Dartmouth Medical Practice

Quality Report

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Date of inspection visit: 09 July 2014
Date of publication: 16/10/2014

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

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Summary of findings

Overall summary

Dartmouth Medical Practice is a general practice surgery that provides NHS services and is located in the town centre of Dartmouth. It provides these services to both the town and to nearby villages in the South Hams area. It operates from a single premises located at 35 Victoria Road, Dartmouth TQ6 9RT. The practice comprises of seven Doctors working in partnership. The practice currently has 8120 patients listed.

We talked with 10 patients on the day of our inspection and they were all satisfied with the standard of care, service and treatment they received. We saw 70 comment cards had been completed by patients who used the practice. We noted that 64 of these had been positively completed with patients stating they received a very high level of care from all staff at the practice and felt involved in all aspects of their treatment and care. Six out of 70 patients who submitted written comments expressed frustration with the waiting times for booked routine appointments to see a named Doctor.

We found that the practice engaged with the patient population on a regular basis. The practice had an active patient participation group (PPG) and held an annual public forum. Evidence showed that the practice responded positively to feedback from annual surveys. The practice kept patients informed via their own website and popular social network websites. A practice newsletter was emailed out to all patients who had registered their email address and was also available in paper format at the practice.

The practice promoted team spirit through regular team building events. All staff we spoke with told us they felt supported and well led. Staff said that their opinions and ideas were listened to and taken seriously. Dartmouth Medical Practice is a training practice for trainee doctors and we saw evidence that staff training, involvement and professional development formed a strong part of the overall management of the practice.

The practice opening times are Monday to Friday 830am – 6pm. A number of pre-bookable appointments are also available on Saturday mornings to accommodate those patients unable to attend during normal hours. Out of hours patients are directed to the external out of hours service.

We found Dartmouth Medical Practice to be a well led practice that was safe, caring, effective and responsive to patients' needs. The practice showed they had an open, fair and transparent manner with the management team showing clear leadership. The patients, clinical and administrative staff we spoke with all told us they felt the practice was well led, approachable and demonstrated good working relations with other health professionals, organisations and local authorities.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

We found that the service was safe.

The practice had 8120 patients with an annual turnover of 8.2%. This meant that around 665 patients either joined or left the practice each year. The practice manager showed us that medical records are summarized and digitally encoded on a computer system. Despite this moderate turnover of 8.2%, new patient records had been rapidly summarized and were available for use by the doctors and nurses on the computer system.

We saw the service had a nominated doctor who was the safeguarding lead for the practice. We found that staff were knowledgeable about the reporting processes for concerns regarding possible abuse of vulnerable adults and children. Staff knew the correct procedures for reporting safeguarding concerns both within the practice and to external local authorities.

We saw the practice had a process in place to show that learning from incidents and near misses took place.

The environment and equipment were clean and well maintained and staff followed the relevant infection control practices in accordance with their policies. Medicines were stored safely and securely and the practice had an effective system in place to ensure their medicines were within their expiry date.

The practice was staffed adequately and checks we conducted on the practice's recruitment process showed staff were properly qualified and able to do their job. Appropriate background checks had been made on staff to reduce the risk of unsuitable staff working with vulnerable patients.

Are services effective?

We found that the practice was effective.

All new patients were seen by a doctor for an initial medication review and assessment. Patient's needs were suitably assessed and care and treatment was delivered in accordance with current legislation and best practice. Patients felt the care and treatment they received at the practice was effective.

Summary of findings

The practice worked with other health and social care services and information was shared with relevant stakeholders such as the NHS South Devon and Torbay Clinical Commissioning Group (CCG) and NHS England.

The practice had in place an effective recruitment processes and staff felt involved and supported in their roles. Staff were given support and guidance to ensure their continuous professional development.

Are services caring?

We found that the practice was caring.

Patients we spoke with told us they were very happy with the care and treatment they received. They told us the care was excellent and everyone in the practice was pleasant, kind and caring. We viewed 70 comment cards that had been completed by patients using the practice. The vast majority of comment cards were very complimentary about the service they received and the staff who delivered the care and treatment. Patients told us they were involved in their care decisions and they were treated with respect and dignity. Six patients had written their concerns on comment cards about prolonged waiting times for routine appointments.

The practice obtained patients' consent before treatment and staff we spoke with had a clear understanding of The Mental Capacity Act 2005 (MCA). The MCA provides a legal framework to help vulnerable patients who need support to make decisions.

We saw there were supplies of easily accessible leaflets and information documents available for patients that outlined the support, guidance and services the practice offered.

Are services responsive to people's needs?

We found that the practice was responsive to patient's needs.

The practice had clear processes displayed on the waiting area walls to show patients how and who to complain to. Patients we spoke with told us they knew how to complain and felt they would be listened to if they needed to. The practice had a system in place to respond to complaints in a timely manner. Where a patient had submitted negative comments to the NHS Choices website, the practice manager had invited them to contact her directly in order to resolve the issue.

Summary of findings

The practice had an appointment system in place and patients told us they could arrange to see a doctor of their choice. Children under five years old would be seen the same day, as would patients with urgent medical problems. However, six patients had provided written comments that the waiting time for a booked routine appointment to see a named doctor of their choice could be up to three weeks.

The practice had listened to the requests from their patients and as a result had developed an on line repeat prescription service and online appointment booking service.

Patients had access to other health professionals (including midwives and health visitors) that were based from the practice. Patients told us they valued this service and found it very helpful and convenient.

The practice responded to patients' needs in remote villages. The practice achieved this by reserving booked appointments for a day on which the weekly bus service from Blackawton ran.

Are services well-led?

We found that the practice was well-led.

The practice had clear leadership structures in place. Staff we spoke with told us they understood the management structure and felt the practice was run in an open and transparent manner. We saw the practice welcomed staff involvement and actively listened to suggestions and ideas staff had put forward for improvements.

The practice had a system of risk assessments and audits to ensure patient safety and there were suitable business contingency plans in place.

The practice had a quality improvement process in place. The process showed the practice sought to improve patient care through continual review, assessment and implementation of change.

The practice had an active patient participation group (PPG) who considered they were listened to and suggestions they made were taken forward if appropriate.

The practice had a system in place to manage and monitor staff training.

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 was safe, effective, caring, responsive and well led for patients in the practice's population who were aged 75 and over.

Older patients we spoke with told us all the staff at the practice treated them with respect and dignity. The practice worked very closely with a nearby nursing home and was responsive to its needs. A specific doctor visited the nursing home each week to ensure the people living at the home received continuity of care and ensured continuity of service was provided to the home. The practice also carried out annual reviews of all their patients aged over 75 who lived in the locality.

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

Patients with long term conditions were pleased with the service they received. Patients told us continuity of care was good and patients felt fully involved in the care they received. Patients described the process of obtaining repeat prescriptions as efficient.

The practice ran specific clinics to provide targeted care and treatment for patients with long term conditions, some examples of clinics were: hypertension, asthma and diabetes.

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

The practice provided health visitor and midwifery appointments on the premises and appointments were easy to arrange and convenient. The practice ran a flexible approach to ensure working parents could arrange an appointment to fit in with their needs.

The practice worked closely with other health and social care providers to ensure safe care was provided for this population group. Specialist clinics provided by the practice included antenatal clinics.

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

Summary of findings

The practice had a system for ensuring patients of working age were able to get an appointment when they needed one. The triage and duty doctor system the practice ran enabled the practice to manage the appointments and needs of this population group effectively.

The practice ran a Saturday morning booked appointments system which enabled patients who worked Monday to Friday to access to the practice.

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

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

The practice took an active role in working with other health and social care professionals. The practice was well led and all staff had received training in safeguarding vulnerable adults and children.

People experiencing poor mental health

The practice was safe, effective, caring, responsive and well led for patients experiencing poor mental health.

Patients told us they were very pleased with the care they had received whilst they were being treated for their mental health problems.

The practice treated patients respectfully and were able to provide support and guidance to patients with mental health problems. We saw the practice worked closely with other health care professionals and community teams to ensure patients were given the safe, effective care they required.

Summary of findings

What people who use the service say

We spoke with 10 patients during our inspection, whose feedback was very positive. Patients talked of a caring and well led practice. They felt safe and confident in the care of the staff and felt respected. Patients talked of being well informed and involved in the decision making process of their care. We were told that the staff listened and followed up on what they said.

Patients said staff were helpful, kind and professional. Individual staff were named and praised as part of the feedback we received but there was also a common theme about all staff being excellent.

We were told of the effective appointment system in place where patients could phone and make an advanced appointment with a preferred doctor for non-urgent issues. Patients also knew that they could get a same day appointment for more urgent issues and knew how to access out of hours care. All of the patients we spoke with said they felt they were given enough time during an appointment.

Patients knew how to obtain repeat prescriptions, blood test results and screening results.

Patients we spoke with gave positive comments regarding the environment of the practice. They told us the practice was always clean, tidy and comfortable.

Patients said they felt their privacy and dignity was protected and that they were asked for their consent before any care or treatment took place.

A CQC comments box was clearly displayed in the reception area, and had prompted 70 response cards, the vast majority of which were very complimentary. We saw that six patients reported that the waiting time to book a non urgent appointment with a named Doctor was too long and could take up to three weeks.

We spoke with two representatives from the patient participation group (PPG) who gave positive, complimentary views on the practice. They showed us evidence of a recent patient survey which had been conducted in February 2014. This was a survey tool to help the practice improve their services to patients. The number of responses to this survey was 314 and showed high satisfaction ratings. For example, 94% of patients were very satisfied or satisfied with the practice. The practice had responded to feedback constructively. For example, the practice had recruited a new nurse to complement the existing nursing team in response to feedback. The feedback had expressed satisfaction with the work carried out by the nursing team but had requested more nurses be available more frequently for appointments.

Areas for improvement

Action the service SHOULD take to improve

Patients reported that non urgent routine appointments with a named doctor could take up to three weeks. The practice should review its appointment system to ensure it meets the patients' needs and to communicate this with patients. Routine appointments should be available within ten working days of first request.

Not all significant event alert forms had been signed by the member of staff who initiated the report. The significant event alert template did not show the date it had last been reviewed. All significant event forms should be signed by the member of staff who initiated the report and the date it had last been reviewed.

Outstanding practice

Our inspection team highlighted the following areas of good practice:

One of the doctors has recently completed a diploma in palliative care. This doctor has monthly meetings with the palliative care nurse.

Dartmouth Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

The team was made up of two Care Quality Commission Inspectors, a doctor and a specialist adviser who was an expert by experience.

Background to Dartmouth Medical Practice

Dartmouth Medical Practice is a general practice (GP) surgery that provides NHS services and is located in Dartmouth town centre. The practice currently has 8120 patients on its list.

The practice is based in the town of Dartmouth in the semi rural South Hams area of South Devon. The practice is approximately 50 minutes from Plymouth and Torquay. The resident population of Dartmouth (8200) is biased towards the retired. The extensive local tourism results in up to 1,500 holidaymakers being treated per annum.

The practice comprises of 10 consulting rooms, one of which is downstairs with wheelchair access. There are three ground floor rooms for Practice Nurses and Healthcare Assistants, A Practice Managers Office, Admin Offices, Common Room and a Registrar / Medical Student Room. As well as staff and patient toilets, there is a disabled access toilet all equipped with panic buttons. A modern children's play area is situated on the ground floor. The practice has two waiting rooms.

The practice has two full time partners and five part time partners, five males and two females, an experienced Practice Manager and its full compliment of attached staff, many of whom work part-time.

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected by the Care Quality Commission before and that was why we included them.

How we carried out this inspection

Before our inspection we carried out an analysis of data. As part of the inspection process we asked other organisations including the local Healthwatch, NHS England and clinical commissioning group (CCG) to share what they knew about the practice.

During the inspection we spoke with two patients from the patient participation group (PPG), and reviewed all 70 of the patient comment cards that had been completed by patients who used the practice prior to our inspection.

We carried out an announced visit on 09 July 2014. We observed how reception staff interacted with patients, we talked with ten patients and family members. We spoke with the practice doctors, practice manager, nurses, reception and administration staff and reviewed the practices policies and procedures.

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?

Detailed findings

- 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
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

Are services safe?

Our findings

We found that the service was safe.

The practice manager showed us that medical records are summarized and digitally encoded on a computer system. New patient records had been rapidly summarized and were available for viewing on the computer system. These accurate, up to date records supported safe patient care.

We saw the service had a nominated doctor who was the safeguarding lead for the practice. We found that staff were knowledgeable about the reporting processes for concerns regarding possible abuse of vulnerable adults and children. Staff knew the correct procedures for reporting safeguarding concerns both within the practice and to external local authorities.

We saw the practice had a process in place to show that learning from incidents and near misses took place.

The environment and equipment were clean and well maintained and staff followed the relevant infection control practices in accordance with their policies. Medicines were stored safely and securely and the practice had an effective system in place to ensure their medicines were within their expiry date.

The practice was staffed adequately and checks we conducted on the practices recruitment process showed staff were properly qualified and able to do their job. Appropriate background checks had been made on staff to reduce the risk of unsuitable staff working with vulnerable people.

Safe patient care

All of the patients we spoke with said they felt safe at Dartmouth Medical Practice. We obtained 10 positive examples of people stating they felt safe with staff during conversations we held with patients. Patients told us they received prompt treatment and diagnosis. Patients also talked of the ongoing treatment, screening and health promotion.

Staff we spoke with were aware of their responsibilities to identify and report incidents and were able to accurately explain how they would report any incidents or concerns that they may have.

The practice doctors met on a weekly basis to discuss safety of patients and safe care of patients.

Doctors at the practice offered patients the services of a chaperone during examinations. A chaperone's main role is to provide support for a patient undergoing a procedure. We saw that details of the chaperone policy were displayed around the practice building. Trained staff were used for this service and the consent of the patient was always sought.

Learning from incidents

The practice undertakes numerous audits and incident reviews to assess clinical performance. For example, the IT specialist carries out safety alert audits of the documentation on a monthly basis to ensure high standards of patient safety are adhered to.

There were arrangements in place for reporting significant events. We saw the reports of these events and were able to discuss the process for recording incidents with the practice manager and the doctors. All serious events were discussed at partners meetings and practice meetings. This provided staff with the opportunity to discuss the incident and to record any learning points. The practice manager showed us a significant event summary with letters that had been sent to resolve any matters. We looked at the significant event alerts protocol paperwork. We saw that not all of the serious incident forms had been signed by the member of staff who initiated the report. The template did not show the date it had last been reviewed.

Safeguarding

The practice had a clear safeguarding process and the senior doctor was the nominated safeguarding lead for the practice. Safeguarding was a topic for discussion at the doctor's meeting each week and was also discussed at practice meetings. Staff were able to speak knowledgeably around safeguarding children and vulnerable adults and were given the opportunity to attend local safeguarding conferences and meetings when required. All staff in the practice had completed safeguarding children and vulnerable adults training. All doctors at the practice had attained or were working towards level 3 (the highest level) safeguarding training for children.

Staff we spoke with were clear about their responsibilities to report any concerns they may have about suspected abuse. Contact telephone numbers for the local authority safeguarding team for reporting any concerns were displayed throughout the practice. There was also a computer based system for all staff with clear flowcharts of procedures to follow.

Are services safe?

The doctors we spoke with told us that they had made contact with social services when they identified concerns about vulnerable patients in their care. Social services were invited to the practice's multi-disciplinary meetings when it was appropriate.

Medicines management

The practice had a doctor who was the lead for medication. All medicines were stored in a locked cupboard. It was the responsibility of a healthcare assistant to check the stock lists and expiry dates weekly, and keep a log. There was a lockable refrigerator available for the storage of vaccines. The nurse checked and recorded the temperatures twice daily. They told us that any abnormal readings would be reported to the practice manager for action to be taken. Staff recognised the importance of storing vaccines at the correct temperature ensuring patients received effective medicines.

Patients prescriptions were managed safely. Patients could order their repeat prescriptions either on-line or in person at the surgery. We spoke with the staff member responsible for repeat prescription ordering and they told us that medication was reviewed by the doctor every twelve months or more frequently if required.

We discussed the organisation of emergency medicines. These were kept updated and expiry dates were checked by practice nurses. The practice also kept a separate container which held emergency medications that could be used by a sessional doctor. We looked at the controlled drugs (CD) book and saw that correct procedures were in place for storage and administration. This demonstrated that the system worked well.

Cleanliness and infection control

The senior practice nurse was the lead for the prevention of infection control. There were policies and procedures in place and we saw that an infection control audit had been undertaken within the last six months. On our visit to the practice we inspected the building and looked at areas where care and treatment were delivered.

Clinical staff told us that they had received training in infection control and had regular updates for hand washing techniques.

The treatment rooms used by the nurses had washable flooring which was clean. There were sinks for hand washing with a supply of hand wash and paper towels. There was a plentiful supply of disposable gloves and aprons with foot operated waste bins. All surfaces could be thoroughly cleaned and we were told that this procedure was carried out after each patient was seen. Each of the examination beds had disposable paper covers that were changed after each use. Material curtains were used for privacy and we saw that these were visibly clean.

The consultation rooms each had an examination couch with material curtains that were used for privacy and protective paper covering which was disposed of after each patient to help prevent the spread of infection. Each had a separate hand washing sink with soap dispenser and paper towels. We were told by the nurses that the doctors were responsible for their own cleanliness; the rooms we looked at were visibly clean.

All clinical areas had a sharps bin that was suitable for clinical sharps. The practice had secure clinical waste storage and a current contract with a clinical waste disposal company.

Monitoring safety and responding to risk

The practice had appropriate equipment, emergency medicines and oxygen to enable them to respond to an emergency. These were all checked regularly by the practice nurses to ensure the equipment was working and medicines were in date so that they would be safe to use when required. The practice had an Automated External Defibrillator (AED) and staff had been trained in its use. An AED may be used in the emergency treatment of a person experiencing a cardiac arrest.

Emergency life support training had been given to all members of staff. Reception staff were able to describe their training and felt confident that they could respond appropriately if a patient needed urgent attention in the waiting room.

We were told that any safety alerts or guidance relating to equipment was communicated during the clinical meetings or by communication given to staff. We saw evidence that regular checks were conducted on all equipment used in the practice.

We saw records that confirmed all staff had received fire safety training and the practice had annual fire risk assessments completed by a fire consultant. The practice took preventative action to ensure the health and safety of its staff, patients and others who attended the practice. We saw that emergency lighting was in place and had been checked.

Are services safe?

Staffing and recruitment

The practice had arrangements in place to ensure equipment was maintained and safe to use. We saw records that showed portable appliance testing had been completed every two years. Staff told us equipment underwent calibrations where required on an annual basis, we saw records that showed calibrations had been completed accordingly.

Staff told us they felt they had sufficient equipment to carry out their role effectively and safely.

Dealing with Emergencies

The practice had arrangements in place to deal with foreseeable emergencies. Emergency medicines, a first aid grab bag, an oxygen cylinder and a box of injectable emergency medicines were all appropriately stored with emergency equipment and guidance of doses. All medicines were within date. We spoke with the nurse, a doctor, and two administration staff who were aware of where the emergency medicines and equipment were kept and how to access them.

There was an Automated External Defibrillator (AED) available at the practice at the time of our inspection. Staff we spoke with had been trained in its use. We saw certification which confirmed this. This piece of equipment may be used to help re-start a patient's heart should they go into cardiac arrest.

We spoke with reception staff who told us they had received emergency basic life support training. These staff knew where the emergency equipment and medication was stored. They had also been trained in what to do in the event of fire.

There were arrangements in place to deal with emergencies. Emergency medication was available along with oxygen and an automated defibrillator (AED) with ventilation (breathing) equipment for adults and children. An anaphylaxis pack was also available to use for patients in shock, and clinical staff had received training on both this and on the use of the AED. Anaphylaxis is a serious allergic reaction that is rapid in onset and requires emergency treatment. This emergency equipment was stored centrally in the practice for easy access.

Staff told us that they felt confident in the event of an emergency. Each consultation room had a panic alert button. Staff also showed us other safety systems they could use if there was an emergency of any kind that would summon other staff to assist.

Equipment

The practice had arrangements in place to ensure equipment was maintained and safe to use. We saw records that showed portable appliance testing had been completed every two years. Staff told us equipment underwent calibrations where required on an annual basis, we saw records that showed calibrations had been completed accordingly.

Staff told us they felt they had sufficient equipment to carry out their role effectively and safely.

Are services effective?

(for example, treatment is effective)

Our findings

We found that the practice was effective.

All new patients were seen by a doctor for an initial medication review and assessment. Patient's needs were suitably assessed and care and treatment was delivered in accordance with current legislation and best practice. Patients felt the care and treatment they received at the practice was effective.

The practice worked with other health and social care services and information was shared with relevant stakeholders such as the NHS South Devon and Torbay Clinical Commissioning Group (CCG) and NHS England.

The practice had in place an effective recruitment processes and staff felt involved and supported in their roles. Staff were given support and guidance to ensure their continuous professional development.

One of the practice doctors had recently completed a palliative care diploma. This doctor held monthly meetings with the palliative care nurse.

Promoting best practice

The practice had promoted best practice and conducted effective needs assessments. For example, doctors at the practice had complementary advanced training skills in cardiology, dermatology, ear nose and throat treatment and palliative care management.

Staff we spoke with told us they felt the various practice meetings they attended were useful and informative and they commented they always felt able to discuss any changes or ideas on how to carry out procedures more effectively. They told us they felt able to raise any issues and felt they would be listened to, regardless of the topic and their ideas and suggestions would be treated seriously. For example, staff had suggested that the appointment system be amended to accommodate patients attending from remote villages with limited bus services.

Management, monitoring and improving outcomes for people

The practice operated a quality improvement process that ensured improvements to patient care were regularly reviewed and acted upon. We noted the practice took into account national guidelines issued by the National Institute for Health and Care Excellence (NICE). Staff told us the practice held meetings with different groups of staff such as, partners, clinical staff, nurses and administrative staff to discuss the continual improvement of issues relating to patient care and business needs were addressed. One recent result of this was that the practice was reducing the number of administrative staff and increasing the number of clinical staff.

The practice completed clinical audits to ensure patients continued to receive the right care and appropriate treatment for their needs. The practice took time to review the results of these audits, measure performance and put in place any improvements. This resulted in a continual improvement in patient care, treatment and service. For example, medical history audits carried out on a regular basis at the practice helped to ensure the ongoing safety of patients.

Staffing

All staff told us that they felt supported by the management. They had annual appraisals with their line manager and regular meetings where they were able to raise any issues that they had. We were told that the practice encouraged staff to raise issues as they occurred and that they felt comfortable and able to do so.

All staff received a yearly appraisal which they felt was a positive process and encouraged them to contribute to the process and their ongoing professional development.

Patients we spoke with and comments we read were very complimentary about the professionalism and courtesy of staff that provided the service.

We spoke with a new member of staff. They said they had felt fully supported during their induction process and were able to ask questions if they needed further clarification. They told us about the weekly one to one support they received at the practice and expressed their satisfaction with their new role.

Annual checks had been made to ensure that professional registrations had been maintained. For example, checks ensured that nurses remained on the Nursing and Midwifery Council professional register and thus were entitled to practice.

We spoke with three members of staff about the appraisal process. All three staff told us that they found the process encouraging and supportive. One member of staff explained they had identified learning needs which were then acted upon.

Are services effective?

(for example, treatment is effective)

Working with other services

We were told the practice had established working relations with the local nursing home they supported. Staff told us they felt they worked very well together and formed a motivated, supportive team. The practice had regular and effective contact with community mental health teams and other community based teams. For example, the practice had provided rooms for a local voluntary service which provides bereavement support, befriending and transport to people in the local community.

Health, promotion and prevention

We found a wide variety of health promotion and prevention material at the practice. Information in the form of pamphlets, numerous large print notices and printed sheets were readily available. It could be found in the reception area, waiting room and around the corridors as well as on the practice website. These gave information on how to recognise or prevent the signs of illness.

The practice also offered clinics for patients with diabetes, respiratory problems and other conditions where health promotion discussions were part of the treatment plan. Screening clinics were held for conditions such as the early detection of diabetes and high blood pressure.

Chlamydia testing packs were readily available in the entrance vestibule and the patient toilets.

Are services caring?

Our findings

We found that the practice was caring.

Patients we spoke with told us they were very happy with the care and treatment they received. They told us the care was excellent and everyone in the practice was pleasant, kind and caring. We viewed 70 comment cards that had been completed by patients using the practice. The vast majority of comment cards were very complimentary about the service they received and the staff who delivered the care and treatment. Patients told us they were involved in their care decisions and they were treated with respect and dignity. Six patients had written their concerns about prolonged waiting times for routine appointments on comment cards.

The practice obtained patients consent before treatment and staff we spoke with had a clear understanding of The Mental Capacity Act 2005 (MCA). The MCA provides a legal framework to help vulnerable people who need support to make decisions.

We saw there was supplies of easily accessible leaflets and information documents available for patients that outlined the support, guidance and services the practice offered.

Respect, dignity, compassion and empathy

We saw that staff protected their patient's confidentiality and were discreet at the reception desk. For example, during our visit we saw that a member of staff refused to give out information about a patient to a third party who did not have the authority to request the information.

All the patients we spoke with said they were happy with the care they felt safe. Patients spoke of feeling respected and treated with courtesy. One patient who was on holiday in Dartmouth told us that they had called into the practice that morning and had been able to see a doctor immediately.

We saw there were screens and covers for patients to use when examinations took place. Patients were aware of the chaperone service offered at the practice. A chaperone's main role is to provide support for a patient undergoing a procedure they may find embarrassing or uncomfortable. The doctor or nurse could also request a chaperone for particular procedures or to accomodate religious or cultural needs.

Patients said their permission was always sought if medical students or trainee doctors were sitting in on consultations. Patients told us their consent was always obtained for any medical students to be present for examinations. The patients all said they had felt able to decline if they wished.

Involvement in decisions and consent

In order to involve all patients in decision making and obtain informed consent, the practice had access to a language translation service. In addition, some of the staff could speak languages other than English.

Patients told us they felt involved in their care and were able to make informed decisions. One patient described how they were able to request alternative treatments or care. We spoke with patients who all agreed that staff asked permission before treatment was carried out. We spoke to a parent who told us they had been given enough information about childhood immunisations to make a decision. They were then asked to sign a consent form.

A doctor at the practice took the lead for the Mental Capacity Act 2005. This meant the staff had a nominated doctor to speak with when they needed clarification about the Mental Capacity Act or guidance on any aspect concerning patients and their capacity to understand and make decisions. The doctor had written clear, easy to follow guidance for the staff at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that the practice was responsive to people's needs.

In addition to the town of Dartmouth, the practice also provides NHS services to nearby villages such as Blackawton. Blackawton is a remote village with a bus service into Dartmouth which runs only once a week, on a Friday. The practice has responded to this transport restriction by reserving a number of booked appointment slots for Blackawton patients on a Friday.

The practice had clear processes displayed on the waiting area walls to show patients how and who to complain to. Patients we spoke with told us they knew how to complain and felt they would be listened to if they needed to. The practice had a system in place to respond to complaints in a timely manner. Where a patient had submitted negative comments to the NHS Choices website, the practice manager had invited them to contact her directly in order to resolve the issue.

The practice had an appointment system in place and patients told us they could arrange to see a doctor of their choice. Children under five years old would be seen the same day, as would patients in need of urgent medical attention. However, six patients had provided written comments that the waiting time for a booked routine appointment to see a named doctor of their choice could be up to three weeks. The practice had responded to this through discussion with the Patient Participation Group and had begun a review of their appointment system.

The practice had listened to the requests from their patients and had an online repeat prescription service and online appointment booking service.

Patients had access to other health professionals that were based from the practice. Patients told us they valued this service and found it very helpful and convenient.

The practice responded to patient's needs in remote villages. The practice achieved this by reserving booked appointments for a day on which the weekly bus service from Blackawton ran.

Responding to and meeting people's needs

The waiting room was comfortable, clean and tidy. There were toilets available with grab rails, and wide doors to enable wheelchair users easy access. Emergency assistance cords were in place. The practice had level access for people who used wheelchairs.

The practice had treatment rooms on the ground floor in order to provide an accessible service to patients. During our inspection we saw a doctor come downstairs to see a patient with mobility problems. We also saw that a side door allowed level access to the practice. During our visit a patient who used a wheelchair rang the doorbell on this side door. We saw a receptionist go and answer the door, letting the patient in.

Patients told us they were able to request a male or female doctor and could request a particular named doctor if they had a special interest in a certain area of treatment. Patients we spoke with told us that the doctors were very helpful and informed them of their own and other doctor's various different areas of interest. This information was also available on the staff information pages of the practice website.

We saw a copy of the completed PPG patient survey from February 2014 which had 314 respondents. We noted the survey indicated the vast majority of patients were very happy with the service, care and treatment they received at the practice. These comments were echoed during the conversations we had with patients on the day of our visit.

Access to the service

All of the patients we spoke with told us it was usually possible to get an appointment within a reasonable time but if they wanted to see a particular named doctor they sometimes had to wait for up to three weeks.

The practice maintained a duty doctor rota system for their telephone triage service. Patients explained to us that when they used the telephone triage service they provided a brief description of their condition and this information was passed to the duty doctor. The duty doctor would call back and ascertain whether the patient could be treated over the telephone or whether a visit to the practice or a home visit was required. The duty doctor made a decision based on all of the available information as to the urgency

Are services responsive to people's needs?

(for example, to feedback?)

of patient's needs. Systems were in place to prioritise children under five years old or patients with an acute medical need. This showed there was an process in place which identified patients at risk.

The patients we spoke with knew how to get the services of a doctor out of hours, how to get test results and how to obtain repeat prescriptions. Patients talked with us about the practice website and information they had received on the telephone. Patients said their need for hospital referrals were managed promptly and were explained clearly.

Concerns and complaints

We looked at the complaints policy at the practice which showed that the practice manager had responded to complaints within a stated timescale. Once a formal complaint was received the practice manager sent the informant a holding reply setting out timescales, whilst it was investigated. We saw evidence that complaints had been investigated thoroughly and full responses sent to the informants. Minutes of staff meetings showed us that complaints had been discussed and lessons learnt shared with all staff.

We saw on the NHS Choices website that a patient had complained about poor service at the practice. We saw that the practice manager had responded by inviting the patient to contact them directly in order for a successful resolution to be reached.

Patients we spoke with knew how to make a complaint should they wish to do so. We saw posters displayed in the waiting areas. None of the patients we spoke with had complained about the practice. Staff told us they felt the practice had an open culture and they felt able to raise any concerns or complaints.

Are services well-led?

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

Our findings

We found that the practice was well-led.

The practice had clear leadership structures in place. Staff we spoke with told us they understood the management structure and felt the practice was run in an open and transparent manner. We saw the practice welcomed staff involvement and actively listened to suggestions and ideas staff may put forward for improvements.

The practice had a system of risk assessments and audits to ensure patient safety and there were suitable business contingency plans in place.

The practice had a quality improvement process in place. The process showed the practice sought to improve patient care through continual review, assessment and implementation of change.

The practice had an active patient participation group (PPG) who considered they were listened to and suggestions they made were taken forward if appropriate.

The practice had a system in place to manage and monitor staff training.

Leadership and culture

Staff we spoke with told us they believed the practice had a transparent and open culture. Staff felt valued and appreciated being included on all of the training. Nursing staff told us they felt respected and valued by the management and doctors at the practice.

Staff we spoke with told us they were clear about their roles and responsibilities and felt the practice ran as a supportive team. They felt the management style was one of openness and honesty and they felt well supported and valued in their roles.

We saw records that showed the practice had a schedule of training for all staff and appraisals were conducted on an annual basis. Staff told us the practice delivered their training programme in a variety of methods, such as e-learning, face to face tutorials and the use of training companies for specific areas such as first aid.

Governance arrangements

Doctors at the practice had complementary advanced training skills in cardiology, dermatology, ear nose and throat treatment and palliative care management.

Dartmouth Medical Practice is a training practice. Registrar doctors are doctors experienced in hospital medicine, but new to General Practice and may work in the practice for up to one year at a time. At the time of our visit the practice had one registrar employed. The practice comprised seven partner doctors, nursing staff, a practice manager, receptionists and administrative staff.

Doctors at the practice held specific lead roles in areas such as safeguarding, health and safety, minor surgery, prescribing, Mental Capacity Act 2005 (MCA) and palliative care. This ensured there were clear lines of responsibility and staff knew who to go to for further support and guidance with any specific area. We saw the practice had effective working relationships amongst the staff. The staff demonstrated clear understanding of their line management arrangements and told us they received regular supervision and performance reviews. The practice had an experienced team with a low turnover of staff.

Patient experience and involvement

In addition to speaking with 10 patients on the day of our inspection, we also spoke with two members of the PPG. They told us they met once every few months and held an annual forum. Members were asked to join to reflect the local demographic of the practice. We were told that general discussions were held about issues such as feedback from the surveys. One member said they were able to raise questions and that they understood constraints related to the practice, such as the practice being a listed building with development limitations. The PPG members told us that the practice was responsive to their feedback. As a result of the February 2014 survey, the practice had agreed a joint action plan with the PPG. This included the establishment of a virtual online PPG, an annual forum, regular website updates and ways to improve the patient experience such as to provide a timescale of when a triage call back may be received. The annual forum was due to take place on 11 July 2014.

Staff engagement and involvement

We saw evidence that the practice undertook a range of audits. We saw records that showed audits had been completed on a six monthly or more frequent basis in infection control, legionella, clinical waste, equipment calibration, medicines and emergency medicines and

Are services well-led?

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

equipment. The results of the infection control audit had ensured that written cleaning schedules were in place which were signed and dated by the staff who completed the tasks.

The practice had the services of an IT specialist to continually monitor the results from their surveys to manage and improve quality. Doctors we spoke with told us they regularly shared their views and obtained the thoughts of the other doctors in the practice. The practice shared information effectively to monitor quality and improvement.

Doctors we spoke with told us the practice was run in a fair and open manner which allowed everyone to express their view and ensured ideas and suggestions were discussed with all members of staff. For example, the holding of an annual public forum jointly with the PPG which was attended by staff from the practice. Staff told us final decisions were decided by all the partners and discussed at staff meetings where everyone had the opportunity to discuss the issues and concerns. Written records confirmed this.

Learning and improvement

We spoke with four staff who told us they felt involved in the running of the practice and felt empowered to suggest improvements. For example, staff had suggested changes to accommodate appointments for patients attending from remote villages with limited transport services. One member of the team said they were invited to attend a general meeting where issues vital to the running of the practice were discussed. Staff told us they could always submit items for inclusion on the agenda of team meetings. Staff told us that they felt engaged and involved in the running of the practice. Staff told us these team building exercises helped to raise morale, motivation and job satisfaction.

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.

Our findings

The practice was safe, effective, caring, responsive and well led for people in the practice's population who were aged 75 and over.

Older people we spoke with told us all the staff at the practice treated them with respect and dignity. The practice worked very closely with a nearby nursing home and was responsive to its needs. A specific doctor visited the nursing home each week to ensure the people living at the home received continuity of care and ensured continuity of service was provided to the home. The practice also carried out annual reviews of all their patients aged over 75 who lived in the locality.

The practice had a much higher than average elderly population. 30.2% of the 8120 listed patients are over 65 compared with a CCG (Clinical Commissioning Group) average of 24.1% and a national average of 16.7%. All patients had a named doctor to ensure continuity of care.

The patients we spoke with in this population group spoke very highly of the practice, and the care and treatment the practice staff gave them. Patients told us the staff at the practice treated them with kindness and patience and they never felt rushed. Patients told us the staff took the time to explain their treatment clearly and checked they understood before going forward with treatment.

Patients told us they found the practice was easily accessible. We noted the practice had level access and seating areas were clean and comfortable.

The practice carried out 1400 home visits a year, the majority of these being to elderly patients. doctors at the practice worked closely with the local 18 bed community hospital. A doctor from the practice carried out a daily two hour ward visit there in addition to regular visits to the day care centre at the hospital. A doctor from the practice attended a monthly virtual ward meeting where planned and unplanned admissions of older people were reviewed. The local multi disciplinary team and social services were also involved in this process, in order to ensure appropriate support could be provided to patients.

The practice had donated rooms at their premises to a voluntary agency providing befriending and socialisation, transport and bereavement support services.

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).

Our findings

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

Patients with long term conditions were pleased with the service they received. Patients told us continuity of care was good and patients felt fully involved in the care they received. Patients described the process of obtaining repeat prescriptions as efficient.

The practice ran specific clinics to provide targeted care and treatment for people with long term conditions, some examples of clinics ran were for patients with hypertension, asthma and diabetes.

The practice worked closely with community and district nursing staff in the locality to support patients with long term conditions. Patients with long term conditions were pleased with the service they received. One patient told us they required regular treatments, blood tests and examinations and considered themselves to be very well looked after by all the staff.

Another patient told us the doctors were effective at identifying problems with their existing condition. Patients said continuity of care was effective. Patients felt involved in the care they received and in the way their long term conditions were monitored.

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.

Our findings

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

The practice had a system to refer patients to health visitor, midwifery and antenatal services which patients told us was easy to arrange and convenient.

The practice worked closely with other health and social care providers to ensure safe care was provided for this population group.

The practice works with the local child health centre to provide support, information and health promotional activities. A doctor from the practice attends a local children's health centre clinic every fortnight to support child health checks.

The practice triage appointment system offers same day appointments for children under the age of five. Sexually transmitted disease screening is offered to mothers and young people.

We spoke with three parents during our inspection and read comments written by two others. These parents were confident in the care their families received.

Staff we spoke with were all aware of how to raise any concerns under safeguarding of vulnerable adults and children. We noted all staff had been trained in safeguarding processes.

The practice had level access for mothers with pushchairs and prams. The practice had a children's play area in the waiting room on the ground floor. There were baby changing facilities. Health promotion information was available to increase awareness of the risks of alcohol and smoking during pregnancy. Leaflets were available on post natal depression. Child vaccinations were carried out at the practice.

Working age people (and those recently retired)

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

Our findings

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

The practice had a system for ensuring people of working age were able to get an appointment when they needed one. The triage and duty doctor system the practice ran enabled the practice to manage the appointments and needs of this population group effectively.

The practice ran a Saturday morning booked appointments system which enabled this population group full access to the practice.

NHS Health checks were available for all patients between the ages of 40-74 years.

Patients of working age said it was easy to get an appointment at the practice. Two patients gave examples of staff being flexible and fitting them in. One patient told us they found the Saturday morning appointments useful to fit in with work commitments.

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).

Our findings

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

The practice took an active role in working with other health and social care professionals. The practice was well led and all staff had received training in safeguarding vulnerable adults and children.

Patients with no fixed abode were seen by doctors and did not require a home address in order to secure an appointment.

Staff were able to talk to us knowledgably regarding how patients in this population group were reviewed and supported throughout their time at the practice. Several practice doctors are trained to support and prescribe for patients with an addiction under a shared care scheme. Patients on this scheme are seen by the local Drug And Alcohol team (DAT) at the practice.

The practice had a system in place to ensure these patients were regularly reviewed and seen by a doctor when required.

The staff confirmed the practice were able to call upon the services of a language translation system should the need arise. Staff told us this facility was useful due to the high number of visitors attending the practice as patients during the summer months.

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.

Our findings

The practice was safe, effective, caring, responsive and well led for people experiencing poor mental health.

Patients told us they were very pleased with the care they had received whilst they were being treated for their mental health problems.

The practice treated patients respectfully and were able to provide support and guidance for this population group. We saw the practice worked closely with other health care professionals and community teams to ensure this population group were given the safe, effective care they required.

Staff we spoke with told us they worked closely with other health professionals and mental health community health teams to ensure people in this population group were given good treatment and care.

The practice maintained close links with local mental health groups, who regularly held clinics at the practice and discussed issues with the doctors. The local crisis team and community psychiatrist attends practice meetings where issues of access, continuity of care and quality of care were discussed.

Staff we spoke with were able to demonstrate they had an effective understanding of the Mental Capacity Act 2005 and fully appreciated the issues regarding patients' capacity to give consent.

The practice offered annual health checks for patients on their serious and enduring mental health register. These checks are carried out by the same doctor every year, a service which staff told us has been well received.