Yealm 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

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Overall summary

Letter from the Chief Inspector of General Practice

We undertook a comprehensive inspection of Yealm medical centre in Yealmpton on 25 November 2014. Yealm Medical Centre is located at Market Street, Yealmpton Devon PL8 2EA and provides primary medical services to people living in the surrounding villages. The practice provides services to a diverse population and age group.

Our key findings were as follows:

The Yealm Medical Centre operated a weekday service for over 5,400 patients in the Yealmpton area. The practice was responsible for providing primary care, which included access to GPs, minor surgery, family planning, antenatal and postnatal care as well as other clinical services.

Patients who use the practice had access to community staff including district nurses, community psychiatric nurses, health visitors, physiotherapists, counsellors, and midwives.

Patients we spoke to and the comment cards submitted confirmed that patients were happy with the service and the professionalism of the GPs and nurses. The practice was visibly clean and there were effective infection control procedures in place.

We found that staff were well supported and the practice was well led with a clear vision and objectives. Staff had a sound knowledge of safeguarding procedures for children and vulnerable adults.

Care and treatment was being delivered in line with current published best practice. Patient's individual needs were consistently met in a timely manner.

All the patients we spoke to during our inspection were very complimentary about the service and the manner in which they were cared for. Recruitment, pre-employment checks, induction and appraisal processes were in place. Staff had received training appropriate to their roles and further training needs had been identified and planned.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. Medicines were stored, managed and dispensed in line with national guidance. There were safeguards in place to identify children and adults in vulnerable circumstances. There was enough staff to keep people safe. Recruitment procedures and checks were completed as required to ensure that staff were suitable and competent. The practice was clean, tidy and hygienic. We found that suitable arrangements were in place that ensured the cleanliness of the practice was maintained to a high standard.

Are services effective?

Good

The practice is rated as good for providing effective services. Supporting data obtained both prior to and during the inspection showed the practice had systems in place to make sure the practice was effectively run. The practice had a clinical audit system in place and audits had been completed. Care and treatment was delivered in line with national best practice guidance. The practice worked closely with other services to achieve the best outcome for patients who used the practice. Staff employed at the practice had received appropriate support, training and appraisal. GP partner appraisals and revalidation of professional qualifications had been completed. The practice had extensive health promotion material available within the practice and on the practice website.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions.

Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice reviewed and understood the needs of their local population. The practice identified and took action to make

improvements. Patients reported that they could access the practice when they needed. There were named GPs for patients over 75, and the patients reported that their care was good. The practice was well equipped to treat patients and meet their needs.

There was an accessible complaints system with evidence demonstrating that the practice responded appropriately and in a timely way to issues raised. There was evidence that learning from complaints was shared with staff.

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 quality care and treatment. Staff reported an open culture and said they could communicate with senior staff. They felt supported by management. The practice had a number of policies and procedures to govern activity and regular governance meetings took place. There were systems in place to monitor and improve quality and identify risks. There were systems to manage the safety and maintenance of the premises and to review the quality of patient care.

The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had an active patient participation group (PPG) which was involved in the core decision making processes of the practice. Patient engagement was central to the operation of the practice.

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 providing care to older people. Patients over 75 years old had a named GP to provide continuity in care. The practice had implemented care plans with the carers that included carer's health checks. A register of carers was kept. There were safeguards in place to identify older adults in vulnerable circumstances. The practice worked well with external professionals in delivering care to older patients, including end of life care. Pneumococcal vaccination and shingles vaccinations clinics were provided at the practice for older patients or given during routine appointments. Vaccines for older patients who had problems getting to the practice or those in local care homes were administered in the community by the district nurse. The practice had implemented care plans in conjunction with the district nurses for patients at risk of being admitted to hospital as part of an optional enhanced services scheme. This included older patients. The appointment system allowed for staff to identify if patients had a disability more prevalent in older patients, such as hearing loss, poor sight or limited mobility, so assistance could be given on arrival.	Good
People with long term conditions The practice is rated as good for providing care to people with long term conditions. The practice managed the care and treatment for patients with long term conditions in line with best practice and national guidance. Health promotion and health checks were offered in line with national guidelines for specific conditions such as diabetes, coronary heart disease, and asthma. This was to ensure each patient's condition was monitored to help manage symptoms and prevent long term problems. Disease registers were maintained that identified patients with long term conditions. There were recall systems in place to ensure patients with long term conditions received appropriate monitoring and support. The practice had formed links with the local hospice and the palliative care nurses liaised closely with the staff at the practice. The practice had implemented care plans for patients at risk of being admitted to hospital as part of an optional enhanced services scheme. This included patients with long term conditions.	Good
Families, children and young people The practice is rated as good for families, children and young people. Staff worked well with the midwife to provide antenatal and	Good

postnatal care. Six week postnatal health checks were provided by a GP. The practice provided baby and child immunisation programmes to ensure babies and children could access a full range of vaccinations and health screening. The GPs training in safeguarding children from abuse was at the required level three. This is the highest level of safeguarding training and follows best practice. Children's attendance at A&E were routinely copied to the health visitor for review and if necessary discussed at the GP meeting. Information relevant to young patients was displayed and health checks and advice on sexual health for men, women and young people included a full range of contraception services and sexual health screening including chlamydia testing and cervical screening.

Working age people (including those recently retired and students)

The practice is rated as good for providing care to working age people. The practice provided appointments on the same day. If these appointments were not available then a telephone consultation with a GP would be booked and extended practice hours would accommodate the patient if needed to be seen. The practice had also changed its GP ring back slots to a later time to be more available for working patient's lunchtimes. Patients could book appointments and repeat medications on line. The practice operated extended opening hours one evening a week. The practice website invited patients over 45 to arrange to have a health check with a healthcare assistant if they wanted. A cervical screening service was available.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for people whose circumstances may make them vulnerable. The practice had a vulnerable patient register to identify these patients. Vulnerable patients were reviewed at the multidisciplinary team meetings. A GP specialised in the treatment of patients with a history of drug and/or alcohol abuse and offered support and treatment. A counsellor was available within the practice. The practice do not provide primary care services for patients who are homeless as none are known, however, staff said they would not turn away a patient if they needed primary care and could not access it. Staff told us that there were a few patients who had a first language that was not English, however, interpretation requirements were available to the practice and staff knew how to access these services. Patients with learning disabilities were offered and provided a health check every year during which

Summary of findings

their long term care plans were discussed with the patient and their carer if appropriate. Reception staff were able to identify vulnerable patients and offer longer appointment times where needed and send letters for appointments.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for providing care to people experiencing for mental health. The practice hosted support services for patients with poor mental health in one of their treatment rooms as well as providing health checks for their carers. Any patients who missed appointments were reviewed. There was signposting and information available to patients. The practice referred patients who needed mental health services as well as support services. The community mental health services attended multi-disciplinary team meetings with the staff from the practice every three months. Patients suffering poor mental health were offered annual health checks and testing for depression and anxiety as recommended by national guidelines. GPs and nurses had training in the Mental Capacity Act (MCA) 2005 and an understanding or appropriate guidance available in relation to the Act when caring for patients with Dementia.

Summary of findings

What people who use the service say

We looked at patient feedback from the national GP survey from 2013. 76 responses were returned. The surveys reported 93% of the patients would recommend the practice. 100% of patients said that the last time they wanted to speak to or see a GP or nurse they were able to do so and 93.4% said that the overall experience of the practice was good.

We spoke with three patients during the inspection and collected 7 completed comment cards which had been left in the reception area for patients to fill in before we visited. All of the comment cards gave positive feedback. Patients told us that all staff within the practice gave the highest level of care and respect at all times. The patients were pleased with having the GPs and dispensary in the same place.

Yealm Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist advisor, and a practice manager specialist advisor

Background to Yealm Medical Centre

The Yealm Medical Centre provides primary medical services to people living in Yealmpton and the surrounding villages of Brixton, Holbeton, Newton Ferriers and Noss Mayo.

At the time of our inspection there were approximately 5,400 patients registered at the Yealm Medical Centre. There are four GP partners, three male and one female. In addition the GPs are supported by two practice nurses, a phlebotomist and a healthcare assistant, a practice manager, and additional administrative and reception staff. The practice also has a dispensary staffed by five dispensing staff within the practice.

Patients using the practice also have access to community staff including district nurses, health visitors, a specialist palliative care nurse and midwives.

The Yealm Medical is open from 8:30am until 6pm Monday to Friday. Late evening pre booked appointments are available on a Monday for patients that find it difficult to visit the GP during the day. During evenings and weekends, when the practice is closed, patients are directed to an Out of Hours service delivered by another provider.

The practice also holds a weekly morning surgery in a branch in Newton Ferriers.

The practice has a General Medical Services (GMS) contract. With this contract the NHS specifies what the GPs, as independent providers, are expected to do and provides the funding for this.

The Practice is also a training practice for registrars and Medical students, the three male GPs are all GP trainers. The female GP also works as a Devon Macmillan GP facilitator providing education and peer support around end of life care.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting the practice, we reviewed a range of information we held about the service and asked other organisations, such as the local clinical commissioning group, local Health watch and NHS England to share what they knew about the practice. We carried out an announced visit on 25 November 2014.

During our visit we spoke with three GPs, a locum GP, the practice manager, two registered nurses, a healthcare assistant, administrative and reception staff. We also spoke with five patients who used the practice. We observed how

Detailed findings

patients were being cared for and reviewed comments cards where patients shared their views about the practice, and their experiences. We also looked at documents such as policies and meeting minutes as evidence to support what staff and patients told us.

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)

Are services safe?

Our findings

Safe track record

Systems were in place for reporting and responding to incidents, a range of information was used to help identify risk to patients. Staff knew how to report incidents and were aware of their responsibilities. All safety alerts were firstly seen by the practice manager who then cascaded them to the GPs, nurses and reception team. Patients we spoke with told us they felt safe when attending the practice.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. We saw records of significant events that had occurred during 2013/2014. Team meeting minutes showed significant events were discussed to identify concerns and share learning with the staff within the practice and with outside agencies. There was evidence that appropriate learning had taken place where necessary and that the findings were disseminated to relevant staff. All staff were aware of the system for raising issues to be considered at the meetings and said they felt able to do so.

Reliable safety systems and processes including safeguarding

Children and adults were protected from the risk of abuse because the practice took steps to identify and prevent abuse from happening. There were systems in place to identify patients who may be at risk of abuse. A GP took the lead for safeguarding in the practice and staff knew to refer any concerns to them.

All staff had received an appropriate level of training for protecting vulnerable children and adults. The administrative, nurses and reception staff were trained at level one standard, the GPs level two and the safeguarding lead GP level three. The practice safeguarding policies and flow charts displayed in the office and consulting rooms provided guidance to staff on how to raise safeguarding concerns. We spoke with staff about identifying and preventing abuse. They had a good understanding of the different types of abuse and were able to describe the procedure to be followed if they suspected or witnessed any concerns. All staff said they would raise their concerns with the GP safeguarding lead or another GP if they were not available. The practice provided safeguarding information for patients in the waiting room about how to respond to concerns involving abuse.

The practice had chaperone policy in place. A chaperone is a third person of the patient's choice to accompany them during intimate examinations. The practice, on request, would provide a chaperone. Chaperones were not available at the branch surgery in Newton Ferrier's and patients were requested to arrange for their own to accompany them.

Medicines management

The Yealm Medical Centre is a dispensing practice. We looked at the procedures for storage and safe dispensing of medicines. Computerised systems and a scanning device were in place to ensure that medicines were in date. The practice only stored limited stocks of regular items and new supplies could be ordered twice a day. There was a clear audit trail for the authorisation and review of repeat prescriptions. Alerts were raised when the GP was required to review the medicines or if the patient requested medicines early. Any changes to the patient's medicines were flagged on the computer system.

Controlled drugs were stored correctly with only relevant staff having access. We looked at the controlled drugs (CD) book and saw that correct procedures were in place for storage and administration. All staff working in the dispensary had completed accredited training. The GP lead for the dispensary or the practice manager audited the staff competencies.

Opening times for the dispensary were clearly posted on the door with details of where patients could obtain medicines when they were closed. The majority of the patients opted for their medicines to be supplied by the practice dispensary but they could opt to use local pharmacies if they wished.

Refrigerators were available for the storage of vaccines. The nurse checked and recorded the temperatures twice daily. They told us that any abnormal readings would be reported to the practice manager for action to be taken. This demonstrated the staff recognised the importance of storing vaccines at the correct temperature.

Are services safe?

For security purposes prescription pads were not stored in the GP consulting rooms, GPs could print a named prescription from their computer system if a hand written item was required.

Cleanliness and infection control

The practice nurse was the lead for the prevention of infection control. There were policies and procedures in place and regular infection control and cleaning audits were undertaken. On our visit to the practice we inspected the building and looked at areas where care and treatment were delivered.

The treatment rooms used by the nurses had washable flooring and there were sinks for hand washing with a supply of hand wash and paper towels. There was a supply of disposable gloves and aprons with foot operated waste bins. All surfaces could be thoroughly cleaned and we were told by the infection control lead that this procedure was carried out after each consultation. Each of the examination beds had disposable paper covers that were changed after every use. Privacy curtains were cleaned monthly. Equipment used by the nurses was single use and disposed of appropriately after each patient.

The GP consultation rooms each had an examination couch with protective paper covering for preventing the spread of infection. Each had a separate hand washing sink with soap dispenser and paper towels. We were told by the nurses that the GPs were responsible for their own consultation/treatment room cleanliness. The rooms we looked at were visibly clean.

Dedicated sharps boxes were available in all the treatment rooms and were used appropriately. A contract was in place for the collection and safe disposal of clinical waste. There were systems in place to manage clinical waste.

A legionella test on the water supply had recently been carried out.

Equipment

Electrical appliances were tested to ensure they were safe. Portable Appliance Testing (PAT) had taken place in 2014 and a planned schedule was in place to ensure this took place at least every two years. Fire extinguishers were maintained and checked by an external company every year. We saw servicing records for medical equipment were up to date. Disposable medical instruments were stored in clinical treatment rooms in hygienic containers ready for use. We found medical equipment and supplies were within their date of expiry.

Staffing and recruitment

The practice had a low turnover of staff. However, we saw new staff were provided with an induction planner when they commenced employment. This included policies and procedures about working at the practice. Locums, when used were provided with an extensive locum pack which included a list of their roles and responsibilities and orientation of the building.

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks via the Disclosure and Barring Service (DBS).

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure there was enough staff on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff to cover each other's annual leave.

Monitoring safety and responding to risk

Monitoring and assessing of risks took place. For example, we saw a fire risk assessment and an asbestos assessment for the premises. There was a control of substances hazardous to health (COSHH) risk assessment available for the storage of chemicals in the practice. We saw portable appliances were tested in line with Health and Safety Executive guidance to ensure they were safe.

Arrangements to deal with emergencies and major incidents

We asked about how the practice planned for unforeseen emergencies. We were told that all staff received basic life support training. We were shown certificates which evidenced this and a training plan to show that all staff had been trained. Staff knew what to do in event of an emergency evacuation; the practice manager showed us fire safety measures and weekly testing of alarm systems.

Are services safe?

We looked at the business continuity plan and found it to be clear. It covered areas such as staffing, emergency procedures, access to alternative premises, disaster recovery and equipment.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

All the GP and nurses we interviewed were able to describe and demonstrate how they access both guidelines from the National Institute for Health and Care Excellence (NICE) and other relevant guidance. GPs and nurses demonstrated how they ensured they followed national clinical guidelines. We saw minutes of practice meetings where new guidelines were disseminated and the implications for the practice's performance and patients were discussed.

The practice had implemented care plans for patients at risk of being admitted to hospital as part of an optional enhanced services scheme. This included older patients or patients with long term conditions who may be at greater risk of acute illness.

The practice had palliative care registers which contained the names of patients who were at the end of their life. These patients were discussed with external services to ensure patients received the care and treatment they needed and ensured continuity of patient care. The practice had a learning disability register which was kept up to date by checking it with the local social care teams. The practice offers patients with a learning disability an annual review of their care.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

Staff from across the practice had key roles in the monitoring and improvement of outcomes for patients. These roles included data input, clinical review scheduling, adult and child protection alerts management and medicines management. The information staff collected was then collated by the practice manager to support the practice to carry out clinical audits.

The GPs told us clinical audits were often linked to medicines management information, for example we saw an audit regarding the prescribing and monitoring of drugs used to thin the blood, to ensure that the correct dosage was being given and patients were not being admitted to hospital. Following the audit the GPs found that nursing staff were monitoring patients closely and where problems were highlighted these were due to other ill health causes and new medication being prescribed. There had been no admissions to hospital. The GPs maintained records showing how they had evaluated the service and documented the success of any changes.

Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP went to prescribe medicines. We were shown evidence to confirm that following the receipt of an alert the GPs had reviewed the use of the medicine in question, and where they continued to prescribe it outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

Effective staffing

Staffing at the practice included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. A good skill mix was noted amongst the GPs each having their own specialist interests such as diabetes, female sexual health and palliative care and end of life. All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation (only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council).

All staff undertook annual appraisals with the practice manager and a GP which identified learning needs. Mandatory training was provided on-line. Staff interviews confirmed that the practice was proactive in providing training and funding for relevant courses. For example keeping up to date with travel vaccinations.

The nursing staff received their clinical appraisal from a GP at the practice. The nurse told us that they had the opportunities to update their knowledge and skills and

Are services effective?

(for example, treatment is effective)

complete their continuing professional development in accordance with the requirements of the Nursing and Midwifery Council. Both the practice nurses had received extensive training for their roles, for example, seeing patients with long-term conditions such as asthma, COPD, diabetes and coronary heart disease as well as the administration of vaccines and undertaking cervical smears.

Working with colleagues and other services

We were told by the GPs at the practice that they worked effectively with other services. The practice and adjoining dispensary had arrangements in place whereby people could have their repeat prescriptions issued to either the attached dispensary or the dispensary in a nearby village, which then dispensed and delivered them to their home. A number of the people we spoke with had been referred by the GP to secondary services elsewhere, for example, to counsellors or specialist services at hospitals. Everyone we spoke with expressed confidence that the practice had acted promptly to make the referral in a timely manner.

The provider regularly held meetings with other agencies to discuss patient cases where end of life care needed to be considered. These meetings were held every three months and were attended by a specialist palliative care nurse and community nurses, health visitors were also invited. The cases discussed were mainly about elderly patients, but not exclusively so.

Blood results, X-ray results, letters from the local hospital including discharge summaries and the out of hour's providers were received both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The partner GPs were responsible for seeing these documents and results and for the action required. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances within the last year of any results or discharge summaries which were not followed up appropriately.

Information sharing

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out of hour's provider to enable patient data to be shared in a secure and timely manner. Patients' blood test results were sent electronically to the practice so that they could be actioned in a timely way.

Consent to care and treatment

All GPs had sound knowledge of the Mental Capacity Act 2005 (MCA) and its relevance to general practice. GPs told us they had access to guidance and information for the MCA . They were able to describe what steps to take if a patient was deemed to lack capacity. Patients who lacked capacity to make their needs fully known had their interests protected, for example by a family member, or a carer who supported them. We were told by patients that they were able to express their views and were involved in making decisions about their care and treatment. Verbal consent would be obtained for vaccinations and smear tests and recorded on the computerised notes. One GP we spoke with told us they obtained written consent for minor surgery procedures.

Patients told us the GP and nurses always explained what they were going to do and why. Patients were able to discuss their treatment with the GP or nurse and told us they never felt rushed during a consultation. Patients said they were involved in the decisions about their treatment and care. Staff told us in order to ensure patients made informed decisions; they would provide written information to patients. We noted there was variety of health information in the waiting area.

Health promotion and prevention

There was information on various health conditions and self-care available in the reception area of the practice. The practice website contained information on health advice and other services which could assist patients. The website also provided information on self-care. The practice offered new patients a health check with a healthcare assistant or with a GP if a patient was on specific medicines when they joined the practice.

Are services effective?

(for example, treatment is effective)

A travel consultation service was available. This included a full risk assessment based on the area of travel and used the 'Fit for travel' website. Vaccinations were given where appropriate or patients were referred on to private travel clinics for further information and support if needed.

The practice provided information on mental health support services on its website and external support services such as counselling. The practice was part of a scheme called dementia friendly parishes where they worked with other caring agencies, and charities to provide care and support to patients with dementia. This scheme also allowed for members of the public to phone the practice with any concerns and prompt a visit from the GP.

The practice offered patients who were eligible, a yearly flu vaccination. This included older patients, those with a long term medical condition, pregnant women, babies and young children. Patients with long term medical conditions were offered yearly health reviews. Patients with diabetes were offered six monthly reviews.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients told us they were treated with respect and dignity. Patients described staff as caring, helpful and efficient. Patients who gave feedback via comments cards told us the reception staff members were approachable, friendly, polite and helpful. We observed that staff spoke to patients in a respectful way during our visit. During our visit an emergency occurred that resulted in a GP and a nurse being delayed with their appointments, we observed a receptionist explain the delay and give apologies to patients in the waiting room. We watched and listened to how patients and staff interacted during the day and found this to be positive and friendly.

The practice had measures in place to preserve patient privacy and confidentiality. For example, the waiting and reception was separated by a glass partition. All consultations took place in private rooms. The consultation rooms were suitably equipped and laid out to protect patient's privacy and dignity. During our observation we noted music was played in the background to distract attention from other patients listening to conversations. Long queues were avoided at reception, which reduced conversations being overheard.

The design and layout of the reception area meant patient records could not be viewed by those attending the practice, and records were maintained securely and confidentially. The practice complied with data protection and confidentiality legislation and guidance.

Care planning and involvement in decisions about care and treatment

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

A GP told us how treatment plans were in place for patients planning for their end of life care, and that where the patient lacked capacity to make decisions, family and carers were involved with the decision making process.

Translation services were available for patients who did not have English as a first language. Notices in the reception areas informed patents this service was available. A hearing loop was available for patients that were hard of hearing and a picture card was available to assist patients to point at the picture that was relevant to their ailment to ease communication.

Patient/carer support to cope emotionally with care and treatment

The practice manager told us that translation services were available for patients who did not have English as a first language. They said it was rare that this service was required.

Patients told us that they felt well supported by reception staff. We saw older patients were provided with support by receptionists. For example, a receptionist came into the reception area to speak with an elderly patient to explain how long the wait for the appointment would be.

The practice displayed carer support services in the reception area of the practice and on the practice website. Systems were in place to identify if a patient was a carer when they called to make an appointment to enable receptionists to consider carers' potential needs when calling the practice.

The practice discussed patients who had died, in multi-disciplinary team meetings to identify and review whether their care was appropriate and whether their wishes were respected. One patient told us their relative had passed away and the practice had supported the family during what was difficult time for them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We saw from the practice website that they published the results of their patients' satisfaction survey and responded to any issues. The practice was above the national average overall 82% of patients were "very satisfied" with care they received from the practice. Two areas of concern raised was the GPs punctuality with appointments and more preventative clinics should be held at the practice. The practice responded to this by updating their information noticeboards and website as the clinics were already in place at the practice. During the morning session one of the GPs and a nurse was running late with their appointments. A receptionist explained this to waiting patients and apologised for the delay.

Patients told us that they received text messages, letters or telephone calls from the practice to remind them they were due to attend an appointment. They also told us that they were also sent a reminders if they had forgotten to attend for an important blood test.

GPs had their own patient lists for patients over 75 years of age. All patients who needed to be seen urgently were offered same-day appointments. Longer appointments were available for patients if required, such as those with long term conditions. Telephone consultations enabled patients who may not need to see a GP the ability to speak with one over the phone. This was a benefit to patients who worked full time or could not attend the practice due to limited mobility.

The practice offered home visits to patients who required them if requested before 10am. This provided older patients, mothers with young children, carers or patients in vulnerable circumstances an opportunity to see a GP when they may have difficulty attending the practice.

The practice had patient registers for learning disability and palliative care. There were regular internal as well as multidisciplinary meetings to discuss patients' needs. The practice worked collaboratively with other care providers such as local care homes and district nurses.

The practice provided accommodation for external services within the practice, such as mental health services, drug and alcohol counselling services. The practice worked well with the midwife and health visitors who were based in the practice. GP's provided six week postnatal checks for new mothers.

There was an online repeat prescription service for patients. This enabled patients who worked full time to access their prescriptions easily. Patients could also drop in repeat prescription forms to the practice to get their medicines. Patients told us the repeat prescription service worked well at the practice. The practice communicated with pharmacies that delivered for patients who found it difficult to collect their prescriptions. Arrangements were in place for medicines to be delivered to the patients home if they were housebound

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. Staff said no patient would be turned away. The number of patients with a first language other than English was low and staff said they knew these patients well and were able to communicate well with them. The practice staff knew how to access language translation services if information was not understood by the patient, to enable them to make an informed decision or to give consent to treatment.

The patient participation group (PPG) were working to recruit patients from different backgrounds to reflect the diversity of the practice.

We saw no evidence of discrimination when making care and treatment decisions.

Access to the service

Patients told us if they needed to see a GP there were urgent and emergency appointments available on the same day. Patients were able to book appointments by telephone or the practice online appointment service. The practice opening hours were clearly displayed in the practice and on their website and patient information leaflet. If patients required GP assistance out of practice hours then details of who to contact were clearly displayed in the practice, on their website and in the practice information leaflet.

Patients, who had registered for the service, received a text reminder of their appointment to their mobile. The practice also sent text and voicemail messages to patient's landlines to remind patients with long term conditions to

book an appointment for their review, such as blood tests and blood pressure checks. For patients that were considered vulnerable, letters for health check appointments would be sent to them.

The practice had level access for patients using wheelchairs and patients with pushchairs. The front door and corridors were wide and all consultation and treatment rooms were on the same floor level allowing easy access for wheelchair users. A separate play area with a selection of toys was available for younger children.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy is in line with recognised guidance and contractual obligations for GPs in England and the practice manager was the designated responsible person who handles all complaints in the practice.

The practice had a system in place for handling complaints and concerns. The system for raising complaints was advertised on the practice website and in the reception area. Patients were invited to make complaints either verbally to the practice manager or by completing a form. The practice also had a separate form for patients to complete if they were making the complaint on behalf of another patient. We saw complaints were acknowledged and responded to. All were discussed in staff meetings to identify any learning outcomes and share these with staff. We saw from meeting minutes that complaints were discussed periodically to identify long term concerns or trends.

Are services well-led?

(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. Their aim was to be a practice where their patients saw them as being conscientious,

trustworthy and reliable. The practice also aimed to be respected by other healthcare professionals and ensure that the staff working within the practice had the skills and knowledge to provide quality care. The staff we spoke with were aware of and understood their own responsibilities with the practice's vision.

Governance arrangements

Staff were aware of their role and responsibilities for managing risk and improving quality. The GPs at the practice each had a lead role in areas such as safeguarding, medication, and education. Nursing and administration staff were given lead roles in areas such as infection control and premises. Regular meetings were held and we saw meeting minutes that described how the practice discussed any issues as well as any developments that were needed.

Leadership, openness and transparency

Staff told us they felt there was an open culture at the practice. Staff were clear on their responsibilities and roles within the staff teams. There were delegated responsibilities within the management team and among the partners. Staff and members of the patient participation group (PPG) told us they felt the leadership at the practice were approachable and they felt engaged in the day to day running of the practice. One partner attended PPG meetings to support the work of the PPG and ensure the leadership were fully engaged in patient feedback.

Practice seeks and acts on feedback from its patients, the public and staff

We met representatives from the PPG. There was a formal PPG who met regularly and this group had a core membership who met regularly. Their meetings were attended by a practice partner and the practice manager. The PPG were constantly looking for different ways to increase its numbers. The PPG was involved in assisting the practice in compiling the practice survey and analysing the results. The PPG members we spoke with were complimentary about the way the practice staff involved them in the running of the practice. They told us they felt that as a group their opinions were valued and they had a real role to play in moving the practice forward.

Staff we spoke with told us they felt engaged with practice issues. They told us they could suggest ideas for improvement or concerns at their staff meetings. Staff told us that important information was reported back promptly. All of the staff we spoke with were satisfied with their involvement at the practice.

We saw that the practice had a whistleblowing policy and staff we spoke with told us that they knew about the policy and would know how to use it.

Management lead through learning and improvement

The GP partners are all tutors at the Peninsular Medical Centre as well as trainers for registrars within the practice. Another GP works as a facilitator with Macmillan care. This ethos of learning and development prevailed throughout the practice and staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Staff appraisals included personal development plans. Staff told us that the practice was very supportive of training.

The practice had systems to learn from incidents which potentially impacted on the safety and effectiveness of patient care and the welfare of staff. Clinical team meetings were used to disseminate learning from significant events and clinical audits. Staff told us changes to protocols and policies were made as a result of learning outcomes from significant events, national guidance and audits.