Kingsteignton Medical Practice

Quality Report

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Date of inspection visit: 24 June 2015
Date of publication: 15/10/2015

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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Good ●
Are services responsive to people's needs?	Good ●
Are services well-led?	Outstanding ☆

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kingsteignton Medical practice on 24 June 2015.

Overall the practice is rated as outstanding.

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

- There was a strong commitment to providing co-ordinated, responsive and compassionate care for patients, particularly older people who are frail and at risk of social isolation.
- Urgent appointments were available the same day but not necessarily with a GP of the patient's choice.
- The practice had good facilities including disabled access and recognised there were areas of the building which could be improved in consultation with disabled patients. Signage was improved immediately following the inspection.
- Information about services and how to complain was available. The practice actively sought patient views about improvements that could be made to the service and worked with the patient participation group (PPG) to do this.
- The practice proactively sought to educate their patients to manage their medical conditions and improve their lifestyles. Additional in house services were available and delivered by staff with advanced qualifications, skills and experience.
- There were systems in place to reduce risks to patient safety for example, infection control procedures.
- Patients' needs were assessed and care was planned and delivered following current practice guidance. Staff had received training appropriate to their roles.
- The practice used audits and had shared information from one of their audits with other practices to promote better patient outcomes.

We saw areas of outstanding practice:

Summary of findings

- The practice had a strong vision which had quality and effective care and treatment as its top priority. High standards were promoted and owned by all practice staff with evidence of team working across all roles and with external agencies.
- The practice had been proactive in recognising the pressures on the NHS and adult social care services. The practice was one of six in the Newton Abbot area taking part in a community pilot hub, which will influence future national policy thinking. The aim of the community hub was to provide a 'one stop shop' to reduce inequality and increase patient support so patients are able to better manage their conditions. Kingsteignton Medical Practice had taken this concept further by setting up a charity called Kingscare, which is chaired by a GP partner. The practice provided accommodation for the charity so that patients had immediate and easy access to the support it provided. This included information, support and social activities for vulnerable patients living in the community. For example, older patients with limited mobility and unable to use public transport were offered transport assistance for hospital and GP appointments in a specially adapted vehicle. A minibus had also been purchased through fundraising and used for group outings which staff at the practice were involved in. Over 300 patients are supported each year by this service.
- All staff were actively engaged in activities to monitor and improve quality and health outcomes for people. GPs held advanced qualifications and had expertise to deliver in house monitoring and treatment normally provided at hospital. Data showed that the practice referral rates to hospital were significantly lower for patients with respiratory, endocrinology, cardiac and diabetic care and treatment. Patients with heart disease were benefitting from the expertise of a GP working part time in the hospital cardiology service. Cardiac monitoring and initiation of treatment regimes were done in house.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement and this was shared with other practices Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Are services effective?

Outstanding

The practice is rated outstanding for providing effective services.

Data for 2014-15 showed patient outcomes were at or above average for the locality. The practice closely monitored the recall programme for patients with chronic health conditions and was effective in delivering this. Diabetes assessment and care had improved on the previous year, having already been above average. Staff referred to guidance from National Institute for Health and Care Excellence and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. Patients diagnosed with asthma all had personalised asthma action plans in place tailored to their needs. The practice had focussed on educating patients about the importance of being in control and responding in a timely way to symptoms. Reviews included assessment of patient's mental capacity and promoting good health. Staff had completed appropriate training and were encouraged to study for advanced qualifications such as master's degrees. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams, which included strong links with other health and social care professionals supporting patients at the end of their lives.

Are services caring?

Good

The practice is rated good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Staff treated patients with kindness and respect, and maintained confidentiality. Staff helped people and those close to them to cope emotionally with their care and treatment.

Are services responsive to people's needs?

Good

The practice is rated good for providing responsive services. It reviewed the needs of its local population and engaged with the

Summary of findings

local clinical commissioning group (CCG) to secure improvements to services where these were identified. The practice had listened to feedback from patients about access to routine appointments. The number of GPs had increased providing additional appointments and the practice was in the process of altering the appointment system. Services were planned and delivered to take into account the needs of different patient groups. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Outstanding 

The practice is rated outstanding for being well-led. It had a strong vision and strategy. Governance arrangements were underpinned by a strong leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and identify risk and improve quality. Feedback from staff and patients was sought and acted upon. Since the last inspection, face to face PPG meetings were being held and there was greater involvement in the on-going development of the practice. Staff had received inductions, regular performance reviews and attended staff meetings and events. The practice was aware of future challenges and had arrangements in place to deal with these. More than 300 patients every year had been supported by the practice through its charity which was reducing the number of unplanned admissions to hospital. The practice had increased the number of GP sessions available and also had transition plans in place for staff who were nearing retirement so that there would be minimal disruption for patients using the service.

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

Outstanding ☆

The practice is rated outstanding for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. Health conditions associated with the ageing process were well managed for patients and demonstrated in the performance data reviewed. For example, there were high performance rates of follow up of patients with heart disease, ranging from 95.57% to 100% completed over the course of a year.

Comprehensive support was available for older people aimed at reducing the risks associated with social isolation and lowering unplanned hospital admissions. The practice closely monitored the changing needs of frail older people and was actively managing 180 patients identified as being the most medically vulnerable. Home visits, if necessary were provided for frail people as well as rapid access appointments for those with enhanced needs. Named staff had link roles to adult social care homes to provide continuity of care and treatment for patients living there. The practice had daily contact with district nurses who were based on site and participated in weekly meetings with other healthcare professionals to discuss any concerns.

Innovative support systems were in place run through a charity set up and chaired by a senior GP at the practice. These included a befriending service, benefits advice and a memory café. The practice through the charity had secured lottery funding to increase services more widely in the Newton Abbott area. The practice had been proactive in developing a hospital discharge worker role through the charity so that support for newly discharged patients leaving hospital was better co-ordinated and addressed some of the gaps in services in the area. More than 300 patients a year, 99% of these were older people, had been supported by the practice through its charity. Assistance given included providing transport to hospital and the practice in a specially adapted vehicle.
Patients also benefit from outings, in a minibus purchased through fundraising which practice staff were actively involved in.

People with long term conditions

Outstanding ☆

The practice is rated outstanding for the care of people with long-term conditions. GPs held advanced qualifications in chronic disease management and provided clinical leadership and

Summary of findings

governance of review clinics. This led to low referral rates as patients were being managed locally at the practice. For example, data for hospital referrals for patients with respiratory diseases was nearly 50% lower compared with the local CCG and national averages.

Patients had tailored reviews, which were at least every six months, with either the GP and/or the nurse to check their health and medicines was optimal. Some patient had more frequent reviews depending on their health needs. Another GP had cardiology expertise and worked at the cardiology department at the hospital part time. Patients benefitted from having weekly seven day ambulatory heart rhythm monitoring, which was the equivalent to that provided at the hospital and meant that patients did not need to attend hospital for this. Patients were encouraged to manage their conditions and were referred to health education and other in-house services.

Families, children and young people

Good

The practice is rated good for the care of families, children and young people. 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. The practice liaised closely and met with a health visitor on a monthly basis to discuss any safeguarding issues as well as those children who had long term conditions. Immunisation rates were high for all standard childhood immunisations.

Working age people (including those recently retired and students)

Good

The practice is rated good for the care of working-age people (including those recently retired and students). The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, the practice offered extended opening hours every Monday, Wednesday and Friday morning from 7.15am or earlier by agreement for those people who could not attend during normal opening hours. The practice also offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated good 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. There was a person centred approach, which ensured people with communication needs received information in a format that was most appropriate for them. The practice had completed 100% of annual health checks

Summary of findings

and longer appointments were available for people with a learning disability. Staff had been trained 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.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). All patients experiencing poor mental health had received an annual physical health check. Staff were clear about signs and triggers which could indicate when a person was in mental health crisis. They responded in a timely way to involve other health and social care professionals supporting the patient. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. Data showed that 100% patients with suspected dementia had been reviewed and referred for further investigation and supported, once diagnosed with dementia.

Summary of findings

What people who use the service say

Results from the National GP Patient Survey 2015 (from 124 responses which is equivalent to 1.19% of the patient list) demonstrated that the practice was performing in line with local and national averages. However; results indicated the practice could perform better in certain aspects of care, including speaking to nurses and being able to see the same GP. For example:

- 64.3% of respondents said the last nurse they saw or spoke to was good at involving them in decision about their care compared with a CCG average of 70.2% and national average of 66.2%
- 41.8% patients said with a preferred GP they usually get to see or speak to that GP compared with a CCG average of 56.3% and national average of 53.5%

The practice scored higher than average patients found the receptionists helpful. For example:

- 92.2% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 92.4%and national average of 87.2%.
- 94.8% of respondents found the receptionists at this practice helpful compared with a CCG average of 89.7% and the national average of 86.9%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards and spoke with 11 patients (which is 0.2% of the practice patient list size). All the comments positive about the standard of care received. Reception staff, nurses and GPs were praised for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with compassion and that GPs went the extra mile to provide care when patients required more support. We also spoke with a member of the PPG who told us they could not fault the care they had received. The practice had discussed the feedback obtained each month from patients through the Friends and Family Test with the PPG, which highlighted a need to improve continuity and availability of routine appointments.

Outstanding practice

- The practice had a strong vision which had quality and effective care and treatment as its top priority. High standards were promoted and owned by all practice staff with evidence of team working across all roles and with external agencies.
- The practice had been proactive in recognising the pressures on the NHS and adult social care services. The practice was one of six in the Newton Abbot area taking part in a community pilot hub, which will influence future national policy thinking. The aim of the community hub was to provide a 'one stop shop' to reduce inequality and increase patient support so patients are able to better manage their conditions. Kingsteignton Medical Practice had taken this concept further by setting up a charity called Kingscare, which is chaired by a GP partner. The practice provided accommodation for the charity so that patients had immediate and easy access to the support it provided. This included information, support and social activities for vulnerable patients living in the community. For example, older patients with limited mobility and unable to use public transport were offered transport assistance for hospital and GP appointments in a specially adapted vehicle. A minibus had also been purchased through fundraising and used for group outings which staff at the practice were involved in. Over 300 patients are supported each year by this service.
- All staff were actively engaged in activities to monitor and improve quality and health outcomes for people. GPs held advanced qualifications and had expertise to deliver in house monitoring and treatment normally provided at hospital. Data showed that the practice referral rates to hospital were significantly lower for patients with respiratory, endocrinology, cardiac and diabetic care and treatment. Patients with heart disease were benefitting from the expertise of a GP working part time in the hospital cardiology service. Cardiac monitoring and initiation of treatment regimes were done in house.

Kingsteignton 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, another specialist advisor who was a practice manager and an expert by experience.

Background to Kingsteignton Medical Practice

Kingsteignton Medical Practice is located in a residential area of Kingsteignton, Devon. There were 10,417 patients on the practice list and the majority of patients are of white British background. GP partners told us there was a higher proportion of working age and older adults on the patient list compared with other practices in the area. A fifth of the patient population are children and young people.

The practice is managed by two GP partners (male and female) with four other GP partners. There are three salaried GPs and five practice nurses, including an advanced nurse practitioner, and two health care assistants. There is a practice manager who is responsible for day to day operations with reception and administration staff.

The practice is open 8am to 6pm Tuesday and Thursday with extended hours on a Monday, Wednesday and Friday from 7.15am. Earlier appointments are arranged with patients where needed. This is in line with local agreements with the Clinical Commissioning Group. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service provided by Devon Doctors.

The practice has a Personal Medical Service (PMS) contract and also offers enhanced services for example; extended hours, identification of patients drinking alcohol who may be at risk and offering support, timely diagnosis and support for People with dementia, influenza and pneumococcal immunisations as well as monitoring the health needs of vulnerable people with complex needs and learning disabilities.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014. We previously inspected the practice on 9 July 2014 to test the new inspection methods. A legal requirement was set regarding recruitment procedures, which we followed up at this inspection.

Detailed findings

How we carried out this inspection

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)

Prior to the inspection, we:

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

At the announced inspection on 24 June 2015, we:

- Spoke to staff and patients.
- Reviewed anonymised patient records.
- Reviewed management records.
- Observed interactions between staff and patients.

Good

Are services safe?

Our findings

Safe track record and learning

There was a 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. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events and this also formed part of the GPs' individual appraisal and revalidation process.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the previous 12 months. Lessons were shared to make sure action was taken to improve safety in the practice. For example, audits had been implemented following a blood result which had not been followed up appropriately. A lead GP was responsible for monitoring audits completed and these showed that prompt action was taken following blood results and alterations made to medicine doses where needed for patients.

Overview of safety systems and processes

The practice demonstrated its safe track record by having risk management systems in place for safeguarding, health and safety including infection control, medicine management and staffing.

There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. 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 GP for safeguarding who also 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.

Notices were displayed in the waiting and consultation rooms, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones had received a disclosure and barring check (DBS). These 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.

There were procedures in place for monitoring and managing risks to patient and staff safety. The advanced nurse practitioner reviewed all hospital discharge information to determine if patients required any further support after returning home. Referrals for support services such as the charity based at the practice were then made. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments, regular fire drills and maintenance checks had taken place. 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. Action plans were in place to reduce associated risks, for example with cleaning chemicals and these were being followed by staff. Legionella risk assessments were in place and regularly monitored.

Appropriate standards of cleanliness and hygiene were followed. A named practice nurse was the clinical lead who liaised with the local infection prevention teams to keep up to date with current practice. All staff were aware of who the lead was. There was an infection control protocol in place and staff had received up to date training. Records demonstrated that the practice had worked with public health to deal with the consequences of a potential outbreak of a notified infection. This required co-ordination and screening of an entire secondary school and providing immediate appointments and reassurance for staff, pupils and parents.

Infection control audits had been undertaken every six months, which included assessment of performance with routine checks completed each day. Audits for the last 12 months demonstrated that the practice had acted on any issues identified. Antibiotic prescribing to patients was closely monitored by the practice to ensure that GPs were not overprescribing, to tackle antimicrobial resistance.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local clinical commissioning group pharmacy teams to ensure the

Good

Are services safe?

practice was prescribing in line with current practice guidelines to promote patient safety. Prescription pads were secure and systems were in place to monitor their use, reducing the potential risk of misuse.

Recruitment checks were carried out and procedures had improved since we last inspected. All four files had references and information required, including a Disclosure and Barring Service check (DBS). The practice had also implemented regular audits of all staff records to ensure that these checks were maintained. For example, the practice had carried out an annual check of the professional registers held by the General Medical Council and Nursing and Midwifery Council for all the GPs and nurses.

Arrangements to deal with emergencies and major incidents

An emergency messaging system was accessible to staff on all the computers at the practice, which immediately alerted staff to any emergency. A training matrix showed that all staff had received annual basic life support training. There were emergency medicines available in all the treatment rooms. The practice had a defibrillator available on the premises and oxygen with equipment for both adults and children. First aid kits were situated throughout the practice in prominent places and accident records held.

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. All staff knew about this.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

Assessments and treatment of patients was in line with the National Institute of Health and Care Excellence (NICE) current guidelines. The practice had systems in place to ensure all clinical staff had been kept up to date and guidelines from NICE were used to develop how care and treatment was delivered to meet patient needs. For example, the latest NICE guidance for patients with raised cholesterol levels was being followed in terms of consideration for treatment with medicines.

Patients' consent to care and treatment was sought 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 (MCA). The training matrix was risk rated providing triggers for gaps in knowledge and training as well as dates for renewal. Since the last inspection in 2014, all the GPs had completed courses about the MCA. Nurses were also in the process of doing this online course. The safeguarding lead GP had also run courses for all staff to raise awareness about the MCA and Deprivation of Liberty Safeguards since we last inspected. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to the medical records. These showed that discussions with patients covered the risks, benefits and after care arrangements following a procedure.

Protecting and improving patient health

Patients with long term conditions and chronic diseases attended clinics led by GPs supported by the practice nurses. All of the nurses held specialist qualifications and had expertise and were delivering these effectively. For example, 684 patients diagnosed with asthma all had personalised asthma action plans in place tailored to their needs. The practice had focussed on educating patients about the importance of being in control and responding in a timely way to symptoms. We reported in 2014 that the practice had been proactive in ensuring that patients had the appropriate treatment, including rescue medicines, following an audit it had carried out. This process continues at the practice and is in line with current guidelines issued in 2015 following research into patient deaths from asthma.

All of the GPs had specialist interests and provided leadership and clinical governance for clinics for patients with long term conditions and chronic diseases. For example, a GP who also worked at the hospital cardiology unit took the lead for heart disease clinics had started an atrial fibrillation monitoring clinic for patients with this. Another GP held a master's degree in management of respiratory conditions and patients benefitted from their expertise with this. For example, data for hospital referrals for patients with respiratory diseases was nearly 50% lower compared with the local CCG and national averages. This showed that the practice was effective in managing long term and chronic health conditions.

Innovative technology had been purchased to promote greater involvement for patients in monitoring their own health. At the same time, this also acted as a way of ensuring patients were able to use their face to face appointments with their GP in a focussed way. For example, a health pod had been installed in the waiting room, which enabled patients to do blood pressure, weight, height and lifestyle checks. Patients could then choose whether to consent for this data to be uploaded to their records held by the practice. GPs received automatic alerts for any abnormal results, which they were then able to follow up with the patient.

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Practice nurses were using nationally recognised tools, for example to calculate the potential impact on health with patients who misused alcohol. Patients were then signposted to the relevant service. Smoking cessation advice was available at the practice.

The practice's uptake for the cervical screening programme was 79.05%, which was comparable with the national average of 81.8%. Reminders were sent to patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG/National averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 93.6% to 99.0% and five year olds from 89.7% to 98.1%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Outstanding ☆

Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Coordinating patient care

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All 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 test results. A GP provided intermediate care at Newton Abbot hospital for 10 sessions per week monitoring 40 - 46 patients who were also registered with other practices in the area. As part of this role, the GP carried out post discharge visits to patients at home. The practice had additional safeguards in place to help reduce the risk of further admission. Information about newly discharged patients from hospital and those with complex needs was assessed by the advanced nurse practitioner so that additional support or appointments were made. The practice had raised funding to employ a discharge worker at the charity it set up to support patients in the community; the discharge coordinator's role was to organise all additional support patients might need with the practice staff to help reduce unplanned admissions to hospital wherever possible.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. This practice was not an outlier for any QOF (or other national) clinical targets based on adjustments made by the clinical commissioning group (CCG) for 2013/14 year. Minutes of meetings about patient care and treatment outcomes were seen and demonstrated that the GP partners and senior nursing staff monitored QOF data every month throughout the year. Data from 2014-2015 showed that the practice had achieved 547.41 points out of a maximum of 559 points available. For example, we saw records showing that:

- Performance for diabetes assessment and care had improved on the previous year, with 95.91% reviews completed by the end of March 2015. Information from the practice showed that 567 patients had been reviewed at least every six months. Those with more complex needs were seen more regularly. and each person had an individualised care and treatment plan in place.
- The percentage of patients with hypertension having regular blood pressure tests had also improved on the previous year, with 98.19% patients reviewed by the end of March 2015.
- Performance for mental health assessment and care was high with 98.07% patients seen during the year up to March 2015.
- The dementia diagnosis rate was higher than the national average, with 100% of patients suspected with dementia seen and assessed up to March 2015.

Quality of care and treatment was improved through a system of clinical audits carried out by every GP. Examples of clinical audits seen included one covering the fitting of contraceptive devices. Over two cycles no complications were reported and where removal was necessary it had been done at the request of the patient. The practice participated in local CCG audits such as prescribing pain relief for patients with complex needs. An example of good practice was that information from NICE guidance informed an audit about management of chronic respiratory disease for patients. This identified a high number of patients with a diagnosis of chronic respiratory disease and ensured that those at risk of infection had a management plan, including a rescue pack.

Patient information leaflets were situated throughout the waiting room, as well as given to patients during appointments.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

GP had lead roles aligned with advanced post qualification qualifications and experience. For example, a GP partner was the lead for patient cancer care. The role covered dissemination of educational information to the team, regular review of referrals so that shared learning took

Outstanding ☆

Are services effective?

(for example, treatment is effective)

place and monitoring referral rates for patients with suspected cancer. The practice demonstrated that screening for bowel, breast and cervical cancer was higher than the national average.

The practice had an induction programme for all newly appointed members of staff including locums, which covered fire safety, health and safety, and confidentiality issues.

Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in- house training. A named member of staff closely monitored all staff training and used a risk rating system to identify any potential gaps or when updates were due.

The practice had a system in place which aligned clinical experience and competency with planning rotas for clinics. For example, administrative staff were clear about the qualifications and experience nurses had, so that only those with respiratory experience and qualifications ran those clinics. This information was simplified in an easy to follow chart for staff to use when setting up rotas.

All GPs were up to date with their yearly appraisals and this was monitored by the practice manager. There was an annual appraisal system in place for all other members of staff.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Throughout the inspection we saw that the staff were kind and caring with patients as they arrived at the reception desk, on the telephone or were called in person by the GP they were seeing. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations, with the exception of one instance which we highlighted in feedback and was followed up by the practice manager. When doors were closed we were unable to hear conversations taking place in these rooms with patients.

All of the 21 patients we received written and verbal comments from gave positive feedback about the service they 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 one member of the PPG. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

We saw that reception staff were responsive to patients, for example offering a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. Patients who were carers had an alert on their electronic records so that GPs and nurses were aware of this at appointments. Support was then targeted to meet their needs as well as those of the person they were caring for. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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.

Data from the National GP Patient Survey January 2015 showed from 124 responses that performance was comparable with or slightly lower than local and national averages for example,

- 92.2% said the GP was good at listening to them compared to the CCG average of 92.4% and national average of 87.2%.
- 83.2% % said the GP gave them enough time compared to the CCG average of 89.8% and national average of 85.3%.
- 92.4% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.3% and national average of 92.2%.

However, the percentage of patients who found reception staff helpful was 94.8% which was higher than the local (CCG) average of 89.7% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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.

The practice held a register of patients with learning disabilities, which included the preferred methods of communication with each person. For example, patients who needed picture based letters, care plans and information were given this or sent appointments in easy read and picture formats.

Data from the National GP Patient Survey January 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 86.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.8%and national average of 82.0%.
- 73.5% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 76.7%.
- 74.2% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80.4%and national average of 74.6%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice was part of a pilot scheme in the area to help reduce unplanned admissions to hospital for frail patients. This included the creation of a Hub for the locality of Newton Abbot, in conjunction with the charity formed and supported by the practice. Over 100 volunteers and three paid staff based at the practice were providing transport for patients on outings, befriending, shopping and hospital discharge support, activities including a walking group, memory café and luncheon club. Over 300 patients have been supported each year by this service.

Since the last inspection, the practice had created a face to face PPG which had begun to meeting on a regular basis. The results of patient surveys were discussed and suggested improvements were actively encouraged and acted upon by the practice management team.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice offered extended hours clinics every Monday, Wednesday and Friday from 7am for working patients who could not attend during normal opening hours.
- Longer appointments available for people with a learning disability and/or mental health needs.
- Home visits were available for older and frail patients.
- Urgent access appointments were immediately available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

Access to the service

The practice was open from 8am to 6.30pm and offered extended hours on a Monday, Wednesday and Friday for pre-bookable appointments. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments with the advanced nurse practitioner and duty GP were also available on the same day.

Results from the National GP Patient Survey from January 2015 showed that patient's satisfaction with opening hours was 71.5% compared to the CCG average of 80.1% and national average of 75.7%. GP resources and clinics available were constantly being reviewed. The practice had benchmarked their results across all practices in the area and liaised with them to identify why this was the case. Records showed that the practice had been working with the virtual and face to face Patient Participation Group (PPG) to improve opening hours and availability of GP appointments for some time. For example, the number of GP appointment sessions had been increased by three. The practice had introduced a policy in 2013 to recruit full time GPs for eight sessions per week to improve continuity of care for patients. GPs told us that in two years the practice had increased from two to three GPs running eight clinics sessions per week and one doing seven. An additional GP partner had been recruited and would be running a further eight clinic sessions per week and was due to start after the inspection.

After the inspection, the practice sent us information that demonstrated the challenges they had been addressing. This was reviewed by our GP regional advisor and the GP specialist advisor. This showed that the appointment system was under pressure, which the practice had told us but demonstrated they were actively managing it. Data and outcomes for patients showed that reviews were taking place and patients had confirmed they were able to be seen quickly if they needed to be. The telephone triage system in place worked well and was run by the duty GP and advanced nurse practitioner. Minor illness issues could be dealt with over the telephone, with some patients being asked to attend later that day for an appointment with the duty GP. The practice was aware of increased waiting times, which could be up to four weeks for routine appointments and was actively addressing this by increasing GP availability. Further changes to the appointment system were due to be implemented in August 2015. At feedback, we highlighted that the practice could carry out more detailed analysis, with the assistance of external specialists. Appointment data could further inform refinements about how many appointment slots should be available and when to release these.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. The policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about

Good

Are services responsive to people's needs?

(for example, to feedback?)

how to make a complaint was available on the website, in the waiting room and in the practice leaflet. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log of written complaints, which was closely monitored by the practice manager and a GP partner who was the lead in this area. There had been 22 informal and formal complaints in the previous twelve months which had been dealt with openness and transparency. This included holding a resolution meeting with the patient, where appropriate. Learning from complaints was taken seriously and information about key points and improvements made shared across the entire team.

A key theme highlighted in feedback from patients was about the telephone system. In the national GP Patient Survey 70.3% patients said they found it easy to get through to the practice, which was slightly lower than the national average of 71.8%. The practice had changed the telephone system as a result of this feedback, with added phone lines to improve patient experience. As a result, patient satisfaction had increased regarding the access to staff and availability of appointments via the telephone system.

Are services well-led?

Outstanding ☆

(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 strong 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.

Governance arrangements

The practice had an overarching governance policy which outlined structures and procedures in place which incorporated seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness. Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Strong leadership for all clinical and non-clinical areas such as monitoring patient experience of the quality of care and treatment. Delivery of specialist care by GPs with hospital based experience and advanced qualifications.
- Practice specific policies, which were regularly reviewed, accessible and followed by all the staff.
- A system of reporting incidents without any fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated an improvement on patients' experience and clinical outcomes.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate current practice guidelines and other information.
- Proactively obtaining patient feedback and engaging patients in the development of the service. Acting on any concerns raised by both patients and staff.
- Support of all staff, whatever their role to meet their professional development needs. For GPs this was revalidation and for nurses evidence of continuing professional updating.

Innovation

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area for example, reducing unplanned hospital admissions for frail older people. Innovative support systems were in place run through a charity set up and chaired by a senior GP at the practice. These included a befriending service, benefits advice and a memory café. The practice, through the charity, had secured lottery funding to increase these services more widely to people living in the Newton Abbott area. For example, a further two members of staff were going to be recruited to provide these additional services. The practice had been proactive in developing a hospital discharge worker role through the charity so that support for newly discharged patients leaving hospital was better co-ordinated and addressed some of the gaps in services in the area. More than 300 patients every year, 99% of these were older people, had been supported by the practice through its charity. Assistance given included providing transport to hospital and GP appointments in a specially adapted vehicle. A minibus had been purchased through fundraising which practice staff were actively involved in and was used for group outings.

The practice was aware of future challenges for example they were aware that there was a local housing development underway in the area. Hence there was the possibility of an increase in the number of new patients joining the practice in the future. The practice had increased the number of GP sessions available and also had transition plans in place for staff who were nearing retirement so that there would be minimal disruption for patients using the service.