Okehampton Medical Centre

Quality Report

Okehampton Medical Centre
East Street
Okehampton
Devon
EX20 1AY
Tel: 01837 52233
Website: http://www.okehamptonmedicalcentre.co.uk

Date of inspection visit: 21 July 2015
Date of publication: 03/12/2015

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

Ratings

Overall rating for this service	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

Contents

Summary of this inspection

Detailed findings from this inspection

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Okehampton Medical practice on 21 July 2015.

Overall the practice is rated as good.

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

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

The Provider should:

- Reinstate a schedule of review dates for all policies and procedures to ensure that these meet current legislation and guidelines.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong, reviews and investigations were thorough and lessons learned were communicated widely across the team to support improvement. The practice had identified that some safety systems should be reviewed to ensure that policy and procedures are current covering health and safety, infection control and recruitment.

Are services effective?

Good

The practice is rated as good for providing effective services. Okehampton Medical Centre was a teaching practice and had recently been approved to provide placements for GP registrars. Evidence based care was delivered to patients and followed national and local guidelines. Data showed that the practice had improved it's performance for monitoring patients with long term conditions and chronic health diseases achieving 100%. At risk groups were targeted for health screening, support and treatment.

Are services caring?

Good

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

Are services responsive to people's needs?

Good

The practice is rated good for providing responsive services. All of the patients registered had a named GP. Feedback about the service was embraced by the practice and led to improvements in the access for patients to services. A highly skilled team of GPs and nurses were delivering a range of appointments and services, which had been refined as a result of audits being carried out. The practice had accessible facilities and was equipped to treat patients and meet their needs. Information about how to complain was available and the practice was responsive to these. Learning from complaints was shared with all staff through several mechanisms including the staff newsletter.

Summary of findings

Are services well-led?

Good

The practice is rated good for providing well led services. The practice vision was to provide quality care for patients and their families. High standards were promoted and owned by all practice staff with evidence of cross team working and with external agencies. Some policies and procedures had not been reviewed as frequently as they should have been due to changes in management at the practice. The practice had plans or were putting plans in place to address these. Forty three patients we met or received written feedback from commented they felt safe, cared for and considered Okehampton Medical Centre was well run. Innovative approaches to succession planning were building on the relationships with local universities to provide career opportunities for hospital based staff (nurses and doctors) to move into the primary care sector.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

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. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable with national performance for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

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

Summary of findings

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.

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 which could include homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 100% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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). The practice held a register of patients experiencing poor mental health, including those diagnosed with dementia. Prompts within the patient record system highlighted when they had a carer and any potential risks so that GPs focussed on the support patients needed. Data showed that the practice engaged well with people experiencing poor mental health.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia and demonstrated they were skilled and compassionate in supporting people.

Summary of findings

What people who use the service say

The national GP patient survey results published on 8 January 2015 The results showed the practice was performing in line with local and national averages. Two hundred and forty nine survey forms were distributed and 113 were returned.

- 76.8% found it easy to get through to this surgery by phone compared to a CCG average of 84.4% and a national average of 73.3%.
- 88.9% found the receptionists at this surgery helpful (CCG average 89.9%, national average 86.9%).
- 87.7% were able to get an appointment to see or speak to someone the last time they tried (CCG average 90.1%, national average 85.4%).
- 87.8% said the last appointment they got was convenient (CCG average 94.3%, national average 91.8%).
- 72.7% described their experience of making an appointment as good (CCG average 82.4%, national average 73.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were all positive about the standard of care received. In their comments patients particularly highlighted that the staff were caring and went above and beyond what was expected of them.

We spoke with 12 patients who said that they were happy with the care they received and thought that staff were approachable, committed and caring. They told us that the management of the practice, including the in-house dispensary was efficient and their prescription requests handled quickly.

We were due to meet with a representative of the PPG, who on the day was unable to attend the inspection.

Areas for improvement

Action the service SHOULD take to improve

Reinstate a schedule of review dates for all policies and procedures to ensure that these meet current legislation and guidelines.

Okehampton Medical 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 CQC pharmacist inspector, a GP and other specialists including a practice manager and an expert by experience.

Background to Okehampton Medical Centre

Okehampton Medical Practice is a newly approved training practice located in Okehampton, Devon. The practice has an onsite dispensary providing medicines for the vast majority of registered patients. The practice covers an area of 200 sq miles, most of which is rural. There were 12702 patients on the practice list and the majority of patients are of white British background. All of the patients have a named GP and linked administrative staff. There is a higher proportion of working age and older adults on the patient list compared with other practices in the area. A third of the patient population are children and young people. The total patient population ranges across all areas from low to high social deprivation.

The practice is managed by seven GP partners supported by two salaried GPs The practice uses the same GP locums for continuity where ever possible. There are five practice nurses and two health care assistants and four phlebotomists. All of the nurses specialise in certain areas, for example minor illness, chronic disease management. Of these, three nurses hold prescribing qualifications. There is a practice manager who is responsible for day to day operations with reception and administration staff. A dispensary manager is supported by six qualified dispensers and an assistant dispenser.

Okehampton Medical Centre is a training practice, with one GP partner approved to provide vocational training for second year post qualification doctors and medical students. When we inspected there the practice was about to provide the first training placement at the practice for a second year post qualification doctor. The practice provides post qualification placements for trainee practice nurses.

The practice provides designated duty GP cover for assessment and treatment of patients at Okehampton Community Hospital every day.

The practice is open 8.15 am to 6pm Monday to Friday with extended hours appointments available on a Saturday between 8.30 and 11.45 am. The dispensary is open 8.30-6pm on weekdays. Telephone appointments are available every day for working people. Opening hours are in line with local agreements with the clinical commissioning group. Patients requiring a GP outside of normal working hours are advised to contact the out of hour's service provided by Devon Doctors. The practice closes 4 half days a year for staff training and information about this is posted on the website.

The practice has a Personal Medical Service (PMS) contract and also offers enhanced services:

- Extended hours
- Identification of patients drinking alcohol who may be at risk and offering support
- Timely diagnosis and support for people with dementia
- Influenza, pneumococcal, rotavirus and shingles immunisations
- Minor surgery

Detailed findings

- Monitoring the health needs of vulnerable people with complex needs and learning disabilities
- Patient participation in development of services.

Why we carried out this inspection

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. We inspected the practice on 21 January 2014, under the previous methodology and found it to be fully compliant. This 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 the practice, we reviewed a range of information we held about the service and asked other organisations, such as the local clinical commissioning group, local Health watch and NHS England to share what they knew about the practice. We carried out an announced visit on 21 July 2015.

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

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

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

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

At the announced inspection on 21 July 2015, we:

- Spoke to 27 staff and 12 patients.
- Reviewed 31 CQC comment cards completed by patients.
- Reviewed anonymised patient records.
- Reviewed management records.
- Observed interactions between staff and patients.

Good

Are services safe?

Our findings

Safe Track Record

There was a system in place for reporting and recording significant events. Staff understood the reporting systems and demonstrated they followed these. All complaints received by the practice were entered onto the system demonstrating that learning points were identified and acted upon. The practice carried out an analysis of the significant events and this also formed part of the GPs' individual appraisal and revalidation process.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the previous 12 months. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice found out of date vaccinations held in a fridge in the dispensary because routine checks of expiry dates were not being done in line with the expected standard. Staff showed us records of checks undertaken since this finding and we found vaccinations were within date.

During the inspection, we received feedback from 43 patients who all felt safe at the practice. Some examples were shared with us, which demonstrated patient safety was promoted. For example, an older patient who lived alone told us that their GP had telephoned them as soon as they had been discharged from hospital and arranged additional support as a result of this.

Overview of safety systems and processes

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

There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The practice was following the most up to date 2014 version of guidelines and safeguarding toolkit. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member GP for safeguarding who also attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and the majority had received training relevant to their role. Nursing staff were in the process of setting up face to face safeguarding training from the local authority.

There were procedures in place for monitoring and managing risks to patient and staff safety.

There was a system to highlight vulnerable patients on the practice's electronic records. We looked at the virtual ward record for June 2015. This showed the practice closely monitored patients and carers needs in conjunction with key health and social care professionals supporting them.

All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as Legionella risk assessments were in place and adhered to.

Other safety systems were in place. However, some of the corresponding checks had fallen behind due to staffing changes in the management team. These had been identified by the practice or highlighted during the inspection and immediate steps taken to rectify these:

Health and safety policies and procedures were in place but had not been regularly reviewed. For example, the practice had a fire risk assessments which outlined actions to ensure that the fire alarm was working. Weekly checks had not been documented for four months. Immediately following the inspection, we received information to show that the practice had restarted these checks and were recording them. A fire drill had recently taken place and maintenance checks of the fire safety systems were carried out by an external contractor during the previous six months.

Appropriate standards of cleanliness and hygiene were being followed. A named practice nurse was the clinical lead who liaised with the local infection prevention teams to keep up to date with current practice. All staff were aware of who the infection control lead was and were able to access the protocol for guidance. Staff interviewed confirmed that they had received training and demonstrated they followed safe practises. For example, antibiotic prescribing to patients was closely monitored by the practice to ensure that GPs were not overprescribing, to tackle antimicrobial resistance. Okehampton Medical Centre was a lower prescriber of antibiotics in 2014 when compared nationally with other practices.The infection control lead verified that an audit of infection control measures was overdue and would be done.

Good

Are services safe?

The practice offered a full range of primary medical services and was able to provide pharmaceutical services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy premises. The practice had established a service for some patients to have their dispensed prescriptions delivered to their homes, or other local collection points. Records were kept of medicines taken for delivery, but there were no records to complete the audit trail showing that these medicines had been collected by the right people. A system was put in place to ensure medicines were collected by the right people immediately following the inspection. This included a safeguard so that medicines would be returned to the dispensary if the named person collecting these did not turn up for them at the collection point.

Arrangements were in place to ensure that patients were given all the relevant information they required. The arrangements for managing medicines, including controlled drugs, emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Minor changes were made to the way prescription scripts were handled during the inspection so that these were signed before the dispensary prepared the medicines to give to patients. Patients were informed that they had to give a minimum of 48 hours notice for repeat prescriptions and has been communicated to patients via posters, articles in PPG newsletter, on the website and social media.

High risk medicines were being monitored in line with national guidance. For example, patients on lithium were closely monitored through regular blood screening and liaison with specialists supporting them. The patient record system provided a fail safe, with alert flags when blood screening was overdue.

Regular medication audits were carried out with the support of the local clinical commissioning group pharmacy teams to ensure the practice was prescribing in line with current practice guidelines to promote patient safety. This included the Dispensing Services Quality Scheme (DSQS) to help ensure processes were suitable and the quality of the service maintained.

The practice had identified that recruitment procedures were not followed in a consistent way. An HR consultant had been appointed and was due to overhaul all the systems shortly after the inspection. We saw correspondence confirming this arrangement with the practice. Five staff files were sampled and had references and information required, including a Disclosure and Barring Service check (DBS). The practice policy was to obtain a DBS for all clinical staff employed and had done so. However, evidence of identity was missing in two files. For example, one person required documentation to demonstrate that they had a right to work in the UK and staff were unable to verify whether this had been checked with authorities. Immediately after the inspection, the practice verified that they had obtained this information. The practice carried out an annual check of the professional registers held by the General Medical Council and Nursing and Midwifery Council for all the GPs and nurses.

Notices were displayed in the waiting and consultation rooms, advising patients that nurses would act as chaperones, if required. Nursing staff told us they regularly acted as chaperones and a disclosure and barring check (DBS) had been done for them. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. However, three other administrative staff verified that they could also be asked to undertake chaperone duties but rarely did this and had not had any training. Immediately following the inspection, the practice carried out a risk assessment and set up training for staff involved. An invitation to other practices for their staff to join this training was sent out.

Arrangements to deal with emergencies and major incidents

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

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact

Good

Are services safe?

numbers for staff, which needed minor changes and was updated immediately after the inspection. All of the staff we spoke with knew about the plan and had access to numbers to use in an emergency.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

Assessments and treatment of patients was in line with the National Institute of Health and Care Excellence (NICE) current guidelines. The practice had systems in place to ensure all clinical staff had been kept up to date and guidelines from NICE were used to develop how care and treatment was delivered to meet patient needs. Comprehensive templates were used to prompt and record assessments completed for each patient. For example, all patients diagnosed with asthma had been identified for a review to assess their health and ensure they were receiving the correct preventative medication.

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). Consent forms for surgical procedures were used and scanned in to the medical records. These showed that discussions with patients covered the risks, benefits and after care arrangements following a procedure.

Protecting and improving patient health

Patients with long term conditions and chronic diseases attended clinics led by the practice nurses. All of the nurses held specialist qualifications and had expertise and were delivering these effectively. For example, a nurse prescriber held additional qualifications and experience took the lead for diabetic care. Patients who were new to insulin treatment were supported and closely monitored. Nursing staff told us that the frequency of this support was person centred and could be alternate weeks or monthly dependent upon the confidence of the patient. Data for 2013/14 showed that the practice performance was similar or above national averages for monitoring and treating patients with diabetes. For example 97.6% patients classified at risk of developing foot problems associated with diabetes had been reviewed, which was higher than the national average of 88.35%. Other monitoring included carrying out regular blood tests and protecting patients against the risk of flu.

All of the GPs had specialist interests and provided leadership and clinical governance for clinics for patients with long term conditions and chronic diseases. For example, a GP was the lead and had oversight of prescribing practise. The latest NICE guidance for patients on anticoagulant treatment to reduce the risk of blood clots was being followed.

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Practice nurses were using nationally recognised tools, for example to calculate the potential impact on health with patients who misused alcohol. Patients were then signposted to the relevant service. Smoking cessation advice was available at the practice. 124 patients attended Stop Smoking Clinic, others were invited or given advice. Of these 98 patients had quit smoking. Okehampton Medical Centre was the second highest performing practice in the CCG area to support patients with smoking cessation. Information about health living was available for patients in the waiting room and included a blood pressure machine that they could use whilst waiting for an appointment.

The practice's uptake for the cervical screening programme was 89.4%, which was above the national target of 81.8%. Reminders were sent to patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable with or slightly higher than the CCG/ National averages. For example, 142 out of 161 eligible children under 12 months old had been immunised.

Patients had access to appropriate health assessments and checks. The practice did not carry out routine NHS health checks for people aged 40–74. However, it did run 'well man' and 'well woman' clinics. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The uptake of patients using this clinic was not at the level the practice was aiming for and GP partners had decided to remain using nursing resources for the continuation of these clinics. The rationale for this was that further opportunistic screening could be offered to patients such as for chlamydia, cervical smears and mental health checks.

Coordinating patient care

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All the information needed to plan and deliver care and treatment was available to relevant staff in a timely and

Good

Are services effective?

(for example, treatment is effective)

accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information about newly discharged patients from hospital and those with complex needs was assessed and support put in place quickly. The most vulnerable patients were reviewed with other community health workers every two weeks and more frequently according to identified risks. The practice had set out pathways of care and support of vulnerable people for administrative staff to follow whilst handling telephone calls about them. This gave staff clear guidance about when to escalate concerning information to GPs and practice nurses.

Every patient registered with the practice had a named GP who was supported by their own administration team. Staff knew patients well and co-ordinated follow up care and support to meet each person's needs. For example, a patient with a complicated wound had been supported by a named nurse and GP was quickly referred to secondary care services for further assessment by the tissue viability nurse specialist and vascular surgeon.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. Information for 2013/14 year highlighted that there were two areas where the practice needed to focus on. These were the patients with physical and/or mental health conditions being supported with smoking cessation and patients aged 75 or over at risk of falls and fractures being treated with a bone-sparing agent. The practice had improved it's performance in these areas, for example achieving 100% for assessment and treatment of patients aged 75 and over at risk of fractures in 2014/15.

This practice was not an outlier for any QOF (or other national) clinical targets based on adjustments made by the clinical commissioning group (CCG) for 2014/15 year. Minutes of meetings about patient care and treatment outcomes were seen and demonstrated that the GP partners and senior nursing staff monitored QOF data every month throughout the year. Data from 2014-2015 showed that the practice had achieved nearly 100% of the points available. For example, we saw records showing that:

- The percentage of patients with hypertension having regular blood pressure tests had also improved on the previous year, with 100% patients reviewed by the end of March 2015.
- Performance for mental health assessment and care was high with 97.26% patients seen during the year up to March 2015.

Patient information leaflets were situated throughout the waiting room, as well as given to patients during appointments to promote healthy living. For example, information about a Dementia awareness group was displayed in the waiting room. A GP partner had been involved a Dementia awareness day in Okehampton aimed at encouraging people concerned about their memory to come forward.

Clinical audits were being carried out by GPs to improve the care and treatment delivered to patients. For example, one audit looked treatments such as antipsychotic medicines used for patients with dementia that could increase associated risks for this group of patients. The audit outcome established that there was clear rationale to support prescribing and close monitoring arrangements in place for each of the nine patients identified.

Effective staffing

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

There were sufficient staff to deliver the services to patients and this was kept under review by the GP partners. There was strong team work across the practice, with staff providing cover and buddying each other when people were not working. The practice had responsibility for inpatient beds at Okehampton Community Hospital and had a designated GP rota in place to provide emergency duty cover and carry out assessment of inpatients each day.

GPs had lead roles aligned with advanced post qualification qualifications and experience. For example a female GP specialised in women's health. They held diploma qualifications, which enabled them to fit contraceptive coils for women.

Good

Are services effective?

(for example, treatment is effective)

Okehampton Medical Centre is a training practice and had provided placements for medical students for some years. The practice had recently been approved to provide GP registrar training and was due to offer the first placement in August 2015. One GP partner at the practice is approved to deliver this training.

The nursing team had strong links with Plymouth University and was actively supporting trainee practice nurses and student nurses. A practice nurse also worked as an associate lecturer at the university part time. Okehampton Medical Centre had created a training post for practice nurses as part of the succession planning for the team. A hospital based nurse had been appointed to this role and was transitioning into the field of primary care. The member of staff had a mentor within the practice nursing team, had regular support and training to develop the skills needed to deliver care and treatment to patients.

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

Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. A nurse closely monitored the nursing team's training and used a risk rating system to identify any potential gaps or when updates were due. This same system was not in place across the practice and had been identified as a area for improvement by the new manager. The manager told us that the appointed HR consultant would be reviewing all employment issues, which included working with them to develop a matrix of core training which staff would be required to complete in line with their role and responsibilities.

The practice had a system in place which aligned clinical experience and competency with planning rotas for clinics. For example, administrative staff were clear about the qualifications and experience nurses had, so that only those with baby immunisation experience and qualifications ran those clinics. Five nurses held prescribing qualifications and two had completed minor illness courses so were able to run nurse led clinics for patients attending with minor issues.

All GPs confirmed they were up to date with their yearly appraisals. There was an annual appraisal system in place for all other members of staff. The outcomes from individual appraisals were used to identify and plan cross team training to meet any gaps.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

All of the 43 patients we received written and verbal comments from gave positive feedback about the service they experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Data from the National GP Patient Survey January 2015 showed (113 responses or 0.88% of the total patients registered) that performance was comparable with local and national averages for example,

- 87% said the GP was good at treating them with care and concern compared to the CCG average of 90% and national average of 85%.

Care planning and involvement in decisions about care and treatment

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

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

Systems were used at the practice to identify any patients as carers, so that staff were able to offer support in a proactive way. For example, carers supporting a relative with dementia were signposted to the local memory café. Information about the carer's network and support worker was on display in in both waiting rooms.

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

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 93% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 81%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice was actively promoting awareness of dementia at local events and encouraging people to come forward for screening.

The results of patient surveys were discussed and suggested improvements were actively encouraged and acted upon by the practice management team. For example,

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

- All 12702 patients had a named GP.
- The practice offered extended hours clinics every Saturday morning between 8.30 am to 11.45 am for working patients and school children who could not attend during normal opening hours. Early evening appointments were also offered by arrangement for working patients. Telephone appointments were available and lunch time appointments specifically allocated to working patients on request. SMS text reminders were used to recall patients for monitoring and appointments.
- An audit of nursing appointments during March 2015 had resulted in an improved triage system so that patients were directed to the clinic most suited to their needs. For example, patients with long term conditions or chronic diseases were being offered longer appointments to be more efficient and accessible for patients. Patients were offered a comprehensive review of their health at these appointments.
- GPs and nurses specialised in specific areas. For example, a nurse with midwifery qualifications utilised this experience in early identification of any new mother's at risk of post natal depression or struggling in the early months of looking after their baby. The team was proactive in making referrals to the health visitor for additional support.
- A minor illness nurse led clinic ran every day. Patients could attend the practice without a booked appointment and be seen and treated for minor issues.
- Longer appointments available for people with a learning disability and/or mental health needs. Patients with mental health needs told us that all of the staff were kind and responsive to their needs.
- Home visits were available for older and frail patients. A dedicated telephone line with direct access to a named person provided adult care and community health services staff with instant access for advice and support.
- Urgent access appointments were immediately available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice had systems in place which prevented discrimination of homeless people. These enabled people to register, be seen and receive correspondence using the practice address.

Access to the service

The practice was open from 8.15 am to 6.00 pm with extended hours on Saturday mornings for pre-bookable appointments. Early evening appointments were offered for working patients by arrangement. Telephone appointments were routinely available for working patients. In addition to pre-bookable appointments that could be booked in advance. Same day urgent appointments were available. GPs were providing at least 4 appointments each per day to see patients in urgent need.

Results from the National GP Patient Survey from January 2015 showed patient satisfaction was comparable with national rates. For example:

- 88% of respondents said the were able to get an appointment to see or speak to someone the last time they tried (CCG average: 91% and National average: 85%).
- 87% say the last appointment they got was convenient (CCG average: 95% and National average: 92%)
- All 43 patients who contributed to this inspection told us they were satisfied with the appointments system.

Listening and learning from concerns & complaints

The practice has a system in place for handling complaints and concerns. The policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available on the website, in the waiting room and in the practice leaflet. The

Good

Are services responsive to people's needs?

(for example, to feedback?)

complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log of written complaints, which was closely monitored by the a GP partner who was the lead for patient feedback. Records demonstrated that complaints were dealt with openness and transparency. This included holding a resolution meeting with the patient, where appropriate. Learning from complaints was taken seriously and information about key points and improvements made shared across the entire team via emails and the staff newsletter.

A key theme highlighted in feedback from patients was about getting through to the practice by telephone. As a result of feedback, the practice had added music to reassure patients they were still on hold. The practice had also promoted the use of the online booking system and further options were being looked into to improve access for patients.

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

Okehampton Medical Centre stated aims were to provide a high standard of personalised health care for patients and their families. The values were clearly displayed on the practice website in the waiting areas and in a leaflet given to new patients.

We spoke with 27 members of staff. Staff morale was high and there was a low turnover of staff. The majority of staff told us they were proud to work at the practice and enjoyed working there. Staff said they were encouraged to be innovative to deliver safe and effective care and treatment for patients. For example, nurses had close working relationships with Plymouth University and utilised this link to further develop their practise for the benefit of patients.

Governance arrangements

The practice had an overarching governance policy which outlined structures and procedures in place. Governance systems in the practice were underpinned by:

- A clear leadership structure with a scheme of delegation of responsibilities for policies and procedures and oversight of patient outcomes. For example, a GP partner was the lead for quality assurance covering all aspects of risks including dissemination of learning from complaints and serious events analysis.
- A commitment to patient centred care and effective evidence based treatment. The practice used the Quality and Outcomes Framework (QOF) to measure its performance and had achieved 100% QOF funding for the year 2014-15.
- A system of reporting incidents without any fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated an improvement on patients' experience and clinical outcomes.
- Clear methods of communication across the whole staff team and other healthcare professionals to disseminate current practice guidelines and other information.
- A proactive approach to patient feedback and engaging patients in the development of the service. Acting on any concerns raised by both patients, staff and other professionals.
- Support of all staff, whatever their role to meet their professional development needs. For GPs this was revalidation and for nurses evidence of continuing professional updating.
- The practice was open with us about areas that needed improvement. Examples shared with us included the appointment of an HR consultant to carry out a comprehensive review of all employment processes; plans to refurbish the older building, used for some consultations so that access could be improved for patients.

We identified areas were improvement was needed:

- Practice specific policies were in place, which were accessible and followed by all the staff. However, the practice had been without a practice manager for some time and this had affected the review frequency of policies and procedures. For example, the arrangements for controlling hazardous substances had not been reviewed for more than 2 years. Infection control audits were overdue.

Innovation

Okehampton Medical Centre had close links with the universities as a teaching practice. There was a regular intake of medical students working at the practice and had been approved to provide GP registrar training. Educational meetings were held which any member of staff could attend. These drew learning from practice data, national guidance and research papers which were then discussed and led to projects at the practice. For example, one of the nurses had been involved in a review led by the Peninsular Medical School of pregnant women being given the swine flu vaccine. The aim of this was to enhance patient safety, care and treatment.

The practice had developed a trainee practice nurse placement as part of the succession planning for the future. This meant that nurses with no previous practice nursing experience were encouraged to choose a new career path in primary care services. A trainee practice nurse was receiving mentoring and support whilst completing the foundation in practice nursing diploma.