Torrington Health Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Torrington Health Centre on 11 February 2016. Overall the practice is rated as good.

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

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff enjoyed their work and told us that the culture at the practice was open and supportive.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Data showed patient satisfaction outcomes with GP consultations were improving since national survey results published in July 2015.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment, 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 sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Three clinical audits had been carried out, which were driving improvement in performance to improve patient outcomes.
- Information about services was available and there were effective approaches to provide information for patients. For example via the practice website, through a printed patient newsletter and through the use of pictorial and easy to read information for patients with learning difficulties.

The areas where the provider must make improvement are:

Summary of findings

Action the provider MUST take to improve:

- Ensure a robust procedure is in place to record and learn from errors and near misses across both dispensaries.

The areas where the provider should make improvement are:

Action the provider SHOULD take to improve:

- Review oxygen cylinder storage for safety and security.
- Review how all Patient Group Directions are adopted for use in the practice.
- Consider how staff meetings are used to promote inclusiveness within the staff team.
- Review how meeting minutes records are completed to ensure accuracy.
- Review the staff training planning to ensure gaps in mandatory training refresher sessions are avoided.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.
- Re-audit within audit cycles where overdue.
- Review how carers are identified and recorded on the patient record system to increase awareness of carers on the practices' patient list.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents. However, there was a culture at the practice of reporting untoward clinical incidents but non-clinical events were not always recognised as significant events.
- The procedures in the dispensary for reporting errors and near misses as significant events were not sufficiently robust.
- Where incidents were reported lessons were shared to make sure action was taken to improve safety in the practice.
- When there were reported unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- The arrangements for obtaining, prescribing, recording, handling and storing medicines in the practice generally kept patients safe.
- There were regular meetings and communication with the wider community health care teams to ensure patients received safe and timely care.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Where completed clinical audits demonstrated quality improvement. Some re-auditing within audit cycles was overdue.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Some staff refresher training was overdue but had been booked to take place.
- 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 patients' needs.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- 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, for example, the practice had an informative website and also produced a newsletter for patients.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We found positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Views of external stakeholders were positive and aligned with our findings.
- Clinical staff had a particularly strong interest in the delivery of palliative care and kept their skills up to date by working in local hospices.
- Data from the July 2015 National GP Patient Survey showed patients rated the practice lower than others for some aspects of care when delivered by GPs. The practice had reflected upon these results and recent surveys at the practice showed improvement.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Information for patients with a learning disability was available in pictorial and easy to read formats.
- No adjustments were made to patients' medicines in response to individual patient needs, for example, if they need large print labels or reminder charts.

Are services well-led?

Good

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

Summary of findings

- The practice had a vision and strategy to deliver quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice had systems in place for sharing information about reported safety incidents with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.
- Staff felt able to raise concerns to managers at the practice with confidence that concerns would be listened to and acted upon.
- There was a focus on learning and improvement.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- Multi-disciplinary team meetings minutes provided useful checklists of issues discussed. However, these lacked detail and did not identify who was present at the meeting, for example, at palliative care meetings.
- The structure of staff meetings was to be reviewed to foster a sense of team work and team inclusivity.

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

Good

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

- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- On some occasions, members of practice staff had assisted practice patients with transport to access services. Because of impaired mobility and the remoteness of parts of the practice area.
- The practice had a bad weather plan to ensure they could provide health-care to housebound patients in extreme weather conditions.
- All older patients had a named GP within the practice to ensure continuity of care.
- Patients within nursing homes had an annual care plan review with a GP. A nursing home care plan review took place with a CCG pharmacist, to assess the safety and efficacy of complex prescribing.
- The practice had working relationships with the Torrington Memory Café and the Men Shed (which is run by a retired partner of the practice), the Parish nurse and the Alzheimer's support nurse supported these all for the benefit of patients within this group.
- There were examples of effective joined up care. For example, using the services and support of community based health professionals and voluntary befriending services to establish health and social care plans for older vulnerable patients.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice nurses performed four layer bandaging for patients with complex leg ulcers. This prevented the patients having to travel further afield for this specialised service.
- Performance for diabetes related indicators was above the national average. For example, the percentage of these patients

on the register with diabetes with a record of a foot examination and risk classification (within the same time 12 month time period) was 95.83%. The national average was 88.30%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice hosted outside agencies such as the health trainer (someone who engaged with and supported patients in making the healthy lifestyle choices which they want to make), the depression services and diabetic retinal screening to bring services closer to the patients' homes.
- The practice provided blood pressure machines on free loan to patients for accurate assessment.
- Two of the GPs had hospice care experience and expertise.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances. Further to this, a protocol was set to warn if a child might be considered at risk in relation to a parent's addiction.
- Immunisation rates for all standard childhood immunisations were in line with local CCG averages. The practice had a check system to review children who do not receive planned immunisations whereby the health visiting team was informed after three failed attempts to make contact.
- The percentage of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was 74.79%. This was in line with the national average of 75.35%.
- The practice's uptake for the cervical screening programme was 85.66%, which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Summary of findings

- Three of the practice staff (two GPs and one health care assistant) had experience working at the North Devon Children's Hospice.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Bookable telephone appointments were available.
- The practice provided a minor injuries service and minor operations on site to avoid the time consuming requirement to travel further afield.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed 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.
- The practice used an altered 'easy read' version of the 'Friends and Family' questionnaire to enable patients with a learning disability to provide feedback about the practice.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

- 94.74% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84.01%.
- 87.88% of patients with a mental illness had an agreed care plan documented in the preceding 12 months to 31 March 2015, which is comparable to the national average of 88.47%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice offered rooms for the Depression and Anxiety Service and RISE (Recovery and Integration Service for drug and alcohol problems) to provide services for patients closer to their homes.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. 241 survey forms were distributed and 114 were returned. This represented 2.19% of the practice's patient list.

- 96.63% of patients found it easy to get through to this surgery by phone compared to a national average of 73.26%.
- 85.4% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 91.0% and national average 85.2%).
- 79.0% of patients described the overall experience of their GP surgery as good (CCG average 83.3% and national average 73.3%).
- 78.2% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 85.8% and national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received. Patients said the practice staff were friendly, caring and took time to explain treatment option to them.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring. Friends and family test results were displayed on a board in the waiting area. These were overwhelmingly positive. Where a criticism had been made, the practice had replied in response to show where improvements had been made.

Areas for improvement

Action the service MUST take to improve

- Ensure a robust procedure is in place to record and learn from errors and near misses across both dispensaries.

Action the service SHOULD take to improve

- Review oxygen cylinder storage for safety and security.
- Review how all Patient Group Directions are adopted for use in the practice.
- Consider how staff meetings are used to promote inclusiveness within the staff team.
- Review how meeting minutes records are completed to ensure accuracy.
- Review the staff training planning to ensure gaps in mandatory training refresher sessions are avoided.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.
- Re-audit within audit cycles where overdue.
- Review how carers are identified and recorded on the patient record system to increase awareness of carers on the practices' patient list.

Torrington Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a CQC pharmacist inspector and a practice manager specialist adviser.

Background to Torrington Health Centre

Torrington Health Centre serves the whole of Torrington as well as its surrounding villages and has a branch surgery at The Old Stables, High Bickington. The patient list size is approximately 5,200 patients.

The practice staff includes five GPs (two female and three male), two senior nurses (covering both surgeries) and two health care assistants as well as a practice manager, deputy practice manager, dispensers and reception staff.

The GPs work as a group (there are four partners and one salaried GP) and hold a contract with the Northern, Eastern and Western Devon Commissioning Group to deliver services to patients under the NHS. Torrington Health Centre offers a full general practice service with a named GP responsible for each patient's overall care at the practice. The practice provides specialist clinics in travel, diabetes, epilepsy, asthma, coronary heart disease and minor surgery. There is also offer an on-site dispensing service for patients living outside of a one mile radius of Torrington.

Opening times and appointment times at Torrington Health Centre are Monday to Friday 8.00am until 6.00pm. (Closed between 12.15pm and 1.15pm). The dispensary opens from 8.30am - 12.00pm & 2.00pm - 6.00pm Monday to Friday.

Opening times and appointment times at High Bickington Surgery are Monday, Tuesday and Friday 4pm - 5.30pm. Tuesday and Wednesday 8.30am - 10am.

When the practices are closed patients are directed to ring the 111 out of hours service.

Regulated activities are provided from the following two locations:

Torrington Health Centre. New Road. Torrington. Devon. EX38 8EL.

Old Stables Surgery. High Bickington. Devon. EX37 9AX.

We did not visit the branch surgery at High Bickington during this inspection.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 February 2016. During our visit we:

- Spoke with a range of staff (two GP partners, two practice nurses and one health care assistant, three dispensary staff, the practice manager and deputy manager and three reception/administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

We spoke with one nursing and two local care homes that had patients registered with the practice.

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 were provided for specific groups of people and what good care looked 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.

Requires improvement

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 incidents and there was a recording form available on the practice's computer system. However, there was a focus on reporting clinical incidents and the reporting of non-clinical significant events as learning opportunities was at times overlooked, for example, improvements from health and safety issues or business continuity issues such as power cuts or fridge failures etc.
- The practice carried out a thorough analysis of the significant events reported.

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, safety improvements were made to the medicine review processes following a verbal instruction from a community practitioner regarding a change in medicine dose for a patient. The change in medicine was incorrectly added to the notes of a different patient. The medicine was not dispensed as the error was noticed by the patient's GP. As a result, the practice reviewed its' protocol for handling over the phone instructions for changes to patient medicine including a written instruction with the patients date of birth to ensure the correct patient was identified.

However, the process to ensure that dispensing errors and near misses were recorded, acted upon, analysed, learnt from and shared was not sufficiently robust within the practice dispensary. The dispensary did not have a supportive culture towards error reporting. This was reported to have changed recently following staff changes; however, a new system for error reporting had not been implemented.

When there were unintended or unexpected safety incidents, patients 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 systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to child safeguarding level three.
- There was a regular quarterly meeting within the practice involving the midwife, school nurses and health visitors to allow discussion of more complex cases and to develop professional relationships. There was also a weekly standing agenda item within the partners meeting for child safeguarding concerns to ensure that any concern was dealt with promptly.
- A notice in the waiting room advised patients that chaperones were available if required. Notices were also in consulting rooms but discreetly displayed. The practice manager told us these would be reviewed to make them more visible to patients.
- All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example in upgrading practice sink taps to reduce hand contact as a way to manage contamination risks.

Requires improvement

Are services safe?

- We reviewed four personnel files and found 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.

Reliable systems, processes & practices to keep people safe

- There were arrangements for obtaining, prescribing, recording, handling and storing medicines in the practice which generally kept patients safe. Medicines which require extra security (controlled drugs) were not always double-checked by a person prior to being issued to the patient, although an electronic checking system was in use. There were arrangements in place for safe and secure storage of vaccines and emergency medicines, although there was a large unsecured oxygen cylinder in the clinic room that could potentially fall and cause damage.
- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure processes were suitable and the quality of the service was maintained. However, there was poor evidence of audit, with the most recent DSQS audit conducted in January 2013.
- Dispensing staff had all completed appropriate training to work safely in the dispensary but no additional training had been provided for staff to carry out a dispensing review for use of medicines (DRUMs). Following our inspection the practice manager wrote to us enclosing minutes of a partners meeting, which discussed our inspection findings. The meeting minutes recorded a commitment from April 2016 onwards for GPs to conduct patient DRUM reviews rather than the dispensary staff.
- Dispensary staff had their performance annually reviewed.
- Blank prescription forms for use in printers, were handled in accordance with national guidance, tracked through the practice and kept securely at all times.
- Patient Group Directions were in place to allow nurses to administer medicines in line with legislation, although some needed adopting by the practice. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a GP or nurse were on the premises.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and managed. For example, an elderly patient who had recently moved to the area called the practice requesting a home visit. There was no further information from the patient and their notes had not arrived from their previous practice. The duty GP asked the administration team to request a record printout from the previous GP practice and then visited to gather further information. During the home visit the GP had concerns about safeguarding, lack of social support and management of long-term conditions. With the patient's consent, the patient was referred to the community matron, who coordinated social support, and to the parish nursing ministry (a national charity), who befriended the patient and accompanied them to a series of extended, weekly appointments with their new GP. This provided the opportunity to establish a health and social care plan for the patient in their new home.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The Control of Substances Hazardous to Health (COSHH) policy and risk assessment had not been adequately completed by tailoring the assessment to the practice from a generic document template.

Requires improvement

Are services safe?

- 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.

The practice staff signposted patients to the voluntary services provided by the parish nursing ministry. The governance involved in signposting patients to this service was unclear and we raised this with the practice. The practice took immediate action to ensure safeguarding arrangements when signposting patients to this service, such as seeking assurances of background checks on volunteers and the scope of the support work carried out in a 'nursing' capacity.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were 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.

Good

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 patient's needs.
- The practice monitored that these guidelines were followed through random sample checks of patient records.
- Medicines and Healthcare products Regulatory Agency (MHRA) alerts were received by the practice manager and sent to GPs and dispensary staff who signed acknowledgement of receiving and acting on the alerts through patient record searches. However, there was no evidence that some recent alerts had been acted upon. We raised this during the inspection and the practice staff took immediate action to ensure these alerts were reviewed. Following the inspection the practice manager wrote to us with details of an action plan of how MRHA alerts would be a standing agenda item at the partners' weekly meeting.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 90.5% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1 April 2013 – 31 March 2014 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, who had an influenza immunisation in the preceding 12 months to 31 March 2015, was 95.78%. The national average was 94.45%. The percentage of these patients on the register with diabetes with a record of a foot examination and risk classification (within the same time 12 month time period) was 95.83%. The national average was 88.30%.
- Annual checks for diabetes patients were carried out by practice nurses. One newly appointed nurse had not completed the training to perform these tests but told us the practice was arranging this. In the meantime all annual checks were being carried out by the practice nurses who had completed this training. Those patients scoring average results from the annual diabetes checks were not offered a face to face consultation with their GP. We raised this with the practice who agreed to review this in order to ensure diabetes management could be improved for all patients with diabetes.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average. In the 12 months to 31March 2015 this was 84.75% and the national average was 83.65%.
- Performance for mental health related indicators was similar to the national average in the 12 months up to 31 March 2015. For example, 87.88% of patients with mental illnesses had a documented care plan. This compares with 88.47% nationally.

Clinical audits demonstrated quality improvement.

- We looked at three clinical audits completed in the last year. Two were generated externally. One audit generated by the practice was regarding consent to minor surgical procedures and included where improvement had been implemented and monitored.
- The practice participated in local audits and national benchmarking.
- Not all audit cycles we saw were complete, with some re-auditing requiring undertaking.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This 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. For example, for those staff reviewing patients with long-term conditions

Good

Are services effective?

(for example, treatment is effective)

- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had had an appraisal within the last 12 months.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. However, some on-going staff training was out of date, for example, updates in confidentiality, health and safety and safeguarding. Refresher training had been planned in recognition that this was overdue.
- Chaperoning training took place. However, this was not always carried out by a recognised trainer and one staff member we spoke with was not sure of the practice protocol on acting as a chaperone. We raised this with the practice manager, who took immediate action to improve awareness of the issues staff should be aware of when chaperoning by producing a pocket sized aide memoire for staff to carry and by talking with the individual.

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 patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were 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. For example, work took place to prevent acute illness in older patients. All patients at risk of acute admission or coming to the end of their life were discussed at a monthly multidisciplinary team meeting, involving the GPs, practice administration staff, district nurses, community matron and the palliative care team. For any patient on the acute unplanned admission (AUA) to hospital register or those discharged from secondary care, there was a system for the patient to be contacted by a clinician within 48 hours of discharge to identify any issues in order to plan for rapid rehabilitation and prevent readmission. The practice was ranked as having one of the lowest rates of acute admission for those patients on the AUA register of all practices within the region.

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. We spoke with staff at one nursing home and two care homes that had patients registered at the practice. They told us that GPs from the practice had carried out comprehensive mental capacity assessments, including best interest meetings for patients identified as being unable or having difficulty in being able to consent to care and treatment.
- 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 recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

For example, a patient with a long term condition requested a telephone call with their GP to discuss an exacerbation of their symptoms. The GP visited the patient at home and discussed options with the patient, who strongly wished to avoid admission to hospital. Contact

Good

Are services effective?

(for example, treatment is effective)

with the specialist nurse and urgent community physiotherapy was initiated by the GP. The patient was treated effectively at home and avoided an admission to hospital.

Supporting patients to live healthier lives

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 and isolated patients at risk of anxiety and depression. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 85.66%, which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86.7% to 100% and the CCG averages ranged from 81.6% to 97.5% For five year olds the practice averages ranged from 90.0% to 100% and the CCG averages ranged from 91.0% to 97.1%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with 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; 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.

Practice staff acted in a compassionate way. For example, we were told about a patient who lived in a geographically remote location with limited access to public transport. They were registered as a carer for their spouse, who was diagnosed with cancer, and had recently been discharged from hospital. On one occasion due to adverse weather conditions, the patient had no way of fetching food or medicines. Alerted to this, a staff member of the practice collected the patient, brought them to Torrington where they were able to collect both food shopping and the medicines needed by their spouse. The patient was then driven home by the same member of staff. This assistance enabled the patient to continue caring for their spouse in their own home.

All of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven members of the patient participation group (PPG). 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.

Results from the national GP patient survey published on 2 July 2015 showed the majority of patients felt they were treated with compassion, dignity and respect. For example:

- 83.2% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92.0% and national average of 88.6%.
- 86.1% of patients said the GP gave them enough time (CCG average 90.0% and national average 86.6%).
- 88.6% of patients said they had confidence and trust in the last GP they saw (CCG average 97.2% and national average 95.2%).
- 79.9% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89.7% and national average 85.1%).
- 94.1% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.4% and national average 90.4%).
- 87.0% of patients said they found the receptionists at the practice helpful (CCG average 90.5% and national average 86.8%).

Care planning and involvement in decisions about care and treatment

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

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

- 82.6% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 90.4% and national average of 86.0%.
- 78.4% said the last GP they saw was good at involving them in decisions about their care (CCG average 87.3% and national average 81.4%).
- 93.1% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88.0% and national average 84.8%).

Patient satisfaction scores from the 2 July 2015 survey with GP interactions were below local and national averages. However, the practice had reflected upon the results and discussed this as a practice team and patient participation

Good

Are services caring?

group. Patient satisfaction recorded in the practice's own feedback forms and through the Friends and Family Test survey following July 2015 were very positive and included high praise for the practice team.

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 44 carers registered with the practice, representing less than 1% of the patient list. However, identified carers were offered an annual planned health check and weekly meetings within the practice with the care support worker. Where required carers were offered appointments at the same time as those they cared for, to make it easier for them to plan and give them good access to health-care. 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. 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccinations available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice consulting rooms were on the ground floor with level access for people with mobility problems.

The practice staff were responsive to patients' needs. For example, an elderly patient attended the practice having experienced dizziness and falls. They arrived at the practice in the late afternoon, without a booked appointment. They asked at reception for an appointment and it was arranged for them to be seen by the duty GP as an extra appointment. After assessment, it was considered that an admission to hospital was appropriate. This was arranged by the duty GP, who then waited with the patient in the practice until two hours after the practice closing time to ensure the patient was safely picked up by the non-emergency ambulance.

Services take account of the needs of different people

No adjustments were made for access to patients' medicines in response to individual patient needs, for example, if they need large print labels or reminder charts. Instead all patients requiring adjustments were referred to a local community pharmacy.

Access to the service

The practice was open at Torrington Health Centre between Monday to Friday 8.00am until 6.00pm. (Closed between 12.15pm and 1.15pm). The dispensary opened from 8.30am - 12.00pm & 2.00pm - 6.00pm Monday to Friday.

Opening times and appointment times at the branch practice at High Bickington Surgery was Monday, Tuesday and Friday 4pm - 5.30pm. Tuesday and Wednesday 8.30am - 10am.

When the practices were closed patients were directed to ring the 111 out of hours service. An out of hours service was provided by Devon Doctors.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. Telephone consultations were also available.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was for some aspects lower than local and national averages. However, phone access was above these averages.

- 61.5% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 77.6% and national average of 74.9%.
- 94.3% of patients said they could get through easily to the surgery by phone (CCG average 84.4% and national average 73.3%).
- 47.3% of patients said they usually get to see or speak to the GP they prefer (CCG average 71.6% and national average 60.0%).

All GPs at the practice worked part-time hours. This impacted upon patient satisfaction scores in accessing a preferred GP. However, there were sufficient appointments allocated each day for patient appointment requests to see a GP and there was a duty GP allocated during opening hours to respond to telephone consultation requests or urgent appointments. Extended opening hours were discussed with the patient participation group who advised that there was no current demand for this. The practice told us they had not received requests from patients for extended hours. They also said they were willing to keep this under review.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The complaint 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, via the practice information booklet available both on the practice website and at the practice.

We looked at three complaints received in the last 12 months and found these were 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, when a patient complained about the thoroughness of an examination the patient was offered a meeting with the practice manager to discuss this further. As a result of the meeting the patient was offered further services to their satisfaction.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a five year business plan, which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice was maintained.

However, we found areas where governance arrangements at the practice could be improved;

- Staff meetings were not being used as effectively as they could to promote inclusiveness within the staff team.
- Practice meeting minutes did not always record meeting attendees.
- The staff training plan needed reviewing to ensure on-going gaps in mandatory training refresher sessions were avoided.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings. However, meetings for nursing staff were usually informal during 'coffee time.' The practice had recently undergone staffing changes within the nursing team and newly appointed practice nurses were being inducted at the practice. The practice manager said they planned to implement formal nursing team meetings. This would improve staff communication and ensure nursing staff felt included in clinical team meetings.
- Multi-disciplinary team meetings minutes provided useful checklists of issues discussed. However, these lacked detail and did not identify who was present at the meeting, for example, at palliative care meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise issues to the management team. Staff told us they felt confident in doing so and felt supported if they did.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, reviewed patient surveys and submitted proposals for improvements to the practice management team. For example, to improve patient confidentiality at the reception desk the

Are services well-led?

Good

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

group had asked that a sign be placed at the reception requesting patients to step back from the patient checking in so that conversations could not be overheard.

- The practice had gathered feedback from staff through staff meetings, annual appraisal and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We asked all staff on duty about whistle blowing and raising concerns at the practice. All staff told us they knew where to access the practice whistle blowing policy and all said they had confidence in raising concerns to managers. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, patients living with cancer were recorded on a separate register and discussed at a monthly Gold Standards meeting with hospice nurses and district nursing teams to coordinate care. Two GPs had worked at the North Devon Hospice. The practice recognised the importance of caring for patients in these circumstances and had recently volunteered to participate in an external 'End-of-Life' assessment, with subsequent changes to how information was recorded and shared with out-of-hours services.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** • Doing all that is reasonably practicable to mitigate risk. Incidents involving medicines were not reported internally or to relevant external authorities/bodies. Incidents must be reviewed and thoroughly investigated by competent staff, and monitored to make sure that action is taken to remedy the situation, prevent further occurrences and make sure that improvements are made as a result. 12(2)(b)