Buckfastleigh Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Buckfastleigh Medical Centre on Wednesday 24 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.
- The practice team was forward thinking and
- 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.
- Clinical audits demonstrated quality improvement and were used as a tool for learning. For example, the practice had produced a 'big bumper book of clinical audit' for staff to refer to and learn from. This contained evidence of over 20 audits of diseases, NICE audits, services, medicines management, clinical management, cleaning and infection control, patient feedback and feedback from medical students and trainee GPs.
- 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.
- The practice promote the 'Green prescription' service which allows patients to access outdoor group activities on Dartmoor including walking, cycling and arts to promote wellbeing and reduce the need for repeated appointments. The practice also encouraged a group of patients with mental

Summary of findings

health issues to use the practice garden to grow vegetables and plants to improve their mood.There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

- Practice staff worked with two local care homes. Feedback from these care homes was positive.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The GPs had introduced a two page questionnaire given to patients during the flu vaccine clinics. The questionnaire was supported by basic physiological measurements such as blood pressure and pulse. Any irregular results were immediately followed up by further tests and investigations. This simple screening had identified 15 patients with irregular heart patterns which had resulted in further interventions to reduce the chances of a stroke occurring. The form also screened patients for conditions including dementia and prompted urine tests for patients with chronic kidney disease. The GPs were presently looking at how to introduce this service for patients who opted not to have a flu vaccine.

The areas where the provider should make improvement are:

- Review the findings of the infection control risk assessments and include these on the business plan.
- Review the emergency medicines kept at the practice and taken on home visits taking into consideration the rural location of the practice and proximity of nearest hospital and ambulance paramedic cover.
- Ensure nursing staff have access to training in the mental capacity act to support their understanding.
- Continue with the safeguarding children training programme to ensure all clinicians have the required level of training.

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.

- 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.
- The practice had adequate arrangements in place to respond to emergencies and major incidents. However, there had not been a review of the emergency medicines stored at the practice and taken on home visits, taking into consideration the rural location of the practice and proximity of nearest hospital and ambulance paramedic cover.
- The environment appeared clean and tidy. Infection control processes were well managed but findings on risk assessments were not always formally included on the business plan or considered a priority.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework between 2014 and 2015 showed patient outcomes were at or above average for the locality and compared to the national average.
- The practice had developed a set of templates used by clinicians to capture basic health data and information when caring for patients with common diseases such as asthma, kidney disease and asthma. The tools prompted staff to ask relevant questions, perform checks and record findings accurately.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and were shared with other clinicians and students in the practice.

Summary of findings

- 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?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey July 2015 showed patients rated the practice higher than others for several aspects of care. Feedback on the day of inspection and from the 56 comment cards we collected also aligned with these findings.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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. All staff we spoke with said Buckfastleigh Medical Centre was a good place to work and that morale was high and staff turnover was low.

Summary of findings

- 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 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.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients receiving regular medicines were seen for bi-annual face-to-face reviews with the GP.
- The practice participated in the unplanned admissions Direct Enhanced Service with systems in place to identify the top 2% of the practice population who were judged to be most at risk. These patients were made known to staff, had a care plan and were discussed with the multidisciplinary team to help maintain patient independence and enable patients to remain at home, rather than be admitted to hospital. A member of the local voluntary service also attended to assist with transport needs.
- The GPs used flu clinics to gather information and perform initial screening for health issues including dementia and irregular heart patterns.
- Practice staff worked with two local care homes and carried out ward rounds at the local hospital.

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 their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Feedback from health and social care professionals was positive. They said communication was effective and that patients at risk of hospital admission were identified as a priority.

Summary of findings

- The practice maintained robust registers and provided appointments for patients with long term conditions. QOF results indicated an efficient management of chronic disease management with maximum points achieved in the last few years.
- Flu vaccine uptake rates were slightly lower than national average due to the alternative lifestyles of significant numbers of parents in this locality. The practice had attempted to improve uptake by advertising in the local paper, a leaflet drop to houses in the town, offering vaccines in extended hours and encouragement during routine appointments.
- Flu clinics were used as an opportunity to screen and test patients for long term conditions using a questionnaire and basic physiological measurements.

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.
- There was a safeguarding children lead who also acted as the families and young people specialist GP for the practice. This GP held weekly clinics with the health visitors for mothers and babies to ensure any concerns are addressed. Monthly meetings were held with the health visitors to discuss concerns of vulnerable families.
- Immunisation rates were slightly lower than national average for all standard childhood immunisations due to the alternative lifestyles of significant numbers of parents in this locality. The practice were aware of this and had in place many initiatives provided to attract more parents. For example, flexible appointments, opportunistic immunisations and repeated contact by practice staff.
- 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.
- Patients were able to access a full range of contraception services and sexual health advice.

Summary of findings

- We saw positive examples of joint working with midwives. Health visitors and school nurses were located on site and feedback about the practice from these health care professionals was positive.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.
- Patients had access to NHS Health Checks and smoking cessation at the practice.
- Extended hours were offered on Monday and Fridays from 7:10am following feedback from patients.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice offered longer appointments for patients with a learning disability and patients with learning difficulties were all offered an annual health check, by the health care assistant. The practice had performed 45 of the 54 of the annual health checks on patients on the practice learning disabilities register so far this year.

Summary of findings

- The practice staff support care homes for patients with learning disabilities in the town and home visits were offered where patients were unable to visit the practice.
- The practice promote the 'Green prescription' service in conjunction with Dartmoor National Park. This allows patients to access outdoor group activities including walking, cycling and arts to promote wellbeing and reduce the need for repeated appointments. The practice also encourage a group of patients with mental health issues to use the practice garden to grow vegetables and plants to improve their mood.

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).

- 78.12% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84.01%.
- 26 of the 45 patients on the mental health register had received an annual health check so far this year.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. Any relevant information for at risk patients in this group were shared with out of providers to provide continuity of care.
- 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

national GP patient survey results published in July 2015 showed the practice was performing better than local and national averages. 248 survey forms were distributed and 122 were returned. This represented 3.8% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to a Clinical Commissioning Group (CCG) average of 79% and a national average of 73%.
- < >% 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%).< >% of patients described the overall experience of their GP practice as fairly good or very good (CCG average 89% and national average 85%).< >% 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 56 comment cards which were all positive about the standard of care received. Patients describe the staff as kind and caring. Reception staff were particularly referred to as being welcoming and obliging. Patients described care as being first class, excellent and superb and said access to appointments was good.

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

The practice sought the views of patients in regard of the service they receive and had conducted many surveys. For example, the practice had carried out a 30 second feedback' survey asking patients about their experience. The last test, in May 2015 had resulted in a satisfaction score of 90%. The practice also encouraged feedback in the friends and family test. The last results (January 2016) found that 33 of the 34 respondents would be extremely likely or likely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Review the findings of the infection control risk assessments and include these on the business plan.
- Review the emergency medicines procedures taking into consideration the rural location of the practice and proximity of nearest hospital and ambulance paramedic cover.
- Ensure nursing staff have access to training in the mental capacity act to support their understanding.
- Continue with the safeguarding children training programme to ensure all clinicians have the required level of training.

Outstanding practice

The GPs had introduced a two page questionnaire given to patients during the flu vaccine clinics. The questionnaire was supported by basic physiological measurements such as blood pressure and pulse. Any irregular results were immediately followed up by further tests and investigations. This simple screening had identified 15 patients with irregular heart patterns which had resulted in further interventions to reduce the chances of a stroke occurring. The form also screened patients for conditions including dementia and prompted urine tests for patients with chronic kidney disease. The GPs were presently looking at how to introduce this service for patients who opted not to have a flu vaccine.

Buckfastleigh 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, a GP specialist adviser and a practice manager specialist adviser.

Background to Buckfastleigh Medical Centre

Buckfastleigh Medical Centre were inspected on Wednesday 24 February 2016. This was a comprehensive inspection.

The practice is situated in the small rural town of Buckfastleigh which is situated on the edge of Dartmoor National Park and provides a primary medical service to approximately 3200 patients of a diverse age group.

The practice is a training practice for doctors who are training to become GPs and for medical students. The practice also supports the apprentice scheme.

There is a team of four GPs partners, two male and two female. Partners hold managerial and financial responsibility for running the business. The team are supported by a salaried GP, part time business manager, nurse practitioner, three practice nurses, a phlebotomist and additional clerical and reception staff who are managed by a reception manager and administration manager.

Patients using the practice also have access to community nurses, midwives, mental health teams, counsellors, research nurses, aortic screening and retinal screening on site. Health visitors and school nurses were based at the practice.

The practice is open from 8am to 6pm Monday to Friday. Early morning clinics are offered from 7:10am on Monday and Fridays. Outside of these times patients are directed to contact the Devon doctors out of hours service by using the NHS 111 number.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 February 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Good

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 their line manager initially and then the business manager of any incidents and used the recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

Staff explained that this process was supportive and used as an opportunity to learn from 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, it was noted that a patient had been on a combination of medicines for an extended period of time which may have resulted in the patient becoming unwell. The significant event investigation prompted a computer system search of patients also on a combination of these medicines. These patients were checked and a system was introduced to add 'stop dates' for the medicines used to prevent reoccurrence.

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 on the computer system and within information files in each treatment room. 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 or were working towards this.
- A notice in the waiting room and treatment rooms 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 nurse practitioner 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. Numerous infection control audits were undertaken. For example, annual environmental control audits were undertaken and audits of cleaning and handwashing were also performed annually. We saw evidence that action was taken to address any improvements identified as a result. The nurse practitioner had identified areas of the practice that needed decluttering to make cleaning easier and reminders were given to staff to complete records when the clinical cleaning schedules had been completed. These had been done. We observed flooring in the main treatment rooms were worn and not easily cleanable and sinks were not in line with current infection control guidelines. The GPs and nursing team were aware of the need to replace these and told us these would be included in plans within the two year business plan as part of overall surgery rebuild. However, they were not detailed in the business document as a priority.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in

place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. He/she received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The business manager informed us that the process of recruitment was transferring to the NHS recruitment website which would increase and improve the amount of pre-employment checks performed.
- 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 which identified local health and safety representatives. Health and safety risk assessments had been performed in September 2013 and again in February 2016. 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 last portable appliance electrical check had been performed in January 2015 and was scheduled to take place in the coming months. Clinical equipment was next due to be checked and calibrated in February 2017. The practice had a variety of other risk assessments and checks 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). Staff had check lists to check hot water temperatures as part of the risk assessment.
- 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. For example, the nurse practitioner held a rota to ensure there was sufficient nurse cover for the clinics required.

Arrangements to deal with emergencies and major incidents

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

- There were panic buttons in each consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available centrally in the reception area.
- 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. We noted there were no medicines to treat low blood sugar, or medicines to treat epileptic fits within the emergency medicine bags. The GPs carried doctors bags on some home visits. We looked at one doctor's bag and saw it did not contain medicines to treat anaphylaxis, chest pain, meningitis, acute asthma, suspected heart attacks or epilepsy. Another GP told us they did not carry emergency medicines. All of the GPs we spoke with explained that they would take an appropriate stock medicine after triaging the patient. However, there was no risk assessment or policy agreed in regard for emergency medicines stored at the practice or taken on home visits based on the rural location of the practice and proximity of nearest hospital and ambulance paramedic cover.
- 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. Copies were kept with the senior managers and each partner off site.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patient's needs. Clinical staff also had access to websites for advice including the department of health's green book (The Green Book has the latest information on vaccines and vaccination procedures) and other travel sites.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice had developed a set of templates used by clinicians to capture basic health data and information when caring for patients with common diseases such as asthma, kidney disease and asthma. The tools prompted staff to ask relevant questions, perform checks and record findings accurately. This information was then able to be copied into patient notes or anonymised for data collection. The practice then used this information 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). Recent published results showed that the practice were on track to obtain 100% of the total number of points available as they had done for the past few years. Last year (2014-2015) the practice had achieved 100% with 7% 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). Data between April 2014 and March 2015 showed that:

- Performance for diabetes related indicators were consistently better than national averages. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 93.94% compared to 88.3% and the percentage of patients with diabetes with a blood sugar within normal range was 84.11% compared to the national average of 77.54%.
- Performance for high blood pressure related indicators were comparable to national averages. For example, the percentage of patients with hypertension achieving target levels of blood pressure was better than national averages. For example, the percentage of patients with high blood pressure in whom the last blood pressure reading was within normal limits was 85.46% compared to the national average of 83.65%.
- Performance for mental health related indicators were better than national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented was 94.87% compared to the national average of 88.47%.

The practice had identified that they were not performing in line with national averages for the percentage of patients aged 65 and older who have received a seasonal flu vaccinations and had identified that the cause of this was due to the alternative lifestyles of significant numbers of parents in this locality. The practice had attempted to improve uptake by advertising in the local paper, a leaflet drop to houses in the town, offering vaccines in extended hours and encouraged during routine appointments.

The practice were aware that the proportion of non-steroidal anti-inflammatory medicines that were not recommended as first or second choice in guidelines prescribed in 2014 was more than national average. GPs told us that they had conducted a series of audits in respect of this and regular reviews of prescribing were in place to ensure prescribing was aligned with national guidelines.

- Clinical audits demonstrated quality improvement and were used as a tool for learning. For example, the practice had produced a 'big bumper book of clinical audit' for staff to refer to and learn from. This contained evidence of over 20 audits of diseases, NICE audits, services, medicines management, clinical management, cleaning and infection control, patient feedback and feedback from medical students and trainee GPs. We looked at seven of these audits which were completed cycles where the improvements made were implemented and monitored.

Good

Are services effective?

(for example, treatment is effective)

- One of the GPs had also developed a computer programme template to facilitate audit by rapid input of information and prompts for staff. For example, the GP had improved the functionality of the software so that prompts that appeared when the patient record was opened by the clinician were not lost to view. The GPs had also developed a series of templates and one of the GPs had improved the functionality of the software so that prompts that appeared in the form of a green screen when the patient record was opened by the clinician were not lost to view.
- The GPs had introduced a two page questionnaire given to patients during the flu vaccine clinics. The questionnaire was supported by basic physiological measurements such as blood pressure and pulse. Any irregular results were immediately followed up by further tests and investigations. This simple screening had identified 15 patients with irregular heart patterns which had resulted in further interventions to reduce the chances of a stroke occurring. The form also screened patients for conditions including dementia and prompted urine tests for patients with chronic kidney disease. The GPs were presently looking at how to introduce this service to patients who opted not to have a flu vaccine.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training and updates which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. For example, changes to the asthma medicines used were communicated by the nurse practitioner to clinicians during the routine practice meetings. Staff explained that there was a sense of mutual respect and open door policy to enable staff the freedom to seek advice from each other.
- 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, informal discussions, appraisals, and facilitation and support for revalidating GPs and nurses. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Any relevant information about vulnerable patients or those with complex needs were shared with out of hours providers to enable continuity of care.

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. Managers from care homes told us that in addition to the weekly visits the GPs visited the home each month to perform a review of patients care needs, medicines and treatment escalation plans.

Consent to care and treatment

Good

Are services effective?

(for example, treatment is effective)

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 (MCA) 2005. GPs had received training on the MCA and whilst nursing staff understood their responsibilities they had not received any formal MCA training.
- 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. We spoke with a care home manager who explained that the GPs were supportive when needing to assess a residents capacity or when performing deprivation of liberty applications.
- The process for seeking consent was performed using written consent for minor surgery and joint injection and recording verbal consent on the patient records.

Supporting patients to live healthier lives

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

- Practice staff offered health promotion including advice on diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Patients could be referred to the green prescribing scheme in conjunction with Dartmoor National Park. This allows patients to access outdoor group activities on the moor including walking, cycling and arts to promote wellbeing and reduce the need for repeated appointments. The practice also encourage a group of patients with mental health issues to use the practice garden to grow vegetables and plants to improve their mood.

The practice's uptake for the cervical screening programme was 80.8% which was comparable to the Clinical Commissioning Group (CCG) average and the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice explained they used the support staff from learning disabilities homes when offering the programme to patients with learning disabilities. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The practice was aware that the immunisation and flu vaccination uptake was lower than national averages due to the alternative lifestyles of a significant number of parents in this locality. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70.2% to 96.9% and five year olds from 71.1% to 96.1%.

We saw many initiatives provided to attract more parents. For example, flexible appointments, opportunistic immunisations and promoting the benefits of immunisation programme in the local press and leaflets distributed within the town.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 56 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Care Quality Commission comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey (July 2015) showed patients felt they were treated with compassion, dignity and respect. The practice were either comparable or slightly above average for its satisfaction scores on consultations with GPs and nurses. For example:

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

Care planning and involvement in decisions about care and treatment

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

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

- 84% 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%)
- 94% 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

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 introduced a questionnaire issued during flu vaccine clinics which also assessed if a

Good

Are services caring?

patient was a carer. The practice had identified 351 of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or 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.

We spoke with a manager from a care home. They told us the GPs who visited the home were kind, caring and consistent. We were told the GPs did not rush residents and were respectful of their wishes regarding their care and end of life treatment.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered early morning clinics were offered from 7:10am on Monday and Fridays for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- The practice held a minor injury service. This saved patients having to travel to the nearby minor injury unit.
- Home visits were available for older patients and patients who had difficulties attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations.
- There were disabled facilities and translation services available.

Access to the service

The practice was open from 8am to 6pm Monday to Friday. Early morning clinics were offered from 7:10am on Monday and Fridays. Outside of these times patients were directed to contact the Devon doctors out of hours service by using the NHS 111 number.

In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for patients 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 or slightly higher than local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 76% and national average of 75%.
- 89% of patients said they could get through easily to the practice by phone (CCG average 79% and national average 73%).
- 64% of patients said they always or almost always see or speak to the GP they prefer (CCG average 62% and national average 59%).

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

Listening and learning from concerns and complaints

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

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

We looked at 10 complaints received in the last 12 months and found complaints were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, correspondence was sent to a deceased patient in error. This was raised by a family member as a complaint. Practice staff apologised to the family member and also instigated a complaint and significant event investigation. The actions resulted in additional training and support for staff, a review of policies and a change of system to ensure any correspondence was checked before it was sent.

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 and staff knew and understood the values. Staff said there was an ethos of team work with a culture of putting patients first.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored four times per year.

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 and added there was a sense of team work where all staff helped each other during busy times.
- Practice specific policies were implemented and were available to all staff on the computer system in each room. These were well structured, organised and kept under review.
- 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. Audits were shared within the practice big book of audit so all staff could access findings and learning points.
- 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. All staff we spoke with said Buckfastleigh Medical Centre was a good place to work and that morale was high and staff turnover was low.

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, annual away days and added that they were able to discuss any issues on a daily basis in addition to this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had been in place for two and a half years. The group totalled over 100 patients. The majority communicated with the practice by email but six members met face to face every three months. We met two of these PPG members who said they were trying to increase members. The members said the practice were responsive to change and had influenced a change in

Are services well-led?

Good

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

the telephone answering system and improvements in décor in the building. The PPG members said they had also been asked to talk to the practice representative about the survey findings.

- The practice had gathered feedback from staff through daily informal discussion and through more formal structured meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice had also gathered feedback from medical students and GP trainees. The last feedback showed that students had rated their time at the practice as very good, excellent or fantastic and rated teaching as excellent or fantastic.

Continuous improvement

Staff explained that there was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had developed innovative ways at collecting data at the same time as improving patient care. For example, the GP had improved the functionality of the software so that prompts that appeared when the patient record was opened by the clinician were not lost to view thereby increasing the information obtained at each consultation.