

Cherrybrook Medical Centre

Quality Report

Cherrybrook Drive

Paignton

Devon TQ4 7SH

Tel: 01803 844566

Website: www.cherrybrookmedicalcentre.co.uk

Date of inspection visit: 2 February 2016

Date of publication: 31/03/2016

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

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12
Areas for improvement	12
Outstanding practice	12

Detailed findings from this inspection

Our inspection team	14
Background to Cherrybrook Medical Centre	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cherrybrook Medical Centre on 2 February 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. 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 implemented suggestions for improvements and made changes to the way it

delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).

- The provider was aware of and complied with the requirements of the Duty of Candour.

We found areas of outstanding practice:

- Patients with atrial fibrillation (irregular heart beat) were able to have an echo cardiogram at the practice, which monitored their heart rhythm. This provided a colour video of the patient's heart in action, to see how their heart was working, and assisted health

Summary of findings

professionals in making recommendations for medicines and treatment changes. Approximately 647 patients had used this service in the last 12 months. This specific service had saved many of these patients the inconvenience of being referred to secondary care at hospital. The service was provided every day from 8am to 12 noon and 3.30pm to 7pm. Patients had provided positive feedback about the service.

- Patients who lived in nursing homes had twice yearly reviews of their care undertaken by their GP visiting them at the home, as well as visiting when requested.
- Patients deemed at risk of social isolation were offered referral to social services, or to the practice's local voluntary team, called the Cherryaiders. Cherryaiders offered transport to the practice or to local clinics, organised coffee mornings and social events, and held a book stall at the practice.
- To reduce the inconvenience to patients of being subject to an unplanned hospital admission, the practice contacted speciality duty consultants to review appropriateness of the admission on a case by

case basis, and referred patients to the community intermediate care beds where appropriate. The practice liaised with the local community matron frequently who managed the care of these patients.

- Patients with atrial fibrillation could have an echo cardiogram (ECG) which monitored their heart rhythm. This provided a colour video of the patient's heart in action, to see how their heart was working, and assisted health professionals in making recommendations for medicines and treatment changes. Approximately 647 patients had used this service in the last 12 months. This service had saved many of these patients the inconvenience of being referred to secondary care at hospital. The service was provided every day from 8am to 12 noon and 3.30pm to 7pm. Patients had provided positive feedback about the service.
- Smoking cessation statistics for the practice showed that 185 patients had been referred to the stop smoking support service and 96 had successfully stopped smoking in the last 12 months. This was a success rate of 52%.

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 April 2015 to January 2016 showed patient outcomes were at or above average for the locality and compared to the national average.
- Flu vaccination rates for the practice as of January 2016 were 68% for patients aged over 65 years (national average 73%) and 46% for patients in at risk groups (national average 49%). These were comparable with national averages. The practice had introduced a system of telephone reminders to further improve these rates before the end of the current financial year.
- The number of emergency unplanned admissions was 14.56 which was comparable with the national average of 14.6 per 1,000 population.
- 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 July 2015 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients deemed at risk of social isolation were offered referral to social services, or to the practice's local voluntary team, called the Cherryaiders. Cherryaiders offered transport to the practice or to local clinics, organised coffee mornings and social events, and held a book stall at the practice.
- Carers needing support could be referred to either of the practice's two care support workers (CSW). They provided help with completing claim forms for Attendance Allowance. A Citizens Advice Bureau volunteer was also available and worked alongside the Cherryaiders.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. These included joint injections, childhood vaccinations, flu, pneumococcal, shingles and rotavirus vaccinations. They also included alcohol addiction intervention services.
- The practice offered minor surgery such as excisions, joint injections, tongue-tie operations.
- All forms of non-surgical contraception were provided, by both male and female GPs.
- Care-support workers, midwives, mental health counsellors, and podiatry services held regular clinics at the practice.
- 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.
- To reduce the inconvenience to patients of being subject to an unplanned hospital admission, the practice contacted speciality duty consultants to review appropriateness of the

Good



Summary of findings

admission on a case by case basis, and referred patients to the community intermediate care beds where appropriate. The practice liaised with the local community matron frequently who managed the care of these patients.

Are services well-led?

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

- 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.
- The practice had an active Patient Participation Group (PPG) and a website with patient online access.
- 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 patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



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



- Nationally reported data showed the practice had better than average outcomes for conditions commonly found amongst older people. The practice had a register of all patients over the age of 75 and these patients had a named GP. The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example, in relation to caring for patients with dementia, shingles vaccinations program and end of life care.
- The care for patients at the end of life was in line with the gold standard framework. This meant they worked as part of a multidisciplinary team and with out of hour's providers to ensure consistency of care and a shared understanding of the patient's wishes.
- The practice was responsive to the needs of older people, GPs, nurses and health care assistants provided home visits and rapid access appointments for those with enhanced needs. We saw care plans were in place for patients at risk of unplanned hospital admissions, and those aged 75 and over who were vulnerable had care plans in place.
- Patients who lived in nursing homes had twice yearly reviews of their care undertaken by their GP visiting them at the home.as well as visiting when requested.
- To reduce the inconvenience to patients of being subject to an unplanned hospital admission, the practice contacted speciality duty consultants to review appropriateness of the admission on a case by case basis, and referred patients to the community intermediate care beds where appropriate. The practice liaised with the local community matron frequently who managed the care of these patients.

People with long term conditions

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

Good



- Patients with atrial fibrillation could have an echo cardiogram (ECG) which monitored their heart rhythm. This provided a colour video of the patient's heart in action, to see how their heart was working, and assisted health professionals in making

Summary of findings

recommendations for medicines and treatment changes. Approximately 647 patients had used this service in the last 12 months. This service had saved many of these patients the inconvenience of being referred to secondary care at hospital. The service was provided every day from 8am to 12 noon and 3.30pm to 7pm. Patients had provided positive feedback about the service.

- The practice also provided patients with mobile heart rate monitors, which patients took away and wore for 24 hrs, following which their results were examined and any appropriate treatment changes made.
- Nursing staff had lead roles in chronic disease management through which patients at risk of hospital admission were identified as a priority.
- The practice had clinics for asthma and chronic lung disorders and used spirometry, a lung capacity test, as part of its service to assess the evolving needs of this group of patients. The practice also promoted independence and encouraged self-care for these patients.
- There were weekly clinics to treat and support patients with diabetes which included education for patients to learn how to manage their diabetes through the use of insulin. Health education was provided on healthy diet and life style.
- Yearly home visits and medicines reviews were arranged for housebound patients with long term conditions. Patients who lived in nursing homes had twice yearly reviews of their care undertaken by their GP visiting them at the home.as well as visiting when requested.
- The practice worked closely with the community matrons for patients who had acute conditions to prevent hospital admissions. Patients who were on the unplanned admissions register were contacted following being discharged from hospital to identify any changes to care and treatment required and reviews of care were discussed at practice meetings.
- Clear alerts were placed on the appointment system highlighting vulnerable patients to ensure reception staff acted in a timely manner and allocated same day appointments or home visits. A recall system was in place for patients with chronic diseases.
- The percentage of patients diagnosed with diabetes, on the register, who had received a diabetes review including a foot examination and risk classification in the last 12 months was 86.65% which was comparable with the national average of 88%.

Summary of findings

Families, children and young people

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

Good



- Systems were in place for identifying and following-up vulnerable families who were at risk.
- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals, we saw evidence to confirm this. We saw that staff dealing with young patients under 16 years of age without a parent present were clear of their responsibilities to assess Gillick competency. Sexual health, contraception advice and treatment were available to young people including chlamydia screening.
- 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. Immunisation rates were high for all standard childhood immunisations.
- All of the staff were very responsive to parents' concerns and ensured parents could have same day appointments for children who were unwell.
- Staff were knowledgeable about child protection and proactive in raising concerns with the safeguarding lead to follow up on any identified. One GP had the lead role for safeguarding within the practice; they worked with the local authority and other professionals to safeguard children and families.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening review had taken place within the last 12 months was 80.89%, this was comparable with the national average of 81%.

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).

Good



- 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 staff were proactive in calling patients into the practice for health checks. This included offering referrals for smoking

Summary of findings

cessation, providing health information, routine health checks and reminders to have medicines reviews. The practice also offered age appropriate screening tests including prostate and cholesterol testing.

- Patients who received repeat medicines were able to collect their prescription at a place of their choice. The staff often posted the prescription to a pharmacy of the patient's choice, which may be convenient to their work place.
- Smoking cessation statistics for the practice showed that 185 patients had been referred to the stop smoking support service and 96 had successfully stopped smoking in the last 12 months. This was a success rate of 52%.
- The practice had systems in place to identify military veterans and ensure their advanced access to secondary care in line with the national Armed Forces Covenant. There was an Armed Forces Covenant policy, posters in the waiting room and a computer read code to facilitate this.

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

Good



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 held a register of patients living in vulnerable circumstances including those with learning disabilities. The practice had offered annual health checks for patients with

Good



Summary of findings

learning disabilities and 100% of these patients had been offered one. Those that declined were offered again. The practice offered longer appointments for patients with learning disabilities and recognised their individual needs. For example, they used the same members of practice staff and visited the patient at home if required so that any unnecessary stress was avoided..

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. The practice had sign-posted vulnerable patients to various support groups and third sector 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 and out-of-hours.
- The percentage of patients diagnosed with mental health issues who had their care plan reviewed in the last 12 months was 92.93% which was better than the national average of 88.47%.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages. Of the 239 survey forms were distributed, 117 were returned. This represented 0.8% of the practice's patient list (14,140).

- 89% of patients found the receptionists at this practice helpful, compared to a Clinical Commissioning Group (CCG) average of 89% and a national average of 87%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89% and national average 85%).
- 91% of patients described the overall experience of their GP practice as fairly good or very good (CCG average 89% and national average 85%).
- 81% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (CCG average 82% and national average 78%).

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 32 comment cards, the overwhelming majority of which were positive about the standard of care received. Patients described the caring attitude of the staff and their excellent overall experience at the practice. Two patients mentioned difficulty getting through to the practice on the telephone. The practice had recently improved their telephone appointment system through re-rostering more staff to answer calls at peak times and the installation of three additional telephone lines.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Results from the friends and families test for January 2015 – December 2015 showed that 72% of respondents were extremely likely or likely to recommend the practice to friends and family.

Areas for improvement

Outstanding practice

- Patients with atrial fibrillation (irregular heart beat) were able to have an echo cardiogram at the practice, which monitored their heart rhythm. This provided a colour video of the patient's heart in action, to see how their heart was working, and assisted health professionals in making recommendations for medicines and treatment changes. Approximately 647 patients had used this service in the last 12 months. This specific service had saved many of these patients the inconvenience of being referred to secondary care at hospital. The service was provided every day from 8am to 12 noon and 3.30pm to 7pm. Patients had provided positive feedback about the service.
- Patients who lived in nursing homes had twice yearly reviews of their care undertaken by their GP visiting them at the home, as well as visiting when requested.
- Patients deemed at risk of social isolation were offered referral to social services, or to the practice's local voluntary team, called the Cherryaiders. Cherryaiders offered transport to the practice or to local clinics, organised coffee mornings and social events, and held a book stall at the practice.
- To reduce the inconvenience to patients of being subject to an unplanned hospital admission, the practice contacted speciality duty consultants to review appropriateness of the admission on a case by case basis, and referred patients to the

Summary of findings

community intermediate care beds where appropriate. The practice liaised with the local community matron frequently who managed the care of these patients.

- Patients with atrial fibrillation could have an echo cardiogram (ECG) which monitored their heart rhythm. This provided a colour video of the patient's heart in action, to see how their heart was working, and assisted health professionals in making recommendations for medicines and treatment changes. Approximately 647 patients had used this

service in the last 12 months. This service had saved many of these patients the inconvenience of being referred to secondary care at hospital. The service was provided every day from 8am to 12 noon and 3.30pm to 7pm. Patients had provided positive feedback about the service.

- Smoking cessation statistics for the practice showed that 185 patients had been referred to the stop smoking support service and 96 had successfully stopped smoking in the last 12 months. This was a success rate of 52%.

Cherrybrook Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission Lead Inspector. The team included a GP specialist adviser, and a practice nurse specialist adviser.

Background to Cherrybrook Medical Centre

Cherrybrook Medical Practice was inspected on Tuesday 2 February 2016. This was a comprehensive inspection.

The practice is situated in the coastal town of Paignton, Devon and is federated with Mayfield Medical Centre in Paignton. The practice provides a primary medical service to approximately 14,140 patients and is a teaching practice for year three and four medical students.

The practice serves a mixed urban and rural area. Paignton itself has a population of approximately 50,000 which expands during the summer tourist season.

There is a team of six GP partners and four salaried GPs with a whole time equivalent of 8.63 due to some full time and some part time working (five GPs are female and five are male). Partners held managerial and financial responsibility for running the business. The team were supported by a practice manager, deputy practice manager, accountant business manager, health and safety manager, two female nurse practitioners, four female practice nurses, two female health care assistants and two phlebotomists. The clinical team were supported by additional reception, secretarial and administration staff.

Patients using the practice also have access to community staff including community matron, district nurses, community psychiatric nurses, health visitors, physiotherapists, speech therapists, counsellors, podiatrists and midwives.

The practice is open from 8am to 6.30pm Monday to Friday in line with NHS contracted hours. The practice has a contract with Devon Doctors to respond to patient calls from 6pm to 6.30pm. Appointments are available from 8am to 5.30pm. There are no extended hours offered. Data from the January 2016 GP Patient Survey patient showed that 81% of 117 patients who responded were happy with the practice's opening hours. This was higher than the national average of 76%.

The practice has an established patient representation group (PPG). This is a group that acts as a voice for patients at the practice.

The practice has opted out of providing out-of-hours services to their own patients and referred them to another out of hour's service.

The practice has a Personal Medical Services (PMS) contract with NHS England.

Cherrybrook Medical Practice provides regulated activities from Cherrybrook Drive, Paignton, TQ4 7SH. We visited this location during our inspection. The practice is federated with Mayfield Medical Practice, 37 Totnes Road, Paignton, which we inspected on 24 June 2015 and awarded a rating of good.

Why we carried out this inspection

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 February 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing and administrative staff and spoke with four patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 32 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was 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, an incident occurred where the patient's toilet was covered in bodily fluids. The practice responded by closing the toilet and contracting a professional company to provide an emergency deep clean of the toilet and surrounding area the same day. Patients were directed to use the alternative patient toilet in the meantime. Lessons learned included always having the contact details of emergency cleaning contractors and ensuring spills kits were in place. These had been implemented.

Another incident occurred where a childhood vaccination was given too early, before the child had reached the relevant age. This had occurred due to the complex nature of Patient Group Direction instructions and similar incidents had occurred across England due to this. Learning points included simplifying the instructions and making it clear the age ranges for childhood vaccinations. These had been implemented to prevent reoccurrence.

We saw minutes of meetings which showed that safety incidents such as those described were discussed every quarter at the clinical governance meetings.

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 and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group 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. One of the nurses had qualified as an Independent Prescriber 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.

Are services safe?

The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a GP or nurse were on the premises.

- We reviewed three 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.
- 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. There was a health and safety policy available with a poster in the administration office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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.

Patients with atrial fibrillation could have an echo cardiogram (ECG) which monitored their heart rhythm. This provided a colour video of the patient's heart in action, to see how their heart was working, and assisted health professionals in making recommendations for medicines and treatment changes. Approximately 647 patients had used this service in the last 12 months. This service had saved many of these patients the inconvenience of being referred to secondary care at hospital. The service was provided every day from 8am to 12 noon and 3.30pm to 7pm. Patients had provided positive feedback about the service.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results were 93% of the total number of points available, with 5% 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 not an outlier for any QOF (or other national) clinical targets. Data from April 2015 to January 2016 showed;

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 79%. This was comparable with the national average of 80%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 92.93% which was better than the national average of 88.47%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 96% which was better than the national average of 89%.

Clinical audits demonstrated quality improvement. The practice kept all the clinical audits on the shared drive so that all staff could access these.

- There had been five clinical audits completed in the 12 months, all 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 on urine samples. This audit found there were issues with urine samples in that the same protocol was not being followed for each sample. The improvements made ensured that one protocol was in place for all urine samples in order to ensure more accurate reporting of results in a timely way for patients.
- A medicine audit on methotrexate, a medicine used in the treatment of leukaemia and other forms of cancer, had found that some patients were on different brands of medicines to others. The audit had identified improvements to ensure procedures were in place to make sure patients' blood samples were taken in order for their medicines dosage could be adjusted if necessary and prescribed in line with clinical commissioning group guidance..

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. It covered such topics as safeguarding,

Are services effective?

(for example, treatment is effective)

infection prevention and control, fire safety, health and safety and confidentiality. New staff were provided with a named mentor to support them in their role. The induction programme lasted 12 months and received face to face supervision every month.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. 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. All staff received a monthly 15 minute face to face meeting with the deputy practice manager, to support their development.
- 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.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and depression and anxiety counselling. Patients were then signposted to the relevant service. A depression and anxiety counsellor visited the practice on a weekly basis.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 80.09%, which was comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability

Are services effective?

(for example, treatment is effective)

and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to Clinical Commissioning Group (CCG) and national averages. For example, childhood

immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 88% to 97%. These were comparable to CCG and national averages.

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

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.

Of the 32 patient Care Quality Commission comment cards we received, 23 were very 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. The other nine patients had concerns about the length of time it took to get through on the telephone. The practice was in the process of completing a consultation about the improvement of their telephone appointment system. Changes recently made included an increase in the number of staff answering calls at the peak times during the mornings.

We spoke with members of the patient participation group (PPG). There were currently 40 members of the PPG which met online on a virtual basis regularly. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. The practice also had a patient representative group called "Cherryaiders" with 10 members which provided patient transport, befriending and social events for patients.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was average compared to the local Commissioning Group (CCG) and above average nationally, for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 88% of patients said the GP gave them enough time (CCG average 90%, national average 87%).
- 95% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 86% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 94%, national average 92%).

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 better than national averages. For example:

- 87% 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% and national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 85% and national average 82%)
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 86% and national average 85%).

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

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 575 of 14,140 of the practice list as carers, which was 4% of the practice population. Written information was available to direct carers to the various avenues of support available to them. A citizens advice bureau volunteer regularly visited the practice to support patients by sign posting them to relevant services.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice had systems in place to identify military veterans and ensure they received appropriate support to cope emotionally with their experience in the service of their country in line with the national Armed Forces Covenant.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example;

- These included joint injections, childhood vaccinations, flu, pneumococcal, shingles and rotavirus vaccinations. They also included alcohol addiction intervention services.
- The practice offered minor surgery such as excisions, joint injections, tongue-tie operations. Tongue-tie division involves cutting the short, tight piece of skin connecting the underside of the tongue to the floor of the mouth, a simple and almost painless procedure used to resolve breast feeding problems.
- Patients could choose which of the two practice locations they visited and also which GP or nurse they saw.
- There were longer appointments available for patients with a learning disability.
- The practice had a patient passport scheme whereby patients with complex needs could have a longer appointment.
- Home visits were available for older patients and patients who would benefit from these. There was one visiting GP in the morning and one in the afternoon.
- 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.
- The practice was a yellow fever nominated centre. The practice had an isolation room available for patients with infectious diseases.
- There were disabled facilities, a hearing induction loop and translation services available. Some of the GPs could speak languages other than English.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday in line with NHS contracted hours. The practice had a contract with Devon Doctors to respond from 6pm to 6.30pm. Appointments were available from 8am to 5.30pm. There were no extended hours offered. Data from the

January 2016 GP Patient Survey patient showed that 81% of 117 patients who responded were satisfied with the practice's opening hours. This was higher than the Clinical Commissioning Group (CCG) average of 76% and the national average of 75%.

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

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.

- 58% of patients said they always or almost always see or speak to the GP they prefer (CCG average 62% and national average 59%).
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).

Where results were below average, the practice had taken steps to address this. For example;

- 67% of patients said they could get through easily to the practice by phone (CCG average 79% and national average 73%). The practice had responded by reviewing its telephone system. More telephone lines had been added and the practice had re-rostered additional staff to answer the telephones at the peak time, during the morning. The practice continued to audit and evaluate the improvement through patient feedback.

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.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The practice had a poster displayed in the waiting room which explained how to make a complaint should patients wish to do so.

We looked at the complaints received in the last 12 months and found that these had been dealt with in a timely way,

Are services responsive to people's needs? (for example, to feedback?)

with openness and transparency in order to fulfil the duty of candour. Apologies had been offered where appropriate. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint about the telephone

appointment system had contributed to the practice's recent review of their telephony system and resulting improvements. All complaints were discussed at monthly staff meetings.

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 mission statement stated that the practice; “Aimed to offer patients a very high standard of medical care with a personal touch, within the resources available. To motivate and invest in our team so we all participate in achieving our aims. Our approach is to survive in the current business climate, with opportunistic development.”
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice had future plans which included the potential development of the Cherrybrook site to incorporate an interim urgent care centre. The refurbishment and extension of the site was also under consideration at the time of our inspection.

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. These included whole team meetings, GP and nurse meetings, business meetings, clinical training, clinical governance meetings, primary health care team meetings and locality 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. We noted team away days were held annually every June. The most recent involved a trip to a local golf course. Previous trips included ten pin bowling and a meal in a restaurant.
- 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an

Are services well-led?

Good 

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

active virtual PPG which met regularly online, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested a bicycle rack be installed. This had been implemented by the practice. The PPG had requested a review of the appointment system. The practice was in the process of reviewing their system at the moment.

- The practice had gathered feedback from staff through one to one, face to face 15 minute meetings, employee engagement questionnaires and a whole team meeting every quarter. Staff had a book at reception in which they could add agenda items prior to the meeting. GPs held a 'Question and Answer session' with staff at each of these meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff had suggested improvements to the way in which documents were scanned onto the system, to ensure that all documents could be seen together at the same time, to improve accuracy and context. This had been implemented. Staff told us they felt involved and engaged to improve how the practice was run.
- Other suggestions had included making the post-natal appointments system more user friendly by providing clearer information in writing, which had been implemented.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking to improve outcomes for patients in the area. The practice was in the process of reviewing its telephone system and examining the various options available, it had also increased the amount of staff answering telephones at the peak times.

The practice supported one pair of year four medical students from the Peninsula Medical School with three visits per year, each a week long, over the past five years. Two GP partners and two salaried GPs have had formal training as GP trainers; one partner was an experienced clinical examiner. Other GPs were shadowed by the medical students to support the student's development.

The practice was in the process of reviewing intermediate care provision for the whole of Torbay, with the Clinical Commissioning Group CCG, Local Medical Council and the Integrated Care Organisation with a view to ensuring a fair process was in place for patient care for those who were returned to their homes to receive GP care at home.

The practice was also reviewing the future development of the Cherrybrook site in collaboration with the locality and the Integrated Care Organisation. Options being considered included the development of Cherrybrook as an interim hub for urgent care or for local multi-agency teams, physiotherapists, district nurses, health visitors and other health professionals.