooms on the ground floor. We noted the practice had an induction hearing loop, which was clearly displayed. The premises were clean and well maintained with appropriate signage around the practice that was clear and visible.

The patient participation group (PPG) was active, and some members were patients who had long term conditions. They told us how caring and supportive practice staff were, particularly when attending the PPG meetings and giving information and feedback on services. Examples were given showing us that staff always took account of patient views, comments and suggestions.

Well-led

Services for patients with long term conditions were well led and managed. The leadership team was visible, effective and had a clear vision around its services for patients with long term conditions. We saw that reviews of prescribing and medication were undertaken at regular intervals. Prescribing was consistent with current guidelines for different 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

Services for mothers, babies, children and young people were diverse, age-appropriate, effective and safe. Care was delivered safely by a multi-disciplinary team in line with relevant good practice guidelines and which were attentive to young people's developmental and developing needs.

Mothers and young people were listened to and the services were delivered and monitored by a visible leadership team who were committed to improving services for this group of patients.

Our findings

Safe

Patients received safe and appropriate care from practice staff who worked in an open culture and had a good awareness of how to learn from events, incidents and accidents. Staff had a good understanding of safeguarding and protecting vulnerable adults and children from the risk of harm or abuse. Staff engaged fully and were proactive in the local area child safeguarding. The practice reviewed cases where there were safeguarding concerns for children when these arose. Regular clinical meetings, which included GPs and community staff as appropriate, discussed vulnerable families to see how they could be best supported. The practice had a clear means of identifying in records those children (together with their parents and siblings) who were subject to a child protection plan. The practice had appropriate child protection policies in place to support staff and staff were trained to a level relevant to their role in safeguarding and child protection.

We spoke with a mother and her children when we visited. They told us they were confident with the care and treatment provided to them as a mother and family. We were told that they always prioritised sick children for appointments and would always fit them in on the same day.

The premises were clean and well maintained. Effective monitoring systems were in place to provide oversight of the safety of the building. The medicines were managed and stored properly to ensure risk of harm from medicines was minimised.

Caring

Patients we spoke with and people who completed our comment cards were positive and complimentary about the services and how they were provided and about how their conditions were monitored. Comments referred to the staff as being kind and compassionate and patients said that they were treated with dignity and respect.

Mothers, babies, children and young people

The practice had an active patient participation group (PPG). Members of this group told us they were actively involved in contributing to the continuing development of patient-centred approaches to care. However, they did say they had difficulties recruiting to a wider range of population groups such as young mothers or young people.

Patients and parents said that they were treated with respect and that good explanations of their condition, diagnosis, treatments or care were given. Parents told us that they were involved and supported appropriately in the care of children and young people.

We found that services were caring and we observed good compassionate care for mothers and children who were visiting the practice. Patients told us they were given time and support during their appointment. We saw that staff responded to both the clinical and non-clinical needs of these patients. A mother told us that staff were always friendly and pleasant and helpful in trying to arrange an appointment. She told us she had received good maternity care at this practice and felt staff were very good at talking and listening to children.

Effective

The practice was providing an effective service. Care and treatment was delivered with consideration to current published guidelines and good practice. Registers of this patient population group enabled the practice to monitor this population group's needs as a whole.

Where patients had received treatment from an out-of-hours GP service, the practice had received timely information about them from the out-of-hours service. This information was reviewed each morning by the duty doctor. A record-sharing system was in place, which enabled the out-of-hours provider to see the GP's record.

The practice had good systems in place for child health development and surveillance, which included working in partnership with the community midwife and health visitor services. Regular clinical meetings were held to discuss patients to ensure consistency of care and to identify any new concerns emerging. The practice also offered regular contraceptive and maternity services for mothers and young women.

Responsive

Services were responsive. The reception area was accessible for mothers with prams. There were books and soft toys for children to play with whilst waiting for an appointment.

The practice had a clear complaints policy and responded to complaints and comments about the service. It was active in seeking the views of patients and responding to suggestions that improved the service and access to the service.

Care and treatment for mothers, babies, children and young people was given in accordance with established good practice including baby and children immunisations

Well-led

Services were well led and managed. The leadership team was visible, effective and had a clear vision around service provision for different patient population groups. We saw that reviews of prescribing and medication were made regularly. Prescribing was consistent with current guidelines for children and younger patients and for maternity patients.

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 working-age population and those recently retired were able to access safe services which patients described as good and excellent in delivery and care. Care and treatments were in line with good practice and were age-appropriate.

Patient surveys indicated that the practice listened to patient's comments. We found that the practice responded where improvements were needed.

The services were delivered and monitored by a visible leadership team who were committed to improving access to services.

Our findings

Safe

The working-age patient population and those recently retired received safe and appropriate care from staff who worked in an open culture and had a good awareness of how to learn from events, incidents and accidents.

We spoke with some patients during the inspection, who told us they felt safe and confident with the treatment they received. They had been using this practice for a long time and had a good, long standing relationship with the GPs and other staff. They felt staff were very supportive and understood their health needs.

The practice safeguarded patients from the risk of abuse. Staff were trained in protection of vulnerable adults and there were practice policies in place to support safeguarding. There were regular clinical meetings at which staff could discuss patients and their health needs.

Caring

Patients were treated with compassion and in a caring manner. They were given time and support during their appointment, at reception or over the telephone. Patients told us during the inspection that staff were always respectful, caring and treated them with dignity.

The practice had an active patient participation group (PPG). We spoke with members of this group who told us they were actively involved in contributing to the continuing development of patient-centred approaches to care. However, they did say they had difficulties recruiting to a wider range of population groups such as working-age patients.

Effective

We found the practice was providing an effective service for patients of working age and those recently retired. Care and treatment was delivered with consideration to current published guidelines and good practice. There was proactive intervention of patients' conditions. Patients had

Working age people (and those recently retired)

health reviews at frequent regular intervals depending on their health needs and condition. This meant that the practice was able to focus services on improving patients' health and wellbeing.

If patients received treatment from an out-of-hours GP service, the medical centre received timely information about them from the out-of-hours service. This information was reviewed each morning by the duty doctor. A record-sharing system was in place which enabled the out-of-hours service to see the GP's records.

Patients' needs were identified, actions were taken to meet their needs and where necessary referrals to hospital services were made in a timely manner. We saw evidence that healthcare professionals obtained patients' consent to treatment. The team made effective use of clinical audit tools, clinical supervision and staff meetings

Responsive

The practice was particularly responsive in terms of access to treatment for patients. They were able to contact the practice by telephone or in person, and could book appointments and order repeat prescriptions online. Patient leaflets relevant to different conditions and access to services were available in the patient waiting room.

There was a clear complaints policy and the practice responded to complaints and comments about the service. The practice was active in seeking the views of patients and responding to suggestions that improved the service and access to the service.

The reception area was accessible to patients with limited mobility. Patients who could not use the stairs were seen in the consultation and treatment rooms on the ground floor. We noted the practice had an induction hearing loop which was clearly displayed. The premises were clean and well maintained with appropriate signage around the practice that was clear and visible.

Patients told us that the opening hours of the practice were satisfactory for patients of working age. The PPG had received no comments regarding difficulty of access for these patients and felt that they were able to access services without problem. We were told how the practice had responded to comments made by patients of working age regarding telephone consultations. In response to suggestions from patients, the practice had introduced a telephone consultation service, which patients welcomed, particularly those of working age, and by staff.

Care and treatments for working-age patients and those recently retired were given in accordance with established good practice, including those for lifestyle-related conditions.

Well-led

Services for patients were well led and managed. The leadership team was visible, effective and had a clear vision around its service for all patient groups. Reviews of prescribing and medication were undertaken at regular intervals. Prescribing was consistent with current guidelines for adults with different conditions.

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

This practice encountered few people patients in vulnerable circumstances who had poor access to primary care. Systems were in place to enable vulnerable people patients to access primary care services. Patients with vulnerable circumstances such as homelessness or travellers were referred and directed to another local GP practice, which the clinical commissioning group (CCG) had commissioned to provide services to these groups of patients.

Services provided were sensitive to the challenges faced by patients in this population group and all patients described the practice as good and excellent in the care it provided. Care and treatments were in line with good practice and were age and life style appropriate.

Patient surveys indicated that the practice listened to their comments. The services were delivered and monitored by a visible leadership team who were committed to improving access to services.

Our findings

Safe

We found that patients with vulnerable circumstances who had poor access to primary care received safe and appropriate care from staff that worked in an open culture and had a good awareness of how to learn from events, incidents and accidents that occurred.

We found the practice safeguarded patients from the risk of abuse. Staff were trained in protection of vulnerable adults and children and there were practice policies in place to support safeguarding. Regular clinical meetings took place at which staff could discuss patients and their health needs.

Caring

All patients were treated with compassion and in a caring manner. They were given time and support during their appointment, when presenting at reception or over the telephone.

We spoke with members of the patient participation group who told us they were actively involved in contributing to the continuing development of patient-centred approaches to care. However, they did say they had difficulties recruiting to a wider range of population groups such as patients with vulnerable circumstances who may have poor access to primary care'

Effective

We found the practice was providing an effective service for patients of all population groups..

Patients with vulnerable circumstances such as homelessness or travellers were referred and directed to another GP practice locally which was commissioned by the clinical commissioning group CCG to provide services specifically to these groups of patients.

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

Responsive

The practice was responsive in terms of access to treatment for patients. They were able to contact the practice by telephone, in person, and able to book appointments and order repeat prescriptions online. Patient leaflets relevant to different conditions and access to services were available in the patient waiting room.

We saw that the provider had a clear complaints policy and responded to complaints and comments about the service. The provider was active in seeking the views of patients and responding to suggestions that improved the service and access to the service.

Care and treatment was delivered with consideration to current published guidelines and good practice including to those patients with vulnerable circumstances who may have poor access to primary care.

Well-led

Services for patients were well led and managed. The leadership team was visible, effective and had a clear vision around service provision for all patient groups. We saw that reviews of prescribing and medication were undertaken at regular intervals. Prescribing was consistent with current guidelines for adults and children with different conditions.

People experiencing poor mental health

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

Summary of findings

The practice had a clear commitment to people experiencing mental health problems. Services were age-appropriate and sensitive to the challenges faced by people in this population group. The practice had won an award for innovative practice and good services for patients experiencing poor mental health in the primary care setting. The model of care delivered to these patients became a good practice model, which was adopted by GP practices in the local area. This meant that the service provided good effective care and treatment for patients experiencing poor mental health.

Patients described the practice as good and excellent in their care. Care and treatments were in line with good practice. Patient surveys indicated that the practice listened to patient's comments. The services were delivered and monitored by a visible leadership team who were very committed to improving mental health in the local community.

Our findings

Safe

Patients experiencing poor mental health received safe and appropriate care from staff that worked in an open culture and had a good awareness of how to learn from events, incidents and accidents that occurred.

We spoke with some patients during the inspection and they told us they felt safe and confident with the treatment they received. They had been using this practice for a long time and had a good, long standing relationship with the GPs and other staff. They felt staff were very supportive and understood their mental health needs.

We found the practice safeguarded patients from the risk of abuse. Staff were trained in protection of vulnerable adults and children and there were practice policies in place to support safeguarding. There were regular clinical meetings where staff could discuss patients and their health needs.

Caring

Patients were treated with compassion and in a caring manner. They were given time and support during their appointment, at reception or over the telephone. Patients told us during the inspection that staff were always respectful, caring and treated them with dignity.

The practice had an active patient participation group (PPG). We spoke with members of this group who told us they were actively involved in contributing to the continuing development of patient-centred approaches to care. However, they did say they had difficulties recruiting to a wider range of population groups including those patients experiencing poor mental health.

Effective

The practice was providing an effective service for patients experiencing poor mental health. Care and treatment was delivered with consideration to current published guidelines and good practice including to those patients with vulnerable circumstances who may have poor access to primary care. We found there was proactive intervention

People experiencing poor mental health

of patients' conditions. Patients had health reviews at frequent regular intervals depending on their health needs and condition. This meant that the practice was able to focus services on improving patients' health and wellbeing.

Where patients had received treatment from an out-of-hours GP service, the medical centre had received timely information about them from the out-of-hours service. This information was reviewed each morning by the duty doctor. A record-sharing system was in place which enabled the OOH provider to see the GP's record.

Patients' needs were identified, actions were taken to meet their needs and where necessary referrals to hospital and community-based services were made in a timely manner. We saw evidence that healthcare professionals obtained patients' consent to treatment. The team made effective use of clinical audit tools, clinical supervision and staff meetings.

The practice had won an award for innovative practice and good services for patients experiencing poor mental health in the community setting. The model of care delivered to these patients became a good practice model, which was adopted by GP practices in the local area. This meant that the service provided good effective care and treatment for patients experiencing poor mental health.

Responsive

The practice was responsive in terms of access to treatment for patients. They were able to contact the practice by telephone, in person, and able to book appointments and order repeat prescriptions online. Patient leaflets relevant to different conditions and access to services were available in the patient waiting room.

The practice had a clear complaints policy and responded to complaints and comments about the service. It was active in seeking the views of patients and responding to suggestions that improved the service and access to the service.

Care and treatment for patients experiencing poor mental health were given in accordance with established good practice and national guidelines.

Well-led

We found that services for patients were well led and managed. The leadership team was visible, effective and had a clear vision around service provision for all patient groups. We saw that reviews of prescribing and medication were undertaken at regular intervals. Prescribing was consistent with current guidelines for adults and children experiencing poor mental health.