Care Quality Commission

Littledown Surgery

Quality Report

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

Summary of findings

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Summary of findings

Overall summary

Littledown Surgery is a primary medical services GP surgery based in the Bournemouth suburb of Littledown. It carries out the following regulated activities; diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury. The service operates between 0830 hrs and 1830 hrs from Monday to Friday, with late opening on a Monday until 2030 hrs. The practice has four GP's and two nurses. The service is commissioned by NHS Dorset Clinical Commissioning Group (CCG).

CCGs are clinically led groups that commission (or buy) a range of healthcare services including hospital care, rehabilitation care, urgent and emergency care, community health services, mental health and learning disability services. CCGs include all the GP groups in their geographical area. All GP practices must belong to a CCG.

During our site visit we spoke with seven patients on a one to one basis. We also attended a Patient Participation Group (PPG) meeting and spoke with twelve more patients in a group discussion. We spoke with the practice manager and two other members of the administrative staff. We also spoke with three GP's including the senior partner at the practice.

Each of the seven patients we spoke with on an individual basis were extremely satisfied with the care they received and with the staff at the practice. The overall sentiment from the 12 patients we spoke with at a PPG meeting was very positive about the service.

We found that the practice had strong leadership and robust internal management systems. Effective communication took place within the organisation, with regular staff meetings providing open forums to discuss learning points and updated information. Patients told us that they felt well informed about the services available at the practice.

The service had systems in place to learn from feedback. We saw evidence that incidents, accidents and complaints were handled effectively at the practice. We saw the practice had an effective clinical governance process in place. This process identified where care had not been fully effective, understanding why, learning lessons and making improvements to reduce the risk of future reoccurrence.

The practice undertook minor surgical procedures such as mole removals. This enabled patients prompt access to a service with a doctor they knew. All of the patients we spoke with told us that the practice was always clean, tidy and well organised. We saw that patients were cared for in a clean and hygienic environment. The practice had up to date policies relating to recruitment and retention of staff, which included recruitment of sessional doctors, confirmation of eligibility to work in the UK, criminal record checks and an induction process. However, we found that the practice had not carried out a criminal record check with the Disclosure Barring Service (DBS) on one member of administrative staff.

We found the practice was effective in meeting the needs of the local population in the catchment area of Littledown. Regular and timely audits had been carried out to identify areas for improvement and ensure the quality and safety of care delivered.

Patients told us that they were involved in discussions about the health care they received and asked for their consent before it was provided. We observed there was a friendly and professional atmosphere at the practice, with patients being treated with respect by staff. However, we found that as the reception point was next to the waiting area, privacy was not always protected.

The practice was responsive to the needs of patients with an active PPG which was also attended by senior staff. We saw that there were opportunities for patients to provide feedback about the care they had received, from regular patient meetings in a group forum, on a one to one basis with staff or via regular surveys.

We found that the practice contained essential emergency first aid equipment such as an Automated External Defibrillator (AED). Staff had been trained in its use and in delivering first aid. The practice had level access with consultation and treatment rooms situated on the ground floor. There was a toilet with appropriate facilities for patients with mobility difficulties; however there was no emergency alarm cord in place.

Appropriate information was provided for staff via an internal computer based intranet system. This contained

Summary of findings

up to date policies, procedures and useful information. All staff we spoke with described the service as well-led and said they felt well supported. Information was shared with staff via email, telephone and at regular meetings.

We found evidence that the quality and safety of care and treatment was monitored effectively using a wide range of clinical and non-clinical audits using set criteria. This provided the practice with the required information to ensure a high quality of care and to make improvements where required.

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 had systems in place which recognised and supported patients who were at risk of abuse. There was appropriate equipment, medicines and procedures to manage patient emergencies. Staff were familiar of policies and procedures in place for reporting serious events, accidents, errors, complaints and for safeguarding patients at risk of harm. Incidents were investigated and acted upon and any learning shared with staff to mitigate any future risk. The recruitment and induction of new staff was well managed. This supported safe care for patients. We saw evidence that staff were suitable to work with vulnerable adults and children. Infection prevention and control was effective and staff were aware of their roles and responsibilities. Patients were cared for in a clean, safe environment.

Are services effective?

Overall the practice was effective. Care and treatment was delivered in line with current best practice. The practice met nationally recognised quality standards for improving patient care and compared favourably with other practices in the area. The practice managed patient demand for the service effectively. Reception staff were trained to be able to recognise when patients needed urgent care and were supported by clinical staff to ensure that urgent need was met. Feedback from patients about the practice was very positive. There were systems in place to monitor the effectiveness of treatment provided and the practice acted upon the findings.

Are services caring?

Overall the practice was caring. Patients described the staff as helpful and friendly. We observed staff were thoughtful, kind and knowledgeable in their interactions with their patients. Patient feedback suggested they were satisfied with the care, treatment and support they received. All of the 19 patients we met with felt that Littledown Surgery was a very caring practice.

Are services responsive to people's needs?

Overall the practice was responsive to people's needs. The services provided enabled patients to access the care they needed promptly and efficiently. The practice had systems which ensured people's views were listened to and acted upon. The annual patient survey in 2013 conducted by the patient participation group indicated high levels of satisfaction, supported by similar evidence from the 2013 GP National Patient Survey. The practice had begun to address the main concern of privacy at reception. The practice had

arrangements in place to ensure that it could meet the demand and needs of the patients with minimal delay. Staff told us that they had access to equipment needed to attend to patient's needs. Staff had access to information needed about local services available should a patient require specialist or secondary care. Staff were aware of arrangements in place for responding to medical emergencies that may arise. There were opportunities for patients to express their views about the service they received. The practice was accessible for patients with mobility difficulties and there were facilities for patient translation services.

Are services well-led?

Overall the practice was well led. There was a clear leadership structure and processes to keep staff informed. The practice met nationally recognised standards for improving patient care and maintaining quality. There was a robust system to review complaints and significant events to improve practice. Staff who worked within the service described a supportive work environment and patients gave positive reviews of the service received. Audits, surveys and incident reporting processes were undertaken. We saw examples of where improvements had been made 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 supported older patients by offering clinics which catered specifically for issues affecting this population group. Nursing staff were trained and experienced in the treatment and care of medical conditions affecting older people. Staff worked with other health care providers to enable the early assessment and support for patients with dementia and their carers.

People with long-term conditions
The practice supported patients with long term conditions such as respiratory disease and diabetes by offering treatment, advice and support through screening and evidence based treatment and information. Regular monthly clinics were held for people with some long term conditions such as diabetes.

Mothers, babies, children and young people
The practice supported this population group through working with other healthcare providers to deliver maternity services and immunisation clinics for babies. A health visitor who conducted home visits to families with children in the local community was based at the practice. This provided patients with a local point of contact.

The working-age population and those recently retired
The practice supported the working age population and those recently retired by providing screening for common conditions such as diabetes and with regular blood pressure checks. A blood pressure measurement machine was available in reception for any patient to measure their own blood pressure. Clear instructions and guidance as how to interpret the results were displayed. There was access to information and services via the internet.

People in vulnerable circumstances who may have poor access to primary care
To improve communication for some patients the practice had access to translation services for people whose first language was not English. We noted that there was no hearing induction loop system for patients with hearing difficulties. We also noted there were limited alternative formats for patients requiring support with communication such as diagrams, models and easy read formats. This may have meant some patients may not have had appropriate information to make informed decisions.

Summary of findings

People experiencing poor mental health

The practice supported people with mental health problems by ensuring staff received training in the Mental Capacity Act 2005 (MCA) which had taken place in July 2013. The MCA is a framework which supports patients who need help to make decisions. The practice had a system in place called "Steps to Wellbeing" which enabled staff to refer patients with mental health issues to a specialist.

Summary of findings

What people who use the service say

Patients we spoke with and patient survey feedback indicated patients were very satisfied with the service they received. Staff were described as helpful, caring and compassionate. The services provided were described as well run and supportive.

Areas for improvement

Action the service COULD take to improve

- Privacy and confidentiality at reception was hindered by the close proximity to the waiting area
- The patients disabled toilet lacked the means to summon emergency assistance
- There was a lack of information in suitable formats for patients who had learning difficulties, poor vision or hearing loss
- The provider could provide information on each GP's specialist areas on surgery noticeboards and on their website
- The provider could introduce quarterly or monthly 1:1's for all staff in addition to the annual appraisal system in place

Good practice

Our inspection team highlighted the following areas of good practice:

- The provider delivered high quality care through offering a service relevant to the needs of the local community. This was evidenced by the excellent feedback received both from patients using the practice, the very active PPG and from written feedback. Another example of this is the fact that the provider offered services in keeping with the local community such as HIV screening tests in line with the needs of the Bournemouth area.

Care Quality Commission

Littledown Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP Special Advisor.

Background to Littledown Surgery

Littledown Surgery, Harewood Crescent, Bournemouth, Dorset BH7 7BU is a primary medical services GP surgery based in the residential suburb of Littledown. It carries out the following regulated activities; diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury. The service operates between 0830 hrs and 1830 hrs from Monday to Friday, with late opening on a Monday until 2030 hrs. The practice has four GP's and two nurses. The service is commissioned by NHS Dorset Clinical Commissioning Group (CCG).

Why we carried out this inspection

We inspected this practice as part of our new inspection programme to test our approach going forward. This practice 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 inspection, we reviewed a range of information we held about the practice and asked other organisations, such as the Clinical Commissioning Group and Healthwatch to share what they knew. We carried out an announced visit at the surgery on 4 June 2014. During our visit we spoke with three GP's, a nurse, the practice manager, reception staff and other health care professionals who provided services for the practice. We spoke with 19 patients who used the service including the Patient Participation Group who represented patient views about the practice. We observed how staff talked with and

Detailed findings

cared for patients. We looked at patient surveys and comment cards. We looked at practice documents such as policies and meeting minutes as evidence to support what people told us.

Are services safe?

Summary of findings

Overall the practice was safe. The practice had systems in place which recognised and supported patients who were at risk of abuse. There was appropriate equipment, medicines and procedures to manage patient emergencies. Staff were aware of policies and procedures in place for reporting serious events, accidents, errors, complaints and for safeguarding patients at risk of harm. Incidents were investigated and acted upon and any learning shared with staff to mitigate any future risk. The recruitment and induction of new staff was well managed. We saw evidence that staff were suitable to work with vulnerable adults and children. Infection prevention and control was effective and staff were aware of their roles and responsibilities. Patients were cared for in a clean, safe environment.

Our findings

Safe patient care

The practice used a range of information to identify risks and improve quality regarding patient safety. We saw that an annual accident audit took place. There was a senior member of staff who had responsibility for reviewing complaints. We saw the practice completed an annual complaints report in order to analyse and identify trends in the occurrence of complaints. Staff we spoke with were all aware of how to report incidents. Clinical areas were clean and robust infection control procedures were in place.

Learning from incidents

There was an accident reporting book at reception which was regularly reviewed. For example, a senior member of staff had checked that a needle stick injury had been dealt with safely. Patients were protected from risk because there was a culture of openness to reporting and learning from patient safety incidents.

We saw the practice had a Significant Events policy which had been reviewed in March 2014. Discussions on these took place at the weekly practice meeting and at a specific annual significant event review meeting. Notes from significant event analysis were detailed and provided evidence of learning from the process. The significant incident reporting tool suggested patients were informed following an incident and the appropriate support was given. We looked at the five significant events which had occurred since May 2013. We saw that sound learning points had been taken forward to reduce the risk of reoccurrence. For example, a specific member of staff had been appointed as lead to ensure an up to date list was kept of all patients with diabetes.

Safeguarding

A safeguarding policy was in place and had been reviewed on a six monthly basis. Staff we spoke with understood their responsibilities to recognize and report suspected abuse. All staff had been trained in basic safeguarding procedures. Management staff had been trained to a higher level of safeguarding procedures relevant to their role. Staff had also received Mental Capacity Act 2005 (MCA) training on an annual basis. There was an identified safeguarding lead GP who had a clear role supporting staff and overseeing the safeguarding process. Staff had ready access to the safeguarding policies for both children and adults for information and guidance. Both policies

included contact details of the appropriate authorities. We saw that there were relevant safeguarding notices on display around the practice. However, the provider may wish to note that safeguarding was not mentioned in the practice general information leaflet.

Staff we spoke with about safeguarding were aware of their roles and responsibilities with regards to protecting people from abuse or the risk of abuse. They were able to provide us with a range of potential signs of abuse and knowledge of how to react should the situation arise.

Staff told us there was a system which highlighted vulnerable patients on their computerized record system. This information was available on the patient's record so that staff were aware of any issues when they attended the surgery. We saw evidence that patient records had been audited on an annual basis to determine the accuracy of record keeping.

Monitoring safety and responding to risk

We saw that patients were supported appropriately in the event of a medical emergency. The provider had the appropriate equipment, medicines and procedures to manage patient emergencies. The emergency equipment included an automated external defibrillator (AED), portable oxygen, ventilation (breathing) equipment suitable for adults and children, and manual suction. The relevant emergency medicines were available to respond quickly in life threatening situations until further help arrived. Records showed that staff checked emergency equipment monthly.

Staff we spoke with were aware of the procedure to summon assistance and the information emergency services required to accompany the patient. This enabled emergency services to be appropriately prepared to support patients safely and effectively. We found that staff had received first aid and CPR (Cardiopulmonary resuscitation) training in November 2013.

Patients undergoing surgical procedures had comprehensive pre and post operative information to prepare them safely and minimise post-operative risks.

Medicines management

There were no medications or controlled drugs stored on the premises or with staff. Littledown Surgery was not a dispensing practice. The practice had robust policies in place for the prescription of medicines, with regular audits in place. The practice offered an online service for repeat prescriptions in addition to the traditional face to face or telephone request methods. Patients told us that they appreciated this facility and that their doctor always offered informed choices and explained any details about their prescriptions.

Cleanliness and infection control

Patients were cared for in a visibly clean environment and were appropriately protected from the risk of infection. We observed all areas of the practice were clean, tidy, well lit and uncluttered of unnecessary equipment. Examination couches were in good repair which reduced the risk of infection.

The practice had systems to protect patients from the risk of cross infection. There were sufficient hand washing facilities for staff and patients. Staff had access to the necessary personal protective equipment such as gloves and aprons when undertaking clinical procedures. We did not observe any clinical procedures during this inspection.

Disposable equipment was used for clinical procedures to reduce the risk of cross infection.

The clinical area where the GP's undertook minor surgical procedures was a shared facility with another NHS provider. We observed the facilities and cleaning schedules were planned to reduce the risk of infection.

The infection control lead had begun to implement actions from the most recent infection control audit completed in May 2014. All relevant areas of the practice had been audited. An action plan had been prepared to address any learning points. For example, the induction policy had been updated to include infection control in January 2014. Posters had been obtained on waste segregation. Effective storage facilities for cleaning equipment had been installed. Infection control had been added as a standing item on practice meeting agendas.

Staffing and recruitment

We found that the practice had written guidance to support staff with the recruitment and selection process of new staff. Suitable candidates were asked to provide documentation to verify their identity and qualifications. These included references and proof of a person's qualifications or registration with the appropriate professional body. Staff had been employed subject to a satisfactory criminal record check by the Disclosure and Barring Service (DBS). The practice had a system to ensure there were sufficient staff to meet service requirements. We

Are services safe?

spoke with the practice manager and deputy practice manager who told us about their system to co-ordinate staff rotas and organise staff cover as required. We saw that appropriate Human Resources policies were in place to support disciplinary and grievance procedures. This showed that the provider had taken effective steps to ensure people were safe from risks of abuse and there were sufficient staff to support safe delivery of the service.

Dealing with Emergencies

The practice had an emergency plan in the event of unforeseen emergencies or events. The practice manager showed us the business continuity plan for the practice. This had been updated on a six monthly basis. A fire drill had been held by staff within the last six months.

Equipment

The practice was modern and purpose built. This meant the facilities enabled the provision of a safe environment for patients. Fire alarms and equipment had been tested and serviced on annual basis. First aid kits and emergency equipment were in good order and stored appropriately where they could be reached easily in an emergency.

Are services effective?

(for example, treatment is effective)

Summary of findings

Overall the practice was effective. Care and treatment was delivered in line with current best practice. The provider met most nationally recognised quality standards for improving patient care and compared favourably with other practices in the area. The practice managed patient demand for the service effectively. Reception staff were trained to be able to recognise when patients needed urgent care and were supported by clinical staff to ensure that urgent need was met. Feedback from patients about the service was very positive. There were systems in place to monitor the effectiveness of treatment provided and the provider acted upon the findings.

Our findings

Promoting best practice

Patient care and treatment was delivered in line with current best practice. Staff told us they applied national guidelines such as those developed by the National Institute for Health and Care Excellence (NICE) in the treatment and support of patients. Other examples included staff training in the Mental Capacity Act 2005 (MCA) which had taken place in July 2013. The MCA is a framework which supports people who need help to make decisions. Staff were confident in their knowledge of consent and the importance of the assessment of capacity and the application of the law. They gave examples of how this applied to children and adults with impaired mental capacity. The practice had a system in place called "Steps to Wellbeing" which enabled staff to refer patients with mental health issues to a specialist.

Management, monitoring and improving outcomes for people

Patient care was improved by the effective monitoring of treatment. All of the doctors at Littledown surgery participated in clinical audits. We saw evidence that audits had taken place to monitor such areas as repeat prescriptions, product recalls and safety alerts. Data we looked at demonstrated the provider met nationally recognised quality standards for improving patient care. Most of the doctors in the practice had areas of specialist interest for example, minor surgery and dermatology. The doctors were a specialist resource for staff and patients and improved access to services for patients.

Staffing

We found that patients were treated by staff that were appropriately qualified and supported. Training records demonstrated staff had completed essential training to support safe effective practice such as basic life support and safeguarding. Staff had regular updates to maintain competency in skills such as immunisation and cervical screening.

GP's and nurses we spoke with told us that they had study time to update their skills and knowledge. Staff maintained up to date continuing professional development (CPD) training portfolios. This meant that patients received care from well trained clinical staff.

Are services effective?

(for example, treatment is effective)

There were opportunities for staff to keep up to date with practice developments. Staff told us that at this small practice, staff related concerns and issues were addressed on an informal basis when they arose or at team meetings. Team and practice meetings were held regularly and followed up with meeting minutes available for all staff. We saw evidence of these minutes. Items discussed included training and development, infection control and patient safety.

We saw from records staff had an annual performance review. We looked at two examples of a review and saw the discussion provided feedback on the member of staff's performance and the opportunity to identify learning and development requirements. The provider may wish to note that there was no monthly or quarterly 1:1 supervision system in place at the practice. This meant that staff only received written feedback on their development once a year at their annual performance review.

Working with other services

The GP's worked with other healthcare providers to co-ordinate and manage patients care effectively. The practice provided a base for other healthcare providers such as the district nursing and health visiting services. Staff told us that regular meetings with other healthcare providers took place.

We saw that the practice worked closely with a "Lifestyle service" which provided support to patients with alcohol dependency in the local area. A counsellor held a session at the surgery every fortnight.

Staff told us that they referred patients who needed support to stop smoking to a specialist service based at the local pharmacist. Cards and leaflets for this service were on display at reception in the surgery.

During our inspection we spoke with a member of the South West Ambulance Trust who often visited the surgery for the transport of samples to hospital for analysis. They told us that they enjoyed a good working relationship with the surgery.

Health, promotion and prevention

We saw that patients had access to a range of health promotion information in the surgery and on the practice website. The practice offered specialist clinics for patients with diabetes and other conditions where health promotion discussions were part of their treatment plan. There were immunisation and vaccination clinics and screening clinics for conditions such as the early detection of high blood pressure and diabetes. We noted resources in alternative formats such as easy to read or picture format were not available. This means that some patients may not have had appropriate information to make informed choices about their care. Staff told us that they were always available to explain information to patients.

Are services caring?

Summary of findings

Overall the practice was caring. Patients described the staff as helpful and friendly. We observed staff were thoughtful, kind and knowledgeable in their interactions with their patients. Patient feedback suggested they were satisfied with the care, treatment and support they received.

Our findings

Respect, dignity, compassion and empathy

During our inspection we saw that patients were treated with empathy and compassion. Patients told us staff were friendly, helpful and supportive. We observed staff were patient and kind in their interactions with patients and relatives. When we spoke with staff they were knowledgeable about their patients which helped them anticipate and address their specific care needs.

Patients told us that their privacy and dignity was respected. Treatment rooms had solid walls to maintain soundproofing. However, we found that there had been concerns about maintaining confidentiality at reception. This was because the reception desk was adjacent to the waiting area. The practice manager had risk assessed this and taken steps to protect people's privacy. Soft music was played from reception. Telephones at reception had been moved to the rear of the room away from the desk. Patients we spoke with were satisfied that steps had been taken to protect their privacy. The Patient Participation Group told us that measures to redesign this area had been suggested. The practice manager told us that these measures were currently under consideration.

Patients said they were consistently treated with dignity and respect. They told us staff closed doors, curtains and blinds before starting treatment to maintain privacy and they were asked if they wished to have a person accompany them during a consultation. Patients had a choice of being treated by a male or a female GP.

Involvement in decisions and consent

Patients told us that they felt involved with staff in their treatment. Patients we spoke with told us their consent for care and treatment was always sought. They said they were encouraged to ask questions and given appropriate information to enable them to make an informed decision about care and treatment. There was a variety of information on display in the waiting area of the practice and also on the provider website. This included health promotion leaflets and information about available services offered by the practice and other health care providers.

To improve communication for some patients the practice had access to translation services for people whose first language was not English.

Are services caring?

We noted that there was no hearing induction loop system for patients with hearing difficulties. We also noted there were limited alternative formats for patients requiring support with communication such as diagrams, models and easy read formats. This may have meant some patients may not have had appropriate information to make informed decisions.

Overall the staff we asked were aware of the importance of supporting patients who may have had impaired mental capacity with regards to decision making. Strategies used to support patients included providing written information and involving carers with the patient's permission.

Patients who attended the minor surgery clinics were provide with information regarding the risks and benefits of the surgery pre-operatively and on the day of to enable them to make informed decisions about their surgery.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Overall the practice was responsive to people's needs. The services provided enabled patients to access the care they needed promptly and efficiently. The practice had systems which ensured people's views were listened to and acted upon. The annual patient survey in 2013 conducted by the patient participation group indicated high levels of satisfaction, supported by similar evidence from the 2013 GP National Patient Survey. The practice had begun to address the main concern of privacy at reception. The practice had arrangements in place to ensure that it could meet the demand and needs of the patients with minimal delay. Staff told us that they had access to equipment needed to attend to patient's needs. Information about local specialist or secondary care services was easily accessible to staff. Staff told us that this was helpful should a patient require specialist or secondary care. Staff were aware of arrangements in place for responding to medical emergencies that may arise. There were opportunities for patients to express their views about the service they received. The practice was accessible for patients with mobility difficulties and there were facilities for patient translation services.

Our findings

Responding to and meeting patient's needs

The practice delivered core services to meet the needs of the main patient population they treated. The patient population had a higher than the national average population group of older adults and patients under 18 years of age. There were immunisation clinics for babies and children. The provider worked with other healthcare providers to provide maternity services.

Older adults had access to screening services to detect and monitor the symptoms of certain long term conditions such as heart disease.

The provider undertook minor surgical operations such as mole or lesion removal. Patients told us they had prompt access to the service with a doctor they knew.

Access to the service

The practice enabled patients to access appointments promptly and efficiently. The practice was open five days a week, with extended opening hours on a Monday in response to patient feedback. This meant patients who were working or not able to attend during normal practice hours had more opportunities to see a doctor. Patients told us they usually did not have difficulty getting an appointment on the same day with the doctor of their choice. However, they said appointments sometimes ran over time. Patients told us that they did not mind waiting as they knew the Doctor would give them the same amount of time if needed. The practice manager told us they had begun to address this by extending appointment times and by offering double appointments if more than one issue was involved.

Staff told us that patients were able to order a repeat prescription via the practice website if that was more convenient for them than attending the practice in person.

Concerns and complaints

A robust complaints process was in place. We saw the complaints policy had been updated in November 2013. We saw leaflets on display which explained how to make a complaint with full details of how to escalate it if unsatisfied with the outcome. We looked at the seven written complaints which had been made since June 2013.

Are services responsive to people's needs?

(for example, to feedback?)

They had been managed in line with the provider's policy. Evidence showed that they had been dealt with professionally and a resolution actively sought in each case.

Patients we spoke with told us they had no complaints about the practice. Patients told us they knew the procedure for making a complaint they said they would not hesitate to speak to the doctor or practice manager if they had any concerns.

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. There was a clear leadership structure and processes to keep staff informed. The practice met nationally recognised standards for improving patient care and maintaining quality. There was a robust system to review complaints and significant events to improve practice. Staff who worked within the service described a supportive work environment and patients gave positive reviews of the service received. Audits, surveys and incident reporting processes were undertaken.

Our findings

Leadership and culture

The practice had a clear leadership structure. There was a documented vision which aimed to achieve a professional, caring and friendly service. We found the processes were transparent and inclusive, for example with regular meetings for all staff to raise awareness of practice issues. All staff we spoke with were very satisfied with the working environment, team working and management at the practice. Many of the staff we spoke with had worked for the provider for a number of years. Each doctor had their own patient list and sufficient administrative support. This meant patients were able to consistently see a doctor they knew.

Governance arrangements

The practice's two senior partners and the practice manager held a meeting on a weekly basis. Staff were aware of their role and responsibilities for managing risk and improving quality. Each service area had a department lead to develop their service and manage their staff. Individual GP's had lead responsibilities for example safeguarding and complaints. Department leads met with the GP's on a weekly basis to discuss practice issues, developments and performance standards and a quarterly basis to review incidents and complaints.

Systems to monitor and improve quality and improvement

The practice had systems to reduce risk and improve the quality of the service. The staff were committed to measuring, collecting and monitoring information to meet nationally recognised standards for improving patient care and maintaining quality using the Quality Outcomes Framework (QOF). The doctors were engaged in a programme of clinical audit and service improvement. For example, we saw evidence recent audits had taken place on repeat prescribing of ibuprofen and other medication.

Patient experience and involvement

The practice used a variety of strategies to collect patient views on the service. The practice and the Patient Participation Group (PPG) conducted an annual patient survey. We noted the patient survey allowed patients to provide feedback on waiting times and satisfaction with care and treatment. However, it did not include questions on how patients felt about privacy, respect and dignity.

Are services well-led?

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

During our inspection on 4 June 2014 we attended the PPG meeting and spoke with the twelve patients present. We saw that the practice manager also attended the meetings. Patients told us that the practice was always represented by a senior member of staff. We looked at a PPG action plan from September 2013 - June 2014. We saw that progress on the six actions requested by the PPG of the practice had been achieved in five of these six. For example, the practice had improved patient information on surgery times. The practice had introduced staff name badges and had removed a television from the waiting room and replaced it with speakers linked to a radio in reception. The PPG told us they were all extremely satisfied with the high quality of service provided by the practice.

Staff engagement and involvement

Staff we spoke with told us that they felt engaged with practice issues. They told us they could suggest ideas for improvement or concerns at their weekly staff meetings. These could then be escalated if necessary to the weekly management meeting. Staff told us that important information would be reported back promptly at this small practice. All of the staff we spoke with were satisfied with their involvement at the practice.

Learning and improvement

Staff told us that the practice valued continuous learning. Doctors and nurses were encouraged to complete their continuous professional development in order to develop their clinical knowledge and skills. The provider enabled dedicated shared learning and study time. We saw evidence all staff had an annual performance review.

Identification and management of risk

We found that the practice had a system to evaluate patient complaints and significant clinical events. The practice manager and Doctors completed a regular schedule of audits through the year in order to reduce risk across the whole service. These included clinical and non-clinical audits such as A&E attendances, infection control, outpatient referrals and smear taking. For example, where the audits of repeat ibuprofen prescriptions had identified action, the action had been taken and the audit cycle repeated. This meant that risks to patients had been reduced by adherence to a robust system.

Older people

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

Summary of findings

The practice supported older patients by enabling access to services without having to attend the practice. Specialist clinics were available which catered specifically for issues affecting this population group. Nursing staff were trained and experienced in the treatment and care of medical conditions affecting older people. Staff worked with other health care providers to enable the early assessment and support for patients with dementia and their carers.

Our findings

People with long term conditions

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

Summary of findings

The practice supported patients with long term conditions by offering advice and support through specialist clinics, screening and information. The clinics were led by specialist nurses appropriately qualified and able to offer additional services such as prescribing. The practice worked effectively with other health care providers to support people and their carers with dementia and life limiting conditions at end of life.

Our findings

Mothers, babies, children and young people

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

Summary of findings

The practice worked with other healthcare providers to provide maternity services and immunisation clinics for babies. A health visitor based at the surgery completed regular visits to families with children in the local area.

Our findings

Working age people (and those recently retired)

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

Summary of findings

The practice supported the working age population and those recently retired by providing screening for common conditions. They offered a flexible appointment system and access to information and services via the internet. The practice offered of extended evening hours to suit the working population.

Our findings

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

To improve communication for some patients the practice had access to translation services for people whose first language was not English. We noted that there was no hearing induction loop system for patients with hearing difficulties. We also noted there were limited alternative formats for patients requiring support with communication such as diagrams, models and easy read formats. This may have meant some patients may not have had appropriate information to make informed decisions.

Our findings

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 supported people with mental health problems by ensuring staff received training in the Mental Capacity Act 2005 (MCA) which had taken place in July 2013. The MCA is a framework which supports people who need help to make decisions. The practice had a system in place called “Steps to Wellbeing” which enabled staff to refer patients with mental health issues to a specialist.

Our findings