

# Oakside Surgery

## Quality Report

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

### Ratings

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

# 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 Oakside on 24 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice had identified that data from the Quality and Outcomes Framework from 2014/15 showed patient outcomes were lower in four of the long term conditions. As a result they had been proactive in addressing the deficit by employing a nurse practitioner who had focused on improvements resulting in significant improvements. The result of this had seen a 16.5% increase in QOF score.

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

The areas where the provider should make improvements are :

- Review the processes in place to develop the patient participation group.

# Summary of findings

- Ensure all information available for patients regarding contacting the out of hours service is up to date.
- Ensure the area surrounding the fire door is accessible for patients whose mobility is poor, should an emergency building evacuation be required.

**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
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or 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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework 2014/15 showed patient outcomes were lower in four long term condition areas, (asthma, chronic obstructive airway disease, one area of diabetes and the recording of blood pressure). The data for the current year showed significant improvement in these areas. The practice had been proactive in addressing the deficit by employing a nurse practitioner who was focusing on improvement in these outcomes. The data for the current year showed significant improvement in these areas. For example the total QOF achievement had risen from 79.2% to 95.7% for 2015/16.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the National GP Patient Survey January 2016 showed patients rated the practice similar to 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence to suit the demographic of their patients. For example, the practice looked at how best to meet the need of its patients by improving the availability of appointments and increasing the 'on the day' appointments. 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.

## Are services well-led?

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

Good



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

# Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had tried to recruit members to be part of a patient participation group (PPG) so that the patient voice could be better heard. There was information on the website and in the practice itself to try and encourage patients to join. However, to date no patients had responded to this initiative.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older people, offered home visits and urgent appointments for those with enhanced needs. The practice invited patients aged 65 years and over for pneumococcal immunisation and shingles immunisation as recommended by national guidelines.
- The practice had level access throughout the waiting and clinical areas. There were wheelchairs for patients to use if required.
- The practice reviewed all hospital admissions for the most vulnerable of their older patients at monthly clinical governance meetings.

### People with long term conditions

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

Good



- 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 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.

### Families, children and young people

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

Good



- 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 patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.

# Summary of findings

- The practice offered ante-natal care via their midwife with one clinic per week held at the practice. The midwife has access to the GP if necessary. All practice nurses were trained to give childhood immunisations and attended regular training to keep their knowledge up to date.
- The practice offered a full range of contraceptive services including emergency contraception. All nurses were trained in cervical screening and attended regular updates. Patients were proactively offered chlamydia screening with self-test kits available in the practice.
- The clinical system had the ability to identify to patients on the Child Protection register, this information was visible to all staff. GP's had all undertaken appropriate child protection training. Children were always offered an appointment on the day if an urgent appointment was needed. If an ill child attended the open surgery which was offered twice daily, they would be seen without waiting.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Appointments were available from 8am for patients to see the practice nurse.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, 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.

Good





# Summary of findings

- 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.

## People experiencing poor mental health (including people with dementia)

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

- 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.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages. 276 survey forms were distributed and 111 were returned. This represented 3.9% of the practice's patient list.

- 83.77% of patients found it easy to get through to this practice by phone compared to a national average of 73.26%.
- 80.39% of patients were able to get an appointment to see or speak to someone the last time they tried (national average 76.06%).
- 89.69% of patients described the overall experience of their GP practice as fairly good or very good (national average 85.05%).

- 76.83% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (national average 79.28%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. However, six of these also commented that they sometimes found it difficult to get an appointment booked in advance.

We spoke with 11 patients during the inspection. All 11 patients said they were happy with the care they received and thought staff were approachable, committed and caring. The practice had received one response through the Friends and Family test in February 2016 which showed they were extremely likely to recommend the practice.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Review the processes in place to develop the patient participation group.
- Ensure all information available for patients regarding contacting the out of hours service is up to date.
- Ensure the area surrounding the fire door is accessible for patients whose mobility is poor, should an emergency building evacuation be required.

# Oakside Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist advisor, a nurse specialist advisor, a practice manager specialist advisor and an expert by experience. Experts by Experience are people who have experience of using care services.

## Background to Oakside Surgery

Oakside was inspected on Thursday 24 March 2016. This was a comprehensive inspection.

The practice is situated on the outskirts of the city of Plymouth. The practice provides a general medical service to approximately 7000 patients. 25.5% of these patients are under 18 years old. Only 1.6% of the registered patients are over the age of 85.

There is a team of two GPs partners, both male. Both GPs work full time. The GPs are supported by a practice manager, two female nurse practitioners, two female practice nurses, one female specialist nurse prescriber, one health care assistant, a phlebotomist and additional administration staff. The practice is a training practice for 2nd and 5th year medical students

Patients using the practice also have access to community nurses, mental health teams and health visitors. Other health care professionals visit the practice on a regular basis.

Outside of these times patients are directed to contact Devon Doctors through the out of hour's service by using the NHS 111 number.

The practice offer a range of appointment types including book on the day and advance appointments and can request telephone consultations. The practice is open to patients between Monday and Friday 8am until 6.30pm.

The practice provided regulated activities from its primary location at Guy Miles Way, Plymouth.

## 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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on Thursday 24 March 2016.

During our visit we:

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

# Detailed findings

- 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.'

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 patient's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of patients 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 Care Quality Commission 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 a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, one of the domestic staff found a vaccine fridge door had been locked but left slightly ajar and the alarm was sounding. The appropriate actions were taken by the practice including re-setting of the fridge temperature and reading documented. The data logger (a device which continually monitors the temperature of the fridge) was checked for fridge temperature range over the period concerned and the vaccine manufacturers were contacted to determine any negative impact on vaccines in the fridge affected. The manufacturer verified that the vaccines were safe to use. All staff were reminded that vigilance was required at all times when using vaccine fridges. Written instructions were produced as a reminder for all staff.

When there were unintended or unexpected safety incidents, patients received support, truthful information, an 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 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 Safeguarding level three for children.

- A notice in the waiting room advised patients that chaperones were available if required. 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, the last being in March 2016 which showed all areas looked at were meeting best practice.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Three of the nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five 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.

## Are services safe?

- 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 well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. Fire exits were well signposted and were clear of obstruction. However, the exit was not completely appropriate for patients using a wheelchair without assistance as the exit had no ramp. The practice agreed to address this as a matter of urgency. 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).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

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

# 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 risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 79.2% of the total number of points available, with 5.6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was an outlier for several clinical targets. Data from the Quality and Outcomes Framework 204/15 showed patient outcomes were lower in four long term condition areas, (asthma, chronic obstructive airways disease, an indicator for diabetes and the recording of blood pressure. For example,

Data from 2014/15 showed

- Performance for diabetes related indicators was similar to the Clinical Commissioning Group (CCG) and national average. For example the record of patients on the diabetic register, with a record of a foot examination and risk clarification within the past 12 months was 78.59% compared to the national average of 88.3%
- The percentage of patients with hypertension having regular blood pressure tests was 59.18% which was worse to the national average of 83.65%.

- Performance for mental health related indicators was similar to the CCG and national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 1/03/2015) was 82.35% compared to the national average of 88.47%.

The practice were aware of these lower than average scores and had been proactive in addressing the deficit. They had employed a nurse practitioner who was focusing on improvement in all outcomes. The data for the current year showed significant improvement in these areas. For example, the total QOF achievement had risen from 79.2% to 95.7% for 2015/16.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last year, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit undertaken in Atrial Fibrillation and warfarin (a blood thinning medicine). The audit checked that patients were on the appropriate anti-coagulant treatment and the correct therapeutic range. Two cycles of the audit showed an improvement in patients that were within the correct range. 36% of patients were shown to have had better therapeutic control following the second audit.

### 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. Staff administering vaccines and taking samples for the cervical screening programme



# Are services effective?

## (for example, treatment is effective)

had received specific training which had included an assessment of competence. Staff who administered vaccines 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. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

### 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 patients, 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.

### 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. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 74.79%, which was lower than 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 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 and/or national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 71.4%% to 98.2% (CCG 81.6% to 98.2%) and five year olds from 88.6% to 99.1% (CCG 91% to 95.8%).



# 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.
- We received 39 Care Quality Commission (CQC) comment cards. The majority of these 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. Six comments mentioned some dissatisfaction about not being able to get appointments. The practice had adjusted their appointment system in response and offered more 'on the day' appointments to meet patient needs.

Results from the national GP patient survey (January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was similar to the national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91.5% and national average of 88.6%.
- 83.1% of patients said the GP gave them enough time (CCG average 90.2%, national average 86.6%).
- 95.9% of patients said they had confidence and trust in the last GP they saw (CCG average 96.7%, national average 95.2%)
- 96.22% of patients said the last GP they spoke to was good at treating them with care and concern (national average 90.58 %%).

- 96.22% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 90.58%).
- 81.8% of patients said they found the receptionists at the practice helpful (CCG average 90.4%, 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:

- 86.9% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 89.8% and national average of 86%.
- 83.89% of patients said the last GP they saw was good at involving them in decisions about their care (national average 81.61%)
- 89.33% of patients said the last nurse they saw was good at involving them in decisions about their care (national average 85.09%)

### 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 62 patients (0.87%) of the practice list as carers. The practice were aware this number was low and felt it was due to the high proportion of younger patients on the practice list. Every effort was made to identify if a patient was a carer including information in the practice and on the practice website. Written information was available to direct carers to the various avenues of support available to them.

## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them within a suitable time frame. 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.

# 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.

- The practice had adjusted their appointment system due to the frequent amount of patients that did not attend their appointment. They offered more 'on the day' appointments to meet patient need.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulties 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.

### Access to the service

The practice was open from 8am to 6pm Monday to Friday. Outside of these times patients were directed to contact the Devon Doctors out of hour's service by using the NHS 111 number. Information of this service was available to patients inside the practice and on the website. However, there was a sign outside of the practice which gave outdated contact information for the out of hours provider which was misleading to patients in need of urgent medical assistance. The practice said they would change the information when we pointed this out.

The practice had been responsive to the increased demand for appointments and had improved their appointment system. Alongside the usual GP appointment system the practice operated an on the day appointment system with a nurse practitioner and a duty GP available throughout the day with a mixture of same day bookable appointments, same day urgent appointments, telephone triage and telephone consultations.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 79.64% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (national average of 78.3%).
- 83.77% of patients said they could get through easily to the practice by phone (national average 73.26%).
- 47.41% of patients said they always or almost always see or speak to the GP they prefer (national average 36.17%).

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.

- The 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, there was a notice in the waiting room and information on the website.

We looked at 11 complaints received in the last 12 months and found complaints were satisfactorily handled and 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 was received regarding the delay in a GP completing a report in regard to a child's illness linked to school attendance. The complaint also raised concerns regarding the unexpected cost increase of the report. An apology was given to the patient and the report given priority. The fees charged were reduced as a gesture of goodwill and all staff were reminded of the correct fees required.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

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

### Governance arrangements

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

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

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us 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 patients 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.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. The practice proactively sought patients' feedback and engaged patients in the delivery of the service. There was a suggestions box in the reception area for patients to provide feedback.

The practice had tried to recruit members to be part of a patient participation group (PPG) so that the patient voice could be better heard. To date no patients had responded to this initiative. This work was ongoing.

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice is involved in a debt counselling scheme whereby a representative from the scheme visited the practice twice weekly for drop in and pre bookable appointments available for any patient within the practice population.

## Are services well-led?

Good 

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

The practice was a teaching practice with a good track record and commitment to training new year two and year five medical students.