Seaton and Colyton Medical Practice

Quality Report

Seaton and Colyton Medical Practice
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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.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Outstanding
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Seaton and Colyton Medical Practice on 4 November 2015. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw several areas of outstanding practice:

- The practice had introduced services to promote positive outcomes for patients and provide information to allow patients to make changes to their lifestyle. For example, patients were invited to a walking group, ' Walk for Health' which had been set up by one of the GPs. The aim was to support and encourage those patients that would benefit from regular exercise and prevent social isolation.

Summary of findings

- Another initiative developed by a GP at the practice in 2011 was an 'Eating with Dignity' scheme. The idea was to combine the practice ethos of patient dignity with the fundamental human desire for quality tasty food. The vision was to provide this for all people, regardless of their stage of life but especially when they were ill or vulnerable. After initially exploring the current NICE guidance for food replacement safety they formed a multidisciplinary team which included practicing NHS doctors (hospital), speech and language therapists, dieticians, palliative care and dementia care specialists. Together they had devised healthy, nutritious and tasty meals and meal replacements for people to enjoy. There was a website for people to look at as well as leaflets available in the practice. This scheme had been embraced by local care homes and the wider community.
- One GP had a special interest in the care of patients with drug and alcohol addiction. These patients were reviewed every two weeks with their GP to support and maintain good health and keep their care under frequent review.
- Since the closure of the beds in Axminster Hospital, the GPs had been responsible for Axminster patients at Seaton Hospital.These patients were typically elderly and frail, and frequently requiring palliative care.In order to ensure continuity of care the practice had arrangements in place with Axminster surgery to appropriately share clinical records so that the patient received the best treatment whilst in hospital and to ensure a smooth discharge on returning home. Consent was gained from the patient before information was shared and care was provided.

In addition the provider should

- Improve awareness and health information available for younger people.
- Ensure the actions identified in the infection control audit of October 2014 are recorded as complete and
- continue with an updated audit.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Outstanding 

The practice is rated as outstanding for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the GPs at the practice undertook a high percentage of home visits and worked collaboratively with the palliative care nursing team to whenever possible keep patients at home until the end of their life.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Since the closure of the beds in Axminster Hospital, the GPs had been responsible for Axminster patients at Seaton Hospital.These patients were typically elderly and frail, and frequently requiring palliative care.In order to ensure continuity of care the practice had arrangements in place with Axminster surgery to appropriately share clinical records so that the patient received the best treatment whilst in hospital and to ensure a smooth discharge on returning home. Consent was gained from the patient before information was shared and care was provided.

Are services well-led?

Good

The practice is rated as good for being well-led.

- There was a a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Outstanding ☆

Older people

The practice is rated as outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice had a large percentage of older patients – 18% of the practice population was 75 and over.All patients had their own named GP which ensured continuity of care, although patients were free to see any GP of their choice.Patients at risk of unplanned admission to hospital were identified through the predictive risk assessment data supplied by the Clinical Commissioning Group (CCG), in discussion with the members of the complex care team and community nursing team, and through assessing new care home residents.
- GPs were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There was a system in place for sharing information with the out-of-hours services for patients who are likely to need them.
- The community hospital was located close to the practice, where GPs visited daily to check on patients.Medical care of in-patients in the community hospital was provided by their named GP.There was good communication between the practice and the hospital to ensure that any urgent needs were met.
- The GPs carried out a large number (sometimes up to five each) of home visits every day, to ensure that those who could not get to the practice were not disadvantaged.Home visits were carried out to give flu and pneumococcal vaccinations and the practice worked closely with the community matron.
- The prescribing team worked with several of the local pharmacies to provide blister packs for those who struggled to organise and remember to take their medicines.
- There was a home nursing service located within the practice that looked after patients who needed palliative care, they liaised closely with the GPs to support palliative patients and their families. They offered 24 hour care and provided support for people with terminal illness and for people wishing to die in their own homes, or at the local community hospital. A GP at

Summary of findings

the practice was pivotal in facilitating the formation of the service. The GPs also provided anticipatory medicines in the form of a 'just in case' bag in order to avoid delays in treatment and improve the quality of patient care.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients with long term conditions had a named GP and a structured annual review to check that their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered spirometry to those with respiratory problems, and insulin initiation for patients with diabetes if required.Retinopathy (screening for eye damage) was carried out at the practice two or three times a year which saved patients the lengthy trip to Exeter.The diabetic nurses took part in a virtual diabetes clinic which was held three times a year with two other local practices and a hospital specialist diabetic consultant The diabetic specialist nurse and the practice nurse ran clinics jointly, in order to support patient care and allow patients with complex needs to be discussed and managed appropriately, they also provided on-going education.
- The practice offered smoking cessation and referral for weight management, and one of the GPs has been instrumental in developing a local health campaign 'Make a Stroll your Goal' – in association with East Devon District Council and Leisure East Devon. This information was available on the website, as was specific information and signposting for other chronic diseases. This same GP was the lead GP in 'Get Active Devon' - a new initiative developed by Public Health Devon, with the aim of providing a central web resource which could be used to increase levels of activity.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. However, there was minimal health promotion information available for younger people to signpost them to support groups or provide them with information in areas that maybe specific to them. For example sexual health or chlamydia testing.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice always offered same day GP appointments to children when requested. There were after school appointments with a nurse for children and young people who need immunisations or asthma reviews.
- We saw good examples of joint working with midwives, health visitors and school nurses. A community midwife ran a weekly clinic from the surgery. They had access to the clinical system and was able to liaise with GPs as required.
- Meetings were held with health visitors and school nurses every 6 weeks to ensure that information was appropriately shared and that any families at risk were identified and supported.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a range of health promotion and screening that reflects the needs for this age group.
- Online access was available which allowed patients to book and cancel appointments electronically as well as submit prescription requests, and the use of electronic prescribing allowed a prescription to be sent to the pharmacy of the patient's choice.

Summary of findings

People whose circumstances may make them vulnerable

Outstanding

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It offered longer appointments for people with a learning disability.
- Vulnerable patients were provided with information about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- All staff in the practice had recently received training in the care of those with a learning disability from the East Devon Learning Disability Primary Care Liaison Nurse.This has raised awareness of the difficulties faced by this group of patients and provided effective channels for support and referral.
- A GP at the practice provided care for a care home run by a charity for deaf and blind people in Seaton.This allowed for continuity of care as well as good relationships with both the patients and the staff.
- The practice took part in the 'Shared Care' enhanced service and had a dedicated GP for this group of patients.The GPs worked closely with RISE and other addiction services to maintain continuity of care.
- There were 11 care homes in the surrounding area and approximately 2.5% of the practice list lived there.GPs supported the staff in the homes by visiting as requested.Vaccinations were administered to residents in the homes by practice staff.
- The practice had close links with Seaton Hospital League of Friends (LoF) which supported many vulnerable people in Seaton.The LoF provided a befriending service which GPs were able to refer patients to. It also supported "Health and Local Food for Families" (HALFF) which helped groups to learn how to cook and eat a healthy diet.
- One of the GPs had co-founded a small food health charity called 'Eating with Dignity' which aimed to promote healthy eating for those who were unwell. This was publicised on the practice website and in the practice.

Summary of findings

- The practice maintained a register of carers, and liaised with the local carer support worker who held monthly surgeries in the practice.
- Since the closure of the beds in Axminster Hospital, the GPs had been responsible for Axminster patients at Seaton Hospital.These patients were typically elderly and frail, and frequently requiring palliative care. In order to ensure continuity of care the practice had arrangements in place with Axminster Medical Practice to appropriately share clinical records so that the patient received the best treatment whilst in hospital and to ensure a smooth discharge on returning home. Consent was gained from the patient before information was shared and care was provided.
- The practice worked closely with the falls nurse and the community matron to ensure that the risks to vulnerable patients in their own homes were minimised. Both healthcare professionals had access to the practice clinical system. All staff were aware of the signs to look for and their responsibilities to report abuse.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice maintained a register of patients with mental health issues, and where appropriate offered a yearly health check.
- There was a section on the practice website dedicated to mental health. The community dementia matron, who was responsible for mental health for the elderly, attended fortnightly MDT (multi-disciplinary team) meetings and liaised with the GPs when needed. The CPN (community psychiatric nurse) was also represented at these meetings to liaise about patients under the community mental health team. Mental Capacity assessments were frequently required, and there was close working with the older person's mental health team and adult social services, and where necessary referrals were made for an IMCA (independent mental capacity advocate). Best interest decision meetings with family, advocates, social services and members of the multi-disciplinary teams were attended by GPs.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. A counsellor attended the practice

weekly, and the GPs referred patients to them when required

- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia. Reception staff were aware of the patients suffering from early stage dementia, and telephoned those patients to remind them of their appointments.
- When requested, the practice provided rooms for the mental health service to meet with patients so as to avoid lengthy trips to Honiton or Exeter.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing better when compared to local and national averages. 249 survey forms were distributed and 157 were returned. This is a response rate of 63.1%.

- 90.9% found it easy to get through to this surgery by phone compared to a CCG average of 84.4% and a national average of 73.3%.
- 93.5% found the receptionists at this surgery helpful (CCG average 90.5% national average 86.8%).
- 94.6% were able to get an appointment to see or speak to someone the last time they tried (CCG average 91%, national average 85.2%).
- 100% said the last appointment they got was convenient (CCG average 95.1%, national average 91.8%).
- 88.8% described their experience of making an appointment as good (CCG average 83.3%, national average 73.3%).
- 77.8% usually waited 15 minutes or less after their appointment time to be seen (CCG average 71.2%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received. Patients appreciated the service from their GPs and the staff at the practice and referred to staff being professional, helpful and friendly. Patients said they had enough time with the GPs and nurses and said they were listened to and involved in their care. Patients were satisfied with the cleanliness and facilities at the practice and had not found any need to complain.

We spoke with 11 patients during the inspection. All 11 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Improve awareness and health information available for younger people.
- Ensure the actions identified in the infection control audit of October 2014 are recorded as complete and continue with an updated audit.

Outstanding practice

- The practice had introduced services to promote positive outcomes for patients and provide information to allow patients to make changes to their lifestyle. For example, patients were invited to a walking group, ' Walk for Health' which had been set up by one of the GPs. The aim was to support and encourage those patients that would benefit from regular exercise and prevent social isolation.
- Another initiative developed by a GP at the practice in 2011 was an 'Eating with Dignity' scheme. The idea was to combine the practice ethos of patient dignity with the fundamental human desire for quality tasty food. The vision was to provide this for all people, regardless of their stage of life but especially when they were ill or vulnerable. After initially exploring the current NICE guidance for food replacement safety they formed a multidisciplinary team which included practicing NHS doctors (hospital), speech and language therapists, dieticians, palliative care and dementia care specialists. Together they had devised healthy, nutritious and tasty meals and meal replacements for people to enjoy. There was a

website for people to look at as well as leaflets available in the practice. This scheme had been embraced by local care homes and the wider community.

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Seaton and Colyton Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice nurse specialist advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Seaton and Colyton Medical Practice

Seaton and Colyton Medical Practice was inspected on Wednesday 4 November 2015. This was a comprehensive inspection.

The practice provides GP primary care services to approximately 7500 people living in and around the town of Seaton. The practice has a Personal Medical Service contract and also offers Directed Enhanced Services, for example the provision of minor surgical procedures for patients.

There are five GP partners, three male and two female. The practice is registered as a GP training practice for under graduate medical student's education. Partners hold managerial and financial responsibility for running the business. The team are supported by a practice manager, a deputy practice manager, three practice nurses, two health care assistants, and additional administration staff.

Patients using the practice also had access to community nurses, midwives, community mental health teams and health visitors who visit the practice.

The practice is open between the NHS contracted opening hours of 8am - 6pm Monday to Friday (closed between 1-2pm). Appointments are available between 8.30am and 6pm on Monday to Friday. Outside of these times there is a local agreement that the out of hours service (Devon Doctors) take phone calls and provide an out-of-hours service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 November 2015. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.

Detailed findings

- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient who was prescribed a blood thinning medication had been inadevertantly omitted from the computer system and their follow up appointment was missed. The actions following this incident included reinforcing the procedures to ensure all patients were given a follow up appointment and chased up by the nursing team if they failed to attend.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. However the last audit was undertaken in October 2014, and not all actions had not been recorded as complete, the practice confirmed an updated audit would be done within the next month. Attention was needed in the care of mops used for cleaning.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations. The resuscitation trolley was in good order and although medicines were not listed they were all within their expiry date.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Good

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. This was updated in October 2015.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96.1% of the total number of points available, with 5.6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from the health and social care information centre showed;

- Performance for diabetes related indicators was above the Clinical Commissioning Group (CCG) and national average. For example the percentage of patients on the diabetes register who had received an influenza immunisation was 97.92% compared to the national average of 93.46%.
- The percentage of patients with hypertension having regular blood pressure tests was 83.72 which was similar to the national average of 83.11%.

  The practice had introduced services to promote positive outcomes for patients and provide information to allow patients to make changes to their lifestyle. For example they were invited to a walking group, ' Walk for Health' which had been set up by one of the GPs to support and encourage those patients that would benefit from regular exercise and prevent social isolation.

Another initiative was developed by a GP at the practice in 2011 called 'Eating with Dignity'. The idea was to combine the practice ethos of patient dignity with the fundamental human desire for quality tasty food. The vision was to provide this for all people, regardless of their stage of life but especially when they were ill or vulnerable. After initially exploring the current NICE guidance for food replacement safety they formed a multidisciplinary team which included practicing NHS doctors, speech and language therapists, dieticians, palliative care and dementia care specialists. Together they had devised healthy, nutritious and tasty meals and meals replacements for everyone to enjoy. There was a website for people to look at as well as leaflets available in the practice. This scheme had been embraced by local care homes and the wider community.

One GP had a special interest in the care of patients with drug and alcohol addictions. These patients were reviewed every two weeks with the GP to support, maintain good health and keep their care under frequent review.

There had been four clinical audits completed in the last years The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). For example, an audit was undertaken for those patients having had minor surgery who suffered post-operative wound infections. It was found that out of 87 patients only one had contracted a minor infection which was easily treated, showing that current procedures were working well.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Good

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that complex care meetings took place on a two weekly basis and that care plans were routinely reviewed and updated. Alongside this other meetings were held to discuss and support patient care, including three monthly palliative care meetings and six weekly meetings with the school nurses and health visitors.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.
- Consent to obtain patients records for patients temporarily admitted to the community hospital was sought when GPs were looking after their care.

Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 84.08%, which was comparable to the CCG average of the national average of 81.88%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

One GP had a special interest in the care of patients with drug and alcohol addiction. These patients were reviewed every two weeks with their GP to support and maintain good health and keep their care under frequent review.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example,

Good

Are services effective?

(for example, treatment is effective)

childhood immunisation rates for the vaccinations given to under two year olds ranged from 91.1% to 97.8% and five year olds from 87.7% to 94.7%. Flu vaccination rates for the over 65s were 68.88%, and at risk groups 45.83%. These were slightly below the national averages. The practice was working hard to raise awareness about the flu vaccinations by way of health promotion material in the practice and on their website.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 38 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with four members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with doctors and nurses. For example:

- 93% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and national average of 88.6%.
- 92.8% said the GP gave them enough time (CCG average 94.5%, national average 91.9%).
- 98.7% said they had confidence and trust in the last GP they saw (CCG average 97.2%, national average 95.2%)
- 89.9% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.4%, national average 90.4 %).
- 93.5% said they found the receptionists at the practice helpful (CCG average 90.5%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 90.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.4% and national average of 86%.
- 89.4% said the last GP they saw was good at involving them in decisions about their care (CCG average 87.3%, national average 81.4%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. There was also a translation page available of the practice website.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. We spoke with one patient who told us the GPs went 'the extra mile' to ensure that their needs as a carer were also taken into account. They described how the GPs were proactive in making sure the carers were supported and listened to.

Good

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- The practice had a passenger lift to improve access.
- Since the closure of the beds in Axminster Hospital, the GPs had been responsible for Axminster patients at Seaton Hospital.These patients were typically elderly and frail, and frequently requiring palliative care.In order to ensure continuity of care the practice had arrangements in place with Axminster surgery to appropriately share clinical records so that the patient received the best treatment whilst in hospital and to ensure a smooth discharge on returning home. Consent was gained from the patient before information was shared and care was provided.

Access to the service

The practice was open from Monday to Friday 8am - 1pm and 2 - 6pm. Appointments were available between 8.30am and 6pm on Monday to Friday. Appointments were available on the day and pre-bookable appointments could be made up to four weeks in advance, urgent appointments were also available for people that needed them Outside of these times there is a local agreement that directs patients to contact the out of hours service (Devon Doctors) by using the NHS 111 number.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 75.9% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.6% and national average of 74.9%.
- 90.9% patients said they could get through easily to the surgery by phone (CCG average 84.4%, national average 73.3%).
- 88.8% patients described their experience of making an appointment as good (CCG average 83.3%, national average 73.3%.
- 77.8% patients said they usually waited 15 minutes or less after their appointment time (CCG average 71.2%, national average 64.8%).

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example a practice leaflet which explained how and to whom to complain.

The practice had received six complaints the last 12 months and these were satisfactorily handled and dealt with in a timely way, Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- the practice gives affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, and carried out patient surveys.
- The practice had also gathered feedback from staff through staff meetings, appraisals and everyday discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes

Are services well-led?

Good

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

to improve outcomes for patients in the area. For example, health promotion work was ongoing, as was the planning for GP and nurse provision, given the forthcoming increase in local population due to new housing developments in the area.