

Leatside Surgery

Quality Report


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

Ratings

Overall rating for this service

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Leatside Surgery on Wednesday 28 October 2015.

Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
 - Feedback from patients about their care was consistently and strongly positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. The practice had an effective approach to succession planning.

Summary of findings

We saw areas of outstanding practice. The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care, which impacted on the population groups served by the practice. For example:

Older people

GPs at the practice provide daily medical support to inpatients at Totnes Community Hospital and one specialist GP had recently expanded the role. This included liaising with staff, patients, carers, social services and the voluntary sector to ensure patients were well enough to be discharged, do so in a timely, safe manner. The impact of this service also reduced admissions to the local district general hospital.

The practice worked in partnership with a third sector organisation, Totnes Caring. This team originated through the practice and have a GP on their Board. The 200 volunteers provide befriending, transport, and support to patients who need services that are not provided by the statutory sector. They organise a daily lunch club and arrange transport for patients to attend. The GPs refer patients and carers to the Totnes caring bi-monthly memory café for patients suffering with dementia. Appropriately vetted Totnes Caring staff were invited to the practice multi-disciplinary meetings to facilitate the support patients may need.

Families, children and young people

The practice had responded well to the low uptake of childhood immunisations in the town. The practice carried out an awareness campaign which included the local press as well as the Totnes Directory. The GPs also gained TV coverage on both the ITV and BBC on working collaboratively with the local schools, nurseries and Devon County Council to improve the uptake. The staff ran clinics outside of school times and offered 'drop-in' sessions, the result of the campaign increased immunisation uptake by 1.5%.

The practice had responded to the needs of the town by offering two family planning clinics per week, for all patients in Totnes including patients from neighbouring practices.

Working age people (including those recently retired and students)

The practice had been nominated for an award as General Practice Team of the Year in the HEART UK NHS Health Check Awards 2015. This was for outstanding teamwork in the delivery of a project/ innovation in the commissioning or delivery of the NHS Health Check Programme. The impact of this team delivered programme has been an increased prevalence and treatment of patients with pre-diabetes, diabetes and hypertension. The practice increased their Health Care Assistant capacity by 16 hours per week to improve access for patients.

People whose circumstances may make them vulnerable

The practice worked with the Caring Town Totnes group to recently raise the issue of homelessness and people begging on the streets of Totnes. Practice staff link with the local pastors and the 'drop-in' centre supporting homeless people in keeping these patients safe.

The GPs had also offered an outreach service to two traveller communities in Totnes to ensure they were aware of the services available, particularly for young family members.

The practice had also supported a programme in Totnes in offering sanctuary to refugees and asylum seekers if they wish to live in Totnes. Leatside Surgery stated they supported this to ensure people had access to healthcare.

The areas where the provider should make improvement are:

Introduce a system to ensure all equipment carried in GPs bags were included on the programme of calibration and safety checks.

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?

The practice is rated as good for providing safe services.

Good



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

Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The GPs wrote regular columns in two local parish magazines. The monthly articles have included updates on public health or medical education issues, which has been effective in increasing the uptake of cervical screening, immunisation uptake and raising awareness of cardiac risk in the young.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- The practice had been nominated for an award as General Practice Team of the Year in the HEART UK NHS Health Check Awards 2015 for outstanding teamwork in the delivery of a

Summary of findings

project/ innovation in the commissioning or delivery of the NHS Health Check Programme. This had resulted in an increased identification and treatment of patients with pre-diabetes, diabetes and hypertension.

Are services caring?

The practice is rated as outstanding for providing caring services.

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

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Outstanding



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. The practice was conscious that the immunisation uptake was lower than national averages due to the alternative lifestyles of a significant number of parents in this locality. We saw many initiatives provided to attract more parents. For example, flexible appointments, opportunistic immunisations and producing articles for the community magazine. The practice staff had also communicated the difficulties of encouraging the local population to increase acceptance with Public Health and included the local press and TV coverage on both the ITV and BBC. Practice staff also worked collaboratively with the local

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schools, nurseries and Devon County Council to improve the uptake. The practice ran clinics outside of school times and offered 'drop-in' sessions, which had increased immunisation uptake by 1.5%.

- There are innovative approaches to providing integrated person-centred care. For example, GPs at the practice provided daily medical support to inpatients at Totnes Community Hospital and one specialist GP had recently expanded the role. This included liaising with staff, patients, carers, social services and the voluntary sector to ensure patients once well enough to be discharged, did so in a more timely, safe manner.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- People could access appointments and services in a way and at a time that suits them. For example, the practice was open Monday to Thursday until 7.30pm with the adjacent pharmacy matching these opening hours to accommodate the commuting population. Travel clinics were available at any time and advice was also available on the telephone from the duty nurse service every morning.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care which impacted on the population groups served by the practice.

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

- It had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.

Outstanding



Summary of findings

- There was a proactive and effective attitude towards succession planning.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology, and it had a very active patient participation group which influenced practice development.

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 is rated as outstanding for older people.

- It had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a proactive and effective attitude towards succession planning.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology, and it had a very active patient participation group which influenced practice development.

Outstanding



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

The practice had a system to identify patients with long term conditions that required monitoring and treatment. These patients were supported by the multi-disciplinary team, with a clinical lead assigned to each domain. The practice had strong links with the Clinical Commissioning Group (CCG) and had expanded the skills in their team through the recruitment of a Prescribing Pharmacist to

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Summary of findings

further improve the chronic disease management of these patients. The practice were also involved in the training of a second pharmacist externally to the practice in order to further support Chronic Disease Management.

Diabetic patients were managed by two GPs and two practice nurses who had extended skills and knowledge. Patients had access to the 'TQ9 club' which provided exercise and support for patients with chronic obstructive pulmonary disease (COPD). This service had been supported and funded by the practice.

The practice had two health pods in reception which enabled patients to self-manage their conditions by checking their own height, weight and blood pressure regularly. This information was automatically fed through to their medical record and flagged an email message to the GP if any readings are out of range.

Families, children and young people

The practice is rated as outstanding 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

There was a safeguarding children lead who also acted as the families and young people specialist GP for the practice. This GP held weekly clinics with the health visitors for mums and babies to ensure any concerns are addressed. Monthly meetings were held with the health visitors to discuss concerns of vulnerable families.

The immunisation programme was managed by the nurse administration team, inviting the children in when appropriate. The practice nurses then administer the vaccines and provide health and wellbeing advice. The practice was conscious that the immunisation uptake of 70% was lower than national averages due to the alternative lifestyles of significant numbers of parents in this locality. We saw many initiatives provided to attract more parents. For example, flexible appointments, opportunistic immunisations and producing articles for the community magazine. The practice staff had also communicated the difficulties of encouraging the local population to increase acceptance with Public Health. The practice had also contacted the local press and TV coverage on both the ITV

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Summary of findings

and BBC. Practice staff also worked collaboratively with the local schools, nurseries and Devon County Council to improve the uptake. The practice ran clinics outside of school times and offered 'drop-in' sessions and saw an increased uptake by 1.5%.

The practice offered two family planning clinics per week, for all patients in Totnes including patients from neighbouring practices. The practice had three GPs skilled in the insertion of a range of contraceptive devices to offer choice. One of the practice nurses also supported these clinics and could prescribe contraceptive solutions. Chlamydia screening was offered to young people up to 25 years. The practice had also recently held a few clinics to offer the new Meningitis vaccine to sixth form students and encouraged the uptake of chlamydia screening during these clinics.

There was a patient participation group (PPG) at the practice. The chair was in the process of trying to encourage students from the local school to participate with the Leatside Patient Group to ensure services were designed to meet their needs.

The practice supported the charity Cardiac Risk in the Young (CRY) allowing them use of Leatside Surgery and some of its staff over a weekend period to screen young people who may be at risk of sudden death. This service had been promoted within one of the community newsletters written by the practice.

Working age people (including those recently retired and students)

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

The practice had above the Devon average number of working age population.

The practice proactively focused on making services easier to access. For example, with on line appointments, on line telephone consultations, and email consultations so that services could be accessed outside normal working hours. The practice were the first in South Devon and Torbay CCG to implement the Electronic Prescription Service (EPS), enabling patients to obtain their medicine quickly, efficiently and safely electronically. The practice used text message and reminders extensively for informing patients of results and appointment reminders.

The practice was open each day from 8am to 7.30pm except Friday when the practice closed at 6.30pm. The pharmacy adjacent matches these opening hours which were designed to accommodate the commuting population. Travel clinics were available at any time and advice was also available on the telephone from the duty nurse service every morning. The duty

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nurse and all the GPs had a direct dial telephone service so patients could call them direct without the need to go through the switchboard. The practice offered four different types of appointments enabling patients to access a service that meets their needs.

Practice staff had invited every patient aged 40-74 to the practice for an NHS health check, and had been shortlisted for 'General Practice Team of the Year' for the integrated whole team approach service to patients.

The GPs wrote regular columns in the local community magazine. The monthly articles have included updates on public health or medical education issues including promotions of the immunisation programme, meningitis vaccine, carer's health and information on managing flu. The editorials had all had impact both direct and indirect to the patients of Totnes and surrounding areas – not just Leatside. For example, the newsletter raised awareness of cardiac risk in the young and advertised free screening sessions held annually. The newsletter also raised awareness of cervical cancer screening. This increased uptake of screening by 1%.

Patients had access to two self-service health pods which enabled working patients to update their blood pressure, height and weight without the need for an appointment.

Patients within this group told us they appreciated the ability to see a GP on the day, morning or afternoon, if there was urgent need.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Patients with learning difficulties were all offered an annual health check, by the health care assistant. The practice had performed 75%

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of these so far this year with the remainder scheduled. The practice staff support care homes for people with learning disabilities in the town and home visits were offered where patients were unable to visit the practice.

Three of the GPs provide a recovery programme to patients suffering from substance misuse. This means these patients could access specialist support in their own town rather than travelling to central services further away.

The practice worked with the Caring Town Totnes group to recently raise the issue of homelessness and people begging on the streets of Totnes. The practice had become involved in this group to ensure that access to medical services was not prevented by their inability to provide a registered address. Practice staff link with the local pastors and the 'drop-in' centre supporting homeless people in keeping these patients safe.

The GPs had also offered an outreach service to two traveller communities in Totnes to ensure they were aware of the services available, particularly for young family members.

The practice had also supported a programme in Totnes in offering sanctuary to refugees and asylum seekers if they wish to live in Totnes. Leatside Surgery stated they supported this to ensure people had access to healthcare.

People experiencing poor mental health (including people with dementia)

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

Of people diagnosed with mental illness, 81% had their care reviewed in a face to face meeting in the last 12 months.

The practice worked closely with the community mental health team who were based at the practice. This meant the GPs and staff had access to psychiatrists, community psychiatric nurses (CPNs) and support workers.

The dementia lead at the practice worked with the in-patient care at Totnes community hospital and had effective links with the mental health team for the elderly who were also based there. Dementia prevalence was low in Totnes but GPs referred patients to the local Memory Café. The practice had held a successful dementia awareness event at the practice to raise awareness of the signs to look out for and to encourage people to become a 'dementia friend'.

There was a counselling service available to patients and a self-referral service for those patients suffering with anxiety and depression.

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Summary of findings

Practice staff performed blood tests on patients taking specialist mental health medicines. This included practice patients in care homes in the town. One of the GPs provided a link for these care homes.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2015. The results showed the respondents' satisfaction was better than local and national averages. 257 survey forms were distributed and 118 were returned. This reflected a response from 0.8% of the practice population.

- 90% found it easy to get through to this practice by phone compared to a CCG average of 80% and a national average of 73%.
- 96% found the receptionists at this practice helpful (CCG average 90%, national average 87%).
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 90%, national average 85%).
- 98% said the last appointment they got was convenient (CCG average 95%, national average 92%).
- 86% described their experience of making an appointment as good (CCG average 81%, national average 73%).

- 71% usually waited 15 minutes or less after their appointment time to be seen (CCG average 72%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Comments from patients were detailed and referred to staff as being friendly, caring, and helpful. Patients said the treatment they received was excellent, respectful and holistic and stated that they appreciated the clean and tidy facilities. Patients said the staff went out of their way when care was needed and appreciated the access to appointments.

We spoke with 22 patients during the inspection and three members of the patient participation group. All 25 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

Introduce a system to ensure all equipment carried in GPs bags were included on the programme of calibration and safety checks.

Outstanding practice

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. which impacted on the population groups served by the practice. For example:

Older people

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and the voluntary sector to ensure patients once well enough to be discharged, do so in a timely, safe manner. The impact of this service also reduced admissions to the local district general hospital.

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Summary of findings

arrange transport for patients to attend. The GPs refer patients and carers to the Totnes caring bi-monthly memory café for patients suffering with dementia. Appropriately vetted Totnes Caring staff were invited to the practice multi-disciplinary meetings to facilitate the support patients may need.

The practice had responded well to the low uptake of childhood immunisations in the town. The practice carried out an awareness campaign which included the local press as well as the Totnes Directory. The GPs also gained TV coverage on both the ITV and BBC on working collaboratively with the local schools, nurseries and Devon County Council to improve the uptake. The staff ran clinics outside of school times and offered 'drop-in' sessions, the result of the campaign increased immunisation uptake by 1.5%.

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Leatside Surgery

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 second CQC inspector (observing), GP specialist advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Leatside Surgery

Leatside Surgery was inspected on Wednesday 28 October 2015. This was a comprehensive inspection.

The main practice is situated in the town of Totnes Devon. The practice provides a primary medical service to approximately 13,900 patients of a diverse age group. The practice is a training practice for doctors who are training to become GPs and for medical students.

There was a team of nine GPs partners, four female and five male. Partners hold managerial and financial responsibility for running the business. The team were supported by a strategic business manager and an operations manager, one nurse prescriber, five practice nurses, four health care assistants, two phlebotomists and additional administration staff.

Patients using the practice also had access to community nurses and mental health teams who are based at the practice and other health care professionals who visit the practice on a regular basis.

The practice is open each day from 8am to 7.30pm except Friday when the practice closed at 6.30pm. The pharmacy adjacent matches these opening hours. Outside of these times patients are directed to contact the Devon doctors out of hours service by using the NHS 111 number.

The practice offered a range of appointment types including 'book on the day,' telephone consultations and advance appointments.

Why we carried out this inspection

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

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

How we carried out this inspection

'Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 October 2015. During our visit we:

- Spoke with a range of staff and spoke with 25 patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members

Detailed findings

- Reviewed the personal care or treatment records of patients.
- Reviewed 22 comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. Staff told us the process was a supportive one and seen as an opportunity to learn rather than apportion blame.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a GP had forgotten to refer a patient for further treatment. This had led to an investigation and learning action for GPs to record electronic tasks wherever they had been working. We were also provided with examples which demonstrated that practice staff had communicated with patients and external stakeholders where necessary. For example, local immunisation teams and NHS England, in the event of significant events relating to immunisations.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where

necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- There was a chaperone policy, which was visible on the waiting room noticeboard and in consulting rooms and on the practice web site. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff, including health care assistants, had been trained to be a chaperone. All staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We noted that the minor surgery room had paper and items on shelving which could cause an infection risk. However, this was removed by the end of the inspection. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. The last audit in August 2015 had resulted in highlighting areas which required further cleaning. We saw evidence that action was taken to address any improvements identified as a result. For example, the need for specialist sharps bins to dispose of cytotoxic medicine waste. The audit had also identified areas for actions. For example, requesting alternative seating which would be easier to clean. We saw these issues had been added to the business plan.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with

Are services safe?

legislation. The practice had employed a prescribing pharmacist and were also involved in the training of a second pharmacist externally to the practice in order to further support chronic disease management.

- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and poster on display. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use. The last test had been done in December and was scheduled on an annual basis. Clinical equipment had been checked in July 2015 to ensure it was working properly. However, there was not a robust system to ensure equipment carried in GP bags were included on this system.
- 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. The practice had a policy for the management, testing and investigation of legionella (a bacterium which can

contaminate water systems in buildings). We saw records that confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients. The practice was last reviewed by a specialist company in August 2015.

The GPs at the practice performed minor surgery at the practice. There was a well equipped minor surgery room used for this purpose. The majority of equipment used was disposable. The practice were in the process of improving the audit trail to demonstrate a record of which equipment was used on which patient.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available which were easily accessible.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Nursing staff accessed web sites for best practice guidance. For example, travel advice and charity websites such as Parkinsons and communicated any changes at the weekly team meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 89.83% of the total number of points available, with 4% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from showed;

- Performance for diabetes related indicators was better than the CCG and national average. For example, the practice had achieved 92.88 in comparison to the CCG average of 84.79% and national average score of 90.08%
- The percentage of patients with hypertension having regular blood pressure tests was worse than the CCG and national average. The practice score was 61% compared to the CCG average of 70.1% and national average of 94.93%. The practice had begun to address this by introducing two health pods where patients could visit the practice and record their blood pressure without appointment.
- Performance for mental health related indicators was 98.23% which was better than the CCG average of 80.67% and national average of 88.36%.

Clinical audits demonstrated quality improvement.

- We looked at eight of the clinical audits completed in the last year. Five of these were completed audits where the improvements made were implemented and monitored. For example, a repeat audit was performed to identify the numbers of patients receiving a medicine which have side effects if taken on a long term basis. The audit found a total of 163 patients were receiving the medicine on repeat prescription. This was a reduction from 184 from the previous audit (a fall of 11%). The practice had employed a prescribing pharmacist to review these patients on a regular basis.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us there was an encouraging culture to participate in education and learning and said they had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for the revalidation of GPs. All staff had had an appraisal within the last 12 months.
- The mandatory training was managed efficiently. Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made



Are services effective?

(for example, treatment is effective)

use of the learning and training provided. Staff held a training passport which recorded each event or training session they attended. Electronic records were kept by the management team to monitor staff attendance.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services, including the out of hours provider and visiting health professionals where appropriate.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. However, health care professionals including the mental health team, community nurses and health visitors were located at the practice which staff said made communication more effective. We received testimonials from a hospital matron, palliative care nurse, care home manager and representative from the rotary club. These documents referred to prompt advice, good team working, effective communication and support offered.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was managed by a use of templates which prompted staff to record consent.

Health promotion and prevention

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

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

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 90%, which was slightly higher than the CCG average of 81.5% and the national average of 78%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given to under two year olds were reported at 70% and five year olds also at 70%. Flu vaccination rates for the over 65s were 68%, and at risk groups 69%. These were slightly below CCG and national averages. The practice had responded to these lower uptakes and had increased them by 1.5% by engaging with the local media, schools and community.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had invited 3409 patients for a health check. This represents 24% of the practice population. 1892 patients had attended and the practice had been nominated for an award as General Practice Team of the Year in the HEART UK NHS Health Check Awards 2015. This was for outstanding teamwork in the delivery of a project/ innovation in the commissioning or delivery of the NHS Health Check Programme. The impact of this team delivered programme has been an increased



Are services effective? (for example, treatment is effective)

identification and treatment of patients with pre-diabetes, diabetes and hypertension. The practice had increased their health care assistant capacity by 16 hours per week to improve access for patients.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The national patient survey showed that 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

All of the 20 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were friendly, caring and treated them with dignity and respect.

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

The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed the practice was rated 'among the best' for patients who rated the practice as good or very good. For example, the practice scored higher than CCG and national average in 24 of the 27 questions asked. The practice was also well above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% said the GP was good at listening to them compared to the CCG average of 93% and national average of 89%.
- 97% said the GP gave them enough time compared to the CCG average of 91% and national average of 87%.

- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 95% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 85%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey in July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 94% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 81%.
- 88% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice worked in partnership with a third sector organisation, Totnes Caring. This team originated through the practice and have a GP on their board. The 200 volunteers provided befriending, transport, and support to patients who needed services that were not provided by the statutory sector. They organised a daily lunch club and



Are services caring?

arrange transport for patients to attend. The GPs referred patients and carers to the Totnes caring bi-monthly memory café for patients suffering with dementia. Appropriately vetted Totnes caring staff were invited to the practice multi-disciplinary meetings to facilitate and support patients may need.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or visited them if appropriate and was the point of contact to offer advice on how to find a support service.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had consulted with external stakeholders to discuss the low uptake of the immunisation programme.

- The practice was open Monday to Thursday until 7.30pm. The pharmacy adjacent matches these opening hours which were designed to accommodate the commuting population.
- Travel clinics were available at any time and advice was also available on the telephone from the duty nurse service every morning.
- The duty nurse and all the GPs had a direct dial telephone service so patients could call them direct without the need to go through the switchboard.
- The practice offered four different types of appointments enabling patients to access a service that meets their needs. These included telephone consultations, appointments made in advance, on the day appointments and patients being able to book online appointments. Patients were also able to attend the appointments at their convenience to perform routine screening such as blood pressure and weight to avoid having to attend an appointment.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice had a passenger lift to improve access throughout the building.

Three of the GPs provide a recovery programme to patients suffering from substance misuse. This meant these patients could access specialist support in their own town rather than travelling to services further away.

The practice worked with the Caring Town Totnes group to recently raise the issue of homelessness and people begging on the streets of Totnes. The practice had become

involved in this group to ensure that access to medical services was not prevented by their inability to provide a registered address. Practice staff link with the local pastors and the drop-in centre supporting homeless people in keeping these patients safe.

The GPs had also offered an outreach service to two traveller communities in Totnes to ensure they were aware of the services available, particularly for young family members.

The practice had also supported a programme in Totnes in offering sanctuary to refugees and asylum seekers if they wish to live in Totnes. Leatside Surgery stated they supported this to ensure people had access to healthcare.

There were innovative approaches to providing integrated person-centred care. For example, GPs at the practice provide daily medical support to inpatients at Totnes Community Hospital and one specialist GP had recently expanded the role. This included liaising with staff, patients, carers, social services and the voluntary sector to ensure patients once well enough to be discharged, do so in a timely, safe manner.

The practice had responded to the needs of the town by offering two family planning clinics per week, for all patients in Totnes including patients from neighbouring practices. The practice had three GPs skilled in the insertion of a range of contraceptive devices to offer choice and a practice nurse who also supported these clinics and could prescribe oral contraceptive solutions.

The practice had responded well to lower than CCG and national averages for childhood immunisation. Totnes is a town with a reputation for alternative lifestyles and staff had worked at trying to raise the uptake of immunisations. This had included performing opportunistic checks and writing information for the community magazine. The practice had also contacted the local press and TV coverage on both the ITV and BBC. Practice staff also worked collaboratively with the local schools, nurseries and Devon County Council to improve the uptake. The practice ran clinics outside of school times and offered 'drop-in' sessions and saw an increased uptake by 1.5%.

Access to the service



Are services responsive to people's needs?

(for example, to feedback?)

The practice was open each day from 8am to 7.30pm except Friday when the practice closed at 6.30pm. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them.

Results from the July 2015 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 80% were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 86% described their experience of making an appointment as good compared to the CCG average of 81% and national average of 73%.
- 90% said they could get through easily to the practice by phone compared to the CCG average of 80% and national average of 73%.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, on the practice website, posters displayed and practice leaflet.

We looked at the 15 complaints received in the last 12 months and found these had been satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint about staff attitude had resulted in additional customer care training.

Are services well-led?

Outstanding



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

Our findings

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care, which impacted on the population groups served by the practice.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Details of the vision and practice values were part of the practice's strategy and current year business plan. We saw evidence that the strategy and business plan were regularly reviewed by the partners and also saw the practice values were clearly displayed in the waiting areas and in the staff room. The practice vision and values stated that the practice staff would provide a caring, professional and holistic health service to the community of Totnes and the surrounding area. The aims were described as improving the wellbeing of patients and staff and would continually improve the knowledge and skills of the Leatside team in order to provide the best possible care to patients. The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable.

Governance arrangements

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

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

The GP partners, strategic business manager and operations manager took an active leadership role for overseeing that the systems in place to monitor the quality

of the service were consistently being used and were effective. This included using the Quality and Outcomes Framework to measure the practice performance (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

Leadership, openness and transparency

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

The partners encouraged a culture of openness and honesty. Staff explained that it was a good place to work and that morale was high. Staff demonstrated mutual respect when talking of the staff group.

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

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

The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- the practice gives affected people reasonable support, truthful information and a verbal and written apology

Are services well-led?

Outstanding



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

- They kept written records of verbal interactions as well as written correspondence.

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

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

It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

There was an active PPG which had been a virtual group for many years but had developed into a face to face group. The PPG met four times a year at the practice and were consulted on issues such as redevelopment of the building and staff recruitment. One member communicated and had met with seven other PPG groups in the area. PPG members told us they assist the practice manager with promoting the work of the practice and encourage harder to reach patient groups including the homeless and travelling community to become more aware of the services available to them. The group were currently looking at ways to attract young adults to the group. Members of the group said that the management were welcoming, purposeful and wanted something out of it.

- The practice had also gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Leaders have an inspiring shared purpose, strive to deliver and motivate staff to succeed. For example, the practice team demonstrated a proactive and effective attitude towards succession planning. Newer members of staff were supported by existing staff and recognised their skills, experience and knowledge. Senior staff recognised the positive attitude and value of newer members of staff and engaged their input in order to improve the service provided.

Continuous improvement was also demonstrated by a systematic approach when working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. For example, offering contraceptive solutions to other patients in the town and offering premenstrual syndrome for other health care professionals to work in.