Norton Brook Medical Centre

Quality Report

Norton Brook Medical Practice
Cookworthy Road
Kingsbridge
Devon TQ17 1AE
Tel: 01548 853 551
Website: www.nortonbrookmedicalcentre.co.uk/

Date of inspection visit: 14 October 2014
Date of publication: 19/03/2015

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

Ratings

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

Summary of findings

Contents

Overall summary

Norton Brook Medical Centre was inspected on Wednesday 14 October 2014. This was a comprehensive inspection.

Norton Brook Medical Centre provides primary medical services to people living in the town of Kingsbridge, Devon and the surrounding areas. The practice provides services to a homogeneous population group and is situated in a rural location.

At the time of our inspection there were 10,148 patients registered at the service with a team of eight GP partners, two trainee GPs, a practice manager, five nurses, one health care assistant, three phlebotomists and a further 14 administrative staff. GP partners held managerial and financial responsibility for running the business.

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

We rated this practice as good.

Our key findings were as follows:

Norton Brook Medical Centre was well organised, clean and tidy. The practice had well maintained facilities and was well equipped to treat patients. There were effective infection control procedures in place. Patients had relatively easy access to appointments at the practice and a named GP which they said improved their continuity of care.

Patient feedback about care and treatment was very positive. The practice had a patient centred culture. Practice staff were well trained and experienced. Staff provided compassionate care to their patients. External stakeholders were very positive about the practice.

The practice had a clear leadership structure in place and was well led. Systems were in place to monitor quality of care and to identify risk and manage emergencies.

Patient's needs were assessed and care is planned and delivered in line with current legislation. This includes assessment of a patient's mental capacity to make decisions about their care, and the promotion of good health.

Summary of findings

Recruitment, pre-employment checks, induction and appraisal processes were . Staff had received appropriate training for their roles and additional training needs had been identified and planned.

Information about the practice provided evidence that the practice performed comparatively with all other practices within the clinical commissioning group (CCG) area.

Patients told us that they felt safe with the practice staff and confident in clinical decisions made. There were safeguarding procedures in place. Significant events, complaints and incidents were investigated. Improvements made following these events had been discussed and communicated with staff.

We saw several areas of outstanding practice including:

The practice supports patients to receive chemotherapy at the local community hospital to enable their cancer patients to receive their treatment locally. The practice has helped promote this local service with specific fund raising events.

GPs from the practice carry out the ward rounds at the local community hospital which has a 12 bed ward. In this way, the GPs maintain an excellent relationship with patients and staff at the hospital and are able to deliver effective health care.

The practice worked together with two local nutritionists from the a research centre, and was running a pilot study on the use of a lifestyle application for iphones and devices, for patients with pre-diabetes. This helped patients at risk of developing diabetes to improve their health.

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. All of the patients we spoke with told us they felt confident and safe with their GP and staff at the practice. Written feedback confirmed these findings.

Patient care, treatment and safety was monitored by computerised systems including accurate and up to date patient records. .

The practice had a lead GP responsible for safeguarding children and another lead GP responsible for safeguarding vulnerable adult patients. Both of these GPs had received enhanced safeguarding training. There were up to date safeguarding policies and procedures in place that helped identify and protect children and vulnerable adults who used the practice from the risk of abuse. These had been reviewed and updated annually.

There was a process in place which showed that learning from incidents and near misses took place. Incidents were a regular item on the weekly meeting agenda.

Background checks on staff had taken place prior to employment. Criminal record checks had been carried out on all clinical staff). Risk assessments had been agreed when a decision had been made not to perform a criminal records check.

Staff were aware of their obligations regarding safeguarding and the Mental Capacity Act 2005 (MCA). There were up to date safeguarding policies and procedures in place that helped identify and protect children and vulnerable adults who used the practice from the risk of abuse. These had been reviewed and updated annually.

Medicines at the practice were stored securely. Appropriate systems were in place to protect the management of medicines at the practice.

Are services effective?

Good

The practice is rated as good for providing effective services. New patients are provided with a comprehensive health questionnaire and see a GP for an initial medication review and assessment as required.

The practice worked with other health professionals and shared information with relevant stakeholder such as NHS England, the CCG and the CQC. The practice submits data to the local authority for family planning services.

Summary of findings

Information obtained both during and after the inspection showed staff had received effective support, training and regular appraisals. GP's appraisals and revalidation had been completed. Patient waiting areas at the practice had extensive health promotion material available, and also on the practice website.

There is an effective human resources policy in place with job descriptions, an induction programme and a staff handbook available to all staff.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients spoke positively about the care provided at the practice. Patients told us they were treated with courtesy, professionalism, dignity and respect. Patients told us the practice staff communicated well with them about their health and well-being.

Written feedback from patients showed that patients rated the practice highly. Feedback about care and treatment was extremely positive. The practice had a patient centred culture and staff offered compassionate care to patients. Patient's choices were valued and respected. External stakeholder's opinions of the caring nature of the service provided by the practice were very positive.

Patients told us they were included in discussions and decisions about their care and had enough time to speak with their GP. Patients said they felt supported both during and after these discussions with their GP or with other staff at the practice. It was a caring environment.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice was responsive and met patients' needs. Patients told us they liked the new telephone consultation system and that it was a straight forward process to get an appointment at the practice. Patients said that they were able to see a GP on the same day if it was urgent. Patients said that the practice staff responded to their requests courteously and professionally.

Information displayed in the waiting room and on the practice website explained how to make a complaint should patients wish to do so. Complaints were managed in line with the practice policy and within reasonable timescales. Records showed any learning points gained from complaints. The practice manager told us they always tried to resolve complaints immediately on a face to face basis if patients wished to do so.

There were positive examples of how the practice had responded to feedback from patients. For example, a patient had complained

Summary of findings

about having to visit the practice to complete a travel risk assessment form prior to travel vaccinations. The practice had responded by putting this form on their website, enabling patients to download it and post it to the practice.

The practice recognised the wide range of patient needs by ensuring other health services were based at the practice. For example, midwives, mental health counsellors, anxiety and depression services, drug and alcohol teams, podiatrists, smoking cessation services and an audiology unit run by a private provider.

Are services well-led?

Good

The practice is rated as good for being well led. There was a vision and practice commitment statement in place. Staff were clear about their responsibilities. There was a clear leadership structure of eight GPs, one practice manager, a head of reception, assistant manager and a lead nurse to manage the different teams. All staff demonstrated they understood their responsibilities including how and to whom they should escalate any concerns. There was a system to assess and manage risk to the health and safety of patients, staff and visitors.

Regular meetings are held which included open forums for staff to discuss any concerns with the leadership at the practice. A GP joined each all staff meeting on a bi-monthly basis for a question and answer session and the staff told us they really appreciated this.

The practice had policies in place to ensure well led governance. Clinical governance meetings took place on a weekly basis. The partners at the practice and the practice management had attended these. There were clinical risk management tools in place which were used to minimise any risks to patients, staff and people who visited the practice. Patients were given more time during appointments if they needed it due to the flexibility of the new telephone consultation system.

Management staff told us the practice had introduced the telephone consultation system to make it easier for patients to access the right care at the right time with their own registered GP. GPs told us that many of their patient queries such as medication questions, test results and outcomes of hospital appointments can be dealt with fully in a phone call. Staff said that at other times it is important your GP sees patients face to face to make an examination.

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

Patients at the practice have a named GP which enabled continuity of care. 12% of the 10,148 patients were aged over 75. Nearly 50% of patients were aged over 50, so this population group will continue to grow.

The telephone consultation system in place at the practice allows daily access to a GP, helping identify vulnerable patients and prioritising them an appointment, rather than on a first come first served basis.

Each GP has their own patient list which gives continuity for patients in this population group. The practice also has access to a consultant psychiatrist for the elderly.

The practice facilitated signposting of patients to voluntary groups for lunches, memory cafes and a local day centre.

The practice provided the GPs for the neighbouring South Hams Hospital, which has a 12 bed ward. The practice is therefore able to admit patients directly if hospital care is required.

Patients in this population group were supported by the practice to undertake some light exercise classes for agility and balance. GPs worked with the local community engagement officer for health in the area working with the community volunteers service. This is being rolled out across the local area and aims to improve and maintain mobility and also provide a successful, regular social event for older people.

The practice had a system to refer patients to support groups as required, such as for patients with Parkinson's disease, and for patients prone to falls.

People with long term conditions

Good

One of the GPs helped organise and attended a health and well-being fair in order to support this population group. GPs from this practice helped to organise different health sector agencies to set up stands at the local library as part of their 'Active Life, Active Mind' initiative. GPs were joined on the stand by practice nurses, and together they provided blood pressure readings, body mass index (BMI) readings and sign-posted patients accordingly if high. It was the first of many such events and had over 100 people attend over the course of the morning.

Summary of findings

Quality Outcome Framework (QOF) scores indicated that the practice had achieved above average scores. QOF is a voluntary system which provides medical practices with financial incentives to achieve healthy outcomes for patients. Clinics run from the practice to support this population group included asthma, diabetes, and other clinics.

The practice worked together with two local nutritionists from the a research centre, and was running a pilot study on the use of a lifestyle application for iphones and devices, for patients with pre-diabetes. This helped patients at risk of developing diabetes to improve their health.

The practice lead nurse had volunteered to work with the pulmonary rehabilitation team at the South Hams hospital to help educate patients with chronic lung conditions.

The practice had proactively set up a clinic to identify patients who are due reviews during Flu clinics.

The practice's website had been updated regularly with relevant information for this population group.

Families, children and young people

Good

There were good facilities in the practice for this population group. This included a children's play area, breast feeding room and a baby changing unit.

The practice had effective liaison with the local health visitors and the school nurse and had been very helpful with advice to these health professionals from the practice's new registrar, immunisation administrator and safeguarding lead GP.

Weekly midwifery clinics are held in practice. Vaccination clinics are run at appropriate times for school children. For example, flu vaccinations for preschool children were held during term time and for children aged 5-17 years, during half term.

A GP from the practice sits on an advisory board for the Exeter Public Health sector which looks at what service provision for weight management for children should look like.

Two GPs from the practice had attended the careers fair at the local secondary school in Kingsbridge as a way of promoting medicine to young people and they will be doing this as an annual event.

The practice runs Family Planning clinics on a weekly basis. The senior partner at the practice is also the senior GP in the local family planning clinic.

Summary of findings

The practice responded effectively to provide care to children requiring regular blood tests. In order to reduce the amount of time spent out of school to attend a general hospital for these tests, the practice dedicated the time and resource to train up one of its phlebotomists to take blood samples from children. The practice had sent this member of staff to the general hospital's paediatrics department on a number of occasions in order to obtain the skills, experience, techniques and competence to offer this service.

Working age people (including those recently retired and students)

Good

In order to accommodate patients from this age group the practice offered extended opening hours. These included early morning opening on Mondays 7.30 – 8.00am and late opening on Mondays and alternate Tuesdays and Wednesdays 6.30 -7.30pm.

The initiation of a new telephone consultation system allowed many working age people to get GP's advice without taking time off work. The system also allowed the patients to be specific with the time they would like a call back to enable it to fit in around their working hours.

Nurse clinics started at 8am and finished at 6.30pm. The practice provided annual over 40's health checks and on line prescriptions.

The practice liaised with the local community college to allow essential employees who drove the school bus to attend their work medicals at the practice, reserving slots that fitted around the school day. This also had the effect of ensuring the safety of the local children by checking the medical condition of their bus drivers.

People whose circumstances may make them vulnerable

Good

A GP at the practice is working on the funding application and decision over a 'Trim Trail' outdoor exercise course in Kingsbridge. Meetings with the town council over the last six months with Norton Brook Medical Centre have endorsed this new facility in local parks to enable all population groups including patients living in vulnerable circumstances to access free exercise equipment.

There is a carer's clinic held on a monthly basis in the practice.

The practice telephone consultation system allows remote and daily access to a GP.

Each patient had a named GP at the practice. This personal list system encouraged continuity of care, especially for patients living in vulnerable circumstances.

Summary of findings

The practice used a system of alerts on patient's notes, and receptionists were made of aware of patients who needed different plans for access due to their circumstances.

There were rooms at the practice available for external health and well-being agencies aimed at this population group to visit the practice instead of patients going long distances. For example, a substance misuse clinic.

Home visits were available – each GP could visit between two to five patients per day covering a large geographical area.

The practice has a support group with objectives relevant to this population group. Norton Brook Patient Support Group is a group of volunteers who are a registered charity, who provide transport to patients who cannot get to the surgery, due to potentially limited mobility or poor transport links.

Two GPs at the practice have raised over £1000 for 'Outreach Chemotherapy Support Services' by cycling 109 miles in one day across Devon. This charity enables local patients to receive their chemotherapy at the local community hospital and therefore remain closer to their homes and families.

People experiencing poor mental health (including people with dementia)

Good

In order to support this population group the practice holds a weekly counselling, depression and anxiety service. The practice has requested the CCG maintains its funding for this service to continue in the practice.

The staff told us there is regular communication amongst staff at the practice to make each other aware of specific mental health patients and patient alerts on clinical notes where necessary.

Staff told us of the excellent working relationship with the community mental health team.

One of the priorities of the health and wellbeing fair which practice staff attended was to have stalls actively giving advice on mental health, Parkinson's disease and Alzheimer's.

One of the GPs at the practice won an award for dignity and care from Devon County Council for co-ordinating a large team that extended from the secondary care neurology team to speech and language therapists, to allow a fervently independent patient with Motor Neuron Disease to live in their own home until the end of their life.

Summary of findings

What people who use the service say

We spoke with nine patients during our inspection. We also spoke with six representatives of the patient participation group. The practice had provided patients with information about the Care Quality Commission (CQC) prior to the inspection. A CQC comment box was displayed and comment cards had been made available for patients to share their experience with us. We collected 30 comment cards which contained very positive comments.

These comment cards recorded that patients thought that staff at the practice provided an excellent service. Patients reported that the practice was tidy and well organised. Patients expressed great confidence in all of the staff at the practice. 100% of patients who had used the comment cards were very satisfied with the care and treatment they received and with the cleanliness of the practice.

Written evidence was supported by our conversations with nine patients. The verbal feedback from patients was very positive. Patients told us about their experiences of care and praised the level of care and support they consistently received at the practice. Patients said they were very satisfied and said they received excellent treatment. Patients told us that the GPs were kind, caring and professional.

The majority of patients were satisfied with the new telephone consultancy appointment system and said it was easy to make an appointment. Patients now ring the practice and request a telephone consultation. A GP then rings the patient back within a short timescale and completes a telephone consultation with the patient to see if the issue can be dealt with immediately. If necessary the GP can book in the patient for a face to face appointment. There had been positive outcomes as a result of implementing the telephone consultation system. GPs now had the flexibility to book urgent or longer appointments as required, waiting times had been reduced and patients said car parking was no longer a problem to them.

The majority of patients expressed satisfaction with the new system. One patient told us that as there were now significantly less people in the waiting room there was less risk of catching coughs and colds during the winter season. Another patient told us that it could sometimes be difficult when at work to take a call from their GP for a telephone consultation.

Areas for improvement

Outstanding practice

We saw several areas of outstanding practice including:

The practice supports patients to receive chemotherapy at the local community hospital to enable their cancer patients to receive their treatment locally. The practice has helped promote this local service with specific fund raising events.

GPs from the practice carry out the ward rounds at the local community hospital. In this way, the GPs maintain an excellent relationship with patients and staff at the hospital and are able to deliver joined up, effective health care.

The practice worked together with two local nutritionists from the a research centre, and was running a pilot study on the use of a lifestyle application for iphones and devices, for patients with pre-diabetes. This helped patients at risk of developing diabetes to improve their health.

Norton Brook 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, a practice manager specialist advisor and an expert by experience.

Background to Norton Brook Medical Centre

Norton Brook Medical Centre provides primary medical services to people living in the Devon town of Kingsbridge, and the surrounding areas. The practice provides services to a homogeneous population group and is situated in the South Hams area which is a rural location.

At the time of our inspection there were 10,148 patients registered at the service with a team of eight GP partners, two trainee GPs, a practice manager, five nurses, one health care assistant, three phlebotomists and a further 14 administrative staff. GP partners held managerial and financial responsibility for running the business.

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

Norton Brook Medical Centre is open Monday to Friday 8.00am to 6.30pm. In addition the practice offers early morning appointments on Mondays from 7.30am to 8.00am and late opening 6.30pm to 7.30pm on Mondays and alternate Tuesdays and Wednesdays. The practice has recently introduced a telephone consultation system to manage its appointments more effectively.

When the practice is closed patients are directed to an Out of Hours service delivered by another provider.

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 conducting our announced inspection of this practice, we reviewed a range of information we held about the service and asked other organisations to share what they knew about the service. Organisations included the local Healthwatch, NHS England, the local clinical commissioning group and local voluntary organisations.

We requested information and documentation from the provider which was made available to us either before, during or 48 hours after the inspection.

We carried out our announced visit on Tuesday 14 October 2014. We spoke with nine patients, six patient representative group members at the practice during our inspection and collected 30 patient responses from our comments box which had been displayed in the waiting room.

Detailed findings

We obtained information from and spoke with eight staff at the practice including the practice manager, GPs, clerical staff, nurses and health care assistants. We observed how the practice was run and looked at the facilities and the information available to patients.

We looked at documentation that related to the management of the surgery and anonymised patient records in order to see the processes followed by the staff.

We observed staff interactions with other staff and with patients and made observations throughout the internal and external areas of the building.

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

- 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
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

Are services safe?

Our findings

Safe Track Record

We reviewed safety records and incident reports and minutes of meetings where these were discussed for the last two years. This showed the practice had managed these consistently over time and so could evidence a safe track record over the long term.

The practice used a range of information to identify risks and improve quality in relation to patient safety, for example, reported incidents, national patient safety alerts as well as comments and complaints received from patients. Staff we spoke to were aware of their responsibilities to raise concerns, and how to proactively manage risks. An emergency evacuation plan was in place at the practice. A comprehensive fire audit had been completed in February 2014.

We reviewed safety records and incident reports and minutes of meetings where these were discussed for the last two years. This showed the practice had managed these consistently over time.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Records were kept of significant events and these were made available to us. A standing item for significant events was on the weekly practice meeting agenda and a dedicated clinical meeting occurred monthly to review actions from past significant events and complaints. There was evidence that appropriate learning had taken place and that the findings were disseminated to relevant staff. Staff including receptionists, administrators and nursing staff were aware of the system for raising issues to be considered at the meetings and felt encouraged to do so.

National patient safety alerts and learning from incidents was disseminated by email and verbally by the practice manager to all practice staff. Staff we spoke with were able to give examples of recent alerts relevant to the care they were responsible for. They also confirmed that alerts were covered as a standing agenda item at practice meetings to ensure all were aware of any relevant to the practice and where action needed to be taken.

Reliable safety systems and processes including safeguarding

The practice provided annual refresher safeguarding training to all staff. We saw evidence this had last taken place in July 2014. All staff were qualified to level one safeguarding and all GPs at the practice had also completed level two training. Two GPs at the practice were designated safeguarding leads. Both of these GPs had completed the highest level, three, of safeguarding vulnerable adults and safeguarding children training. All staff we spoke to were aware who these leads were and who to speak to in the practice if they had a safeguarding concern.

We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours. Contact details were easily accessible.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so staff were aware of any relevant issues when patients attended appointments; for example children who were subject to child protection plans.

Signs displayed around the practice reminded patients they could request a chaperone to accompany them during an appointment if they so wished. A chaperone policy was in place and on display. Chaperone training had been undertaken by all nursing staff, including health care assistants. If nursing staff were not available to act as a chaperone, clerical staff had also undertaken training and understood their responsibilities when acting as chaperones including where to stand and how to observe.

Patient's individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system which collated all communications about the patient including scanned copies of communications from hospitals.

Medicines Management

Medicines were stored securely at the practice. Systems were in place to ensure they were only accessible to authorised staff. There was a policy for ensuring medicines were kept at the required temperatures. This was being followed by the practice staff, who described the action to take in the event of a potential failure.

Are services safe?

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

The practice administered vaccines in line with legal requirements and national guidance. We saw evidence that nursing staff had received appropriate training to administer vaccines appropriately and safely.

A repeat prescribing policy was in place in line with national guidance and was followed in practice. The policy complied with the legal framework and covered all required areas. For example, how staff who generate prescriptions were trained and how changes to patients' repeat medicines were managed. This helped to ensure that patient's repeat prescriptions were still appropriate and necessary.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Cleanliness & Infection Control

Contract cleaners completed daily cleaning of the practice in line with agreed schedules. We observed the premises to be clean and tidy and this was supported by patient feedback both verbal and written. Patients we spoke with told us they always found the practice to be very clean and had no concerns about cleanliness or infection control.

A monthly infection control and cleanliness audit was completed by the practice manager. This involved the practice manager walking around all areas of the practice with a manager from the contract cleaning company and addressing any concerns immediately.

Hand washing technique signage was displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

An annual legionella check had taken place. Legionella is a germ found in the environment which can contaminate water systems in buildings. The practice had a policy for the management, testing and investigation of legionella.

All staff received induction training about infection control specific to their role and thereafter annual updates. We saw evidence the lead had carried out audits for each of the last three years and that any improvements identified for action were completed on time. Practice meeting minutes showed the findings of the audits were discussed.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement control of infection measures. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these in order to comply with the practice's infection control policy.

Equipment

Portable electrical appliance testing had been completed on a bi-annual basis and industry approved stickers confirmed this. Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. We saw equipment maintenance logs that confirmed all equipment was tested regularly.

Staffing & Recruitment

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

We looked at four staff files and found 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 record checks using the Disclosure and Barring Service (DBS) checks. The practice had a recruitment policy that set out the standards it followed when recruiting staff.

There were effective 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 they was enough staff on duty each day. There was a system in place for members of staff to cover each other's annual leave.

Monitoring Safety & Responding to Risk

Are services safe?

The practice maintained a risk register which took into account reported risks at the practice. Risk was assessed, rated and actions recorded to manage the risk. Minutes showed that risks were discussed at partners' meetings and within team meetings. For example, following discussion, the practice had ensured that all staff were trained in life support techniques this year.

There were systems in place to manage risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy.

Arrangements to deal with emergencies and major incidents

There were appropriate arrangements in place to manage emergencies and major incidents. We saw records showing all staff had received training in first aid and life support.

Emergency equipment was available including access to oxygen and an automated external defibrillator (an AED is a device used to attempt to restart a person's heart in an emergency). Staff showed us where this equipment was kept. We saw it had been checked regularly. The practice discussed significant events which had taken place and appropriate learning points had been taken forward.

Emergency medicines were available in a secure area of the practice and all staff knew of their location.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, adverse weather, unplanned sickness and access to the building.

In February 2014 a fire risk assessment had been undertaken that included actions required to maintain fire safety. We saw records that showed staff were up to date with fire training and that regular fire drills were undertaken.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

GPs at the practice told us they lead in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work which allowed the practice to focus on specific conditions. GPs and nursing staff we spoke with were open about asking for and providing colleagues with advice and support. For example, GPs told us this supported all staff to continually review and discuss new best practice guidelines for the management of any changes in prescribing procedures. Meeting agenda records confirmed this happened.

Staff were familiar with current best practice guidance accessing guidelines from the National Institute for Health and Care Excellence and from local commissioners. For example, a nurse at the practice told us they had been provided with the opportunity and resources to attend a development course at the local university to complete a travel vaccination course.

Evidence was available of minutes of practice meetings where new guidelines were disseminated and required actions agreed. The staff we spoke with and evidence we reviewed confirmed these actions were aimed at ensuring that each patient was given support to achieve the best health outcome for them.

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 showed us nine clinical audits that had been undertaken in the last 12 months. These included a carpal tunnel audit in June 2014. This audit had been reviewed every 6 months and showed that there was evidence the condition was being effectively managed in primary care. A stroke audit completed in August 2014 by an external auditor showed that 270 patients were being monitored and their changing needs properly assessed. A range of family planning audits had been undertaken to examine the safety and effectiveness of implants and contraceptive methods provided by the practice.

An audit on anti-inflammatory medicines in December 2013 had checked on any adverse effects of these medicines and had led to the recording of any patient taking these on a regular basis onto a high risk drug register monitoring programme. This enabled regular checks to take place on the patient to ensure their health and well-being.

An appointment system audit had taken place between February – July 2014 which had sought patient feedback and engagement with proposed changes to the appointment system. This had led to the introduction of a new telephone consultancy system.

The practice also used the information they collected for the Quality Outcomes Framework (the QOF is a voluntary system which provides financial incentives to primary medical services in achieving certain targets) and their performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF (or other national) clinical targets.

The practice worked together with two local nutritionists from the a research centre, and was running a pilot study on the use of a lifestyle application for iphones and devices, for patients with pre-diabetes. This helped patients at risk of developing diabetes to improve their health.

The practice responded effectively to provide care to a child patient whose medical condition and medicines taken necessitates regular blood tests. In order to reduce the amount of time spent out of school to attend a general hospital for these tests, the practice dedicated the time and resource to train a phlebotomist to take blood samples from children. The practice had sent this member of staff to the general hospital's paediatric department on a number of occasions in order to obtain the skills, experience techniques and competence to offer this service. This goes beyond the normal requirement of a practice.

The practice liaised with the local community college to allow essential employees who drove the school bus to attend their work medicals at the practice instead of going to hospital, reserving slots that fitted around the school day. This also had the effect of ensuring the safety of the local children by checking the medical condition of their bus drivers.

Effective staffing

Are services effective?

(for example, treatment is effective)

There were appropriate numbers of staff to meet patient demand. Due to the new telephone consultancy system we found the waiting room was quiet during the morning and patients did not usually have to wait very long until their appointment. There was one exception to this when one patient told us they had been waiting for 30 minutes to see a GP. Written analysis of waiting times had been completed by the practice and we saw that this instance was unusual. Statistics showed that waiting times had been significantly reduced by the introduction of the new telephone consultancy system.

We checked staff training records and saw that all staff were up to date with attending mandatory courses such as annual safeguarding and fire training. There was a broad skills mix amongst the GPs. 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.

We saw that annual staff appraisals had been undertaken. Staff told us they felt supported by management at the practice and we found that morale was high.

Working with colleagues and other services

The practice worked with other health care professionals including mental health teams, midwifery teams, drug and alcohol teams and private health care provider to meet people's needs and manage complex cases.

The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and actioning any issues arising from communications with other care providers on the day they were received. The GP overseeing these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

The practice held multidisciplinary team meetings on a monthly basis to discuss the needs of complex patients e.g. those with learning disabilities or needing end of life care. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

Information Sharing

The practice communicated effectively with other health care professionals. 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. Electronic systems were also in place for making referrals to specialist services.

There was a practice policy of providing a printed copy of a summary record for the patient to take with them to hospital. A member of staff demonstrated this task using the electronic patient record system. Staff showed us that the practice had an effective system for updating records (including those for medicines) following blood tests, X-rays, hospital admissions and out-patient appointments.

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 trained on the system.

Consent to care and treatment

Staff were aware of the Mental Capacity Act 2005 (the MCA is a legal framework which supports patients who need assistance to make important decisions) and the Children's and Families Act 2014 and their duties in fulfilling it. Where patient capacity was an issue, the practice had drawn up a policy to help staff. This policy highlighted how patients should be supported to make their own decisions and how these should be documented in the medical notes.

Patients with learning disabilities and those with dementia were supported to make decisions through the use of care plans which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it) and had a section stating the patient's preferences for treatment and decisions. The practice maintained records and showed us that all care plans had been reviewed in the past 12 months. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity. All clinical staff demonstrated a clear understanding of Gillick competencies. (Gillick competencies help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

Health Promotion & Prevention

A television in the patient waiting area provided a constant stream of health promotion and prevention advice on a wide range of topics. This included advice on stopping

Are services effective?

(for example, treatment is effective)

smoking and weight management. The practice maintained a dedicated health check room for patients. This was adjacent to the waiting room and offered some degree of privacy. Patients could use this room to take their own blood pressure, weigh themselves and measure themselves. Charts were available which showed healthy body mass index ratios.

It was practice policy to offer all new patients aged over 40 registering with the practice a health check with a nurse. Patients under the age of 40 were able to receive a health check on request. The GP was informed of all health concerns detected and these were followed up in a timely manner. The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance Last year's performance for all immunisations was above average for the CCG, and there was a clear policy for following up non-attenders by the named practice nurse.

Annual health checks were also offered to patients over 75 years of age. Records showed that appropriate follow up actions were undertaken as required.

The practice worked with other health professionals to provide smoking cessation clinics to help patients. There was evidence these were having some success as the number of patients who had stopped smoking in the last 12 months was above average compared to neighbouring practices and national figures. Similar mechanisms of identifying at risk groups were used for patients who were obese and those receiving end of life care. These groups were offered further support in line with their needs.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

Written and verbal evidence we examined showed us that patients were satisfied with how they were treated at the practice. For example, a patient survey had been completed by the practice in February 2014. There had been 270 respondents to the survey. Analysis of these results were available. They showed that the warmth, reassurance, respect and empathy of staff was excellent. Consideration and concern for patients also showed extremely high scores.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 30 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them warmly and with compassion. Two comments were less positive but there were no common themes to these. We also spoke with nine patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The reception desk was in a separate area to the patient waiting room. We observed staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private. The practice switchboard was located away from the reception desk which helped keep patient information private.

Staff told us if they had any concerns about patient privacy and dignity they would raise these with the practice manager. There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour.

Care planning and involvement in decisions about care and treatment

An analysis of the patient survey results completed in February 2014 showed us that the practice scored highly in care planning and involvement in decisions about care and treatment. Of the 270 respondents, 98% of practice respondents said the GP involved them in care decisions and 99% felt the GP was good at explaining treatment and results. Both these results were above average compared to national patient surveys.

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

There was a hearing aid induction loop available at the practice. There was also a telephone based language translation service available to support patients whose first language was not English. Signage in patient areas advertised these services.

Patient/carer support to cope emotionally with care and treatment

The February 2014 patient survey results showed that patients were positive about the emotional support provided by the practice. For example, 83% of the 270 respondents to the patients participant group survey said when it had been needed they were helped to access support services to help them manage their treatment and care. The nine patients we spoke to on the day of our inspection and the comment cards we received all said that they had been given enough emotional support by staff at the practice.

A television display in the patient waiting areas showed a continuous cycle of information. Some of this included support groups and organisations to help patients and their families. Paper leaflets in the same area duplicated this information and there was also similar information on the practice website. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them. The practice ran a regular carer's clinic to support the important role which carer's fulfil.

Are services caring?

In the event of bereavement, families were called by their named GP. GPs told us this call was followed by a patient consultation at a flexible time and location to meet the family's needs and signposting to a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was responsive to people's needs and had systems in place to maintain and improve the level of service provided. For example, the practice responded a situation where a child required regular blood tests. In order to reduce the amount of time spent out of school to attend a general hospital for these tests, the practice dedicated the time and resource to train a phlebotomists to take blood samples from children. The practice sent this member of staff to the general hospital's paediatrics department on a regular basis in order to obtain the skills, experience techniques and competence to offer this service.

The practice had a well-established team in place and all the staff we spoke with told us morale was high at the practice. Staff told us this enabled good continuity of care and accessibility to appointments with a GP of choice. The new telephony consultation system enabled GPs the flexibility to make longer appointments according to patient need. This included appointments with a named GP or nurse.

The practice worked collaboratively with other agencies and regularly shared information such as patient notes to ensure good, timely communication of changes in care and treatment. For example, visits were made to South Hams hospital by GPs from this practice every week day. GPs worked closely with hospital staff to respond to patient's needs. On the weekend this service was supplied by an out of hour's provider.

Tackle inequity and promote equality

The practice has a support group with objectives relevant to this population group. Norton Brook Patient Support Group is a group of volunteers who are a registered charity, who provide transport to patients who cannot get to the surgery, due to potentially limited mobility or poor transport links. In this way, the practice had recognised the needs to make its services equally available to all patients.

One patient who had a learning disability attended the practice with a care worker during our inspection. They told us that although they were satisfied with their care at the practice, there were limited methods of communication with patients who had learning disabilities.

There was a patient toilet which was wide enough to allow wheelchair access. However, the light pull cord in this toilet was too short for wheelchair users to reach.

The practice had access to online and telephone translation services and a hearing aid induction loop.

The practice provided equality and diversity training via e-learning. The practice confirmed that all staff were due to complete their equality and diversity training by December 2014. Staff told us that equality and diversity was regularly discussed at staff appraisals and meetings.

Access to the service

The practice is open between 8.00am and 6.30pm Monday to Friday. The practice is open over lunch time except on an alternate Tuesday and Thursday when it is closed from 12.30 to 1.30pm for staff meetings or staff training. The practice offers extended hours 7.30 to 8am and 6.30 to 7.30pm on Mondays, alternate Tuesdays and Wednesdays. The alternating pattern over a four week period allowed all GP's to take part in meetings and training. GPs are available for these appointments and a nurse is available until 6.30pm each day. Staff told us the majority of the nurses appointments are booked in advance, but many are still available on the day in order to be offered in the morning.

Patients can telephone the practice to book appointments or order prescriptions. Many patients choose to come to the practice in person to request prescriptions or book appointments. Prescriptions can also be ordered on line via the website. Patients can ring after 2pm to obtain test results.

The practice has a support group of volunteers who are a registered charity, who provide transport to patients who cannot get to the surgery, due to potentially limited mobility or poor transport links.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed,

Are services responsive to people's needs?

(for example, to feedback?)

there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the Out-of-Hours service was provided to patients.

Listening and learning from concerns and complaints

There was a desk and chair in the patient waiting area equipped with details of how to make a complaint, the forms required and pens. We saw there was also a comments box at this desk. The practice had received numerous thank you and compliment cards which staff showed us.

The practice included concerns and complaints in its weekly and monthly multi-disciplinary meetings. For example, we saw minutes from meetings within the last six months which included discussions about concerns for patients on the at risk vulnerable patient list. These were reviewed weekly and any appropriate action taken as a result.

This confirmed that the practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

We looked at complaints received in the last twelve months. We saw that the practice manager had a system in place to deal with these effectively and put in place and address any learning points with staff. A complaints audit had been completed by the practice manager between Sept 2013 – Sept 2014. This had examined any learning points from the complaints and ensured that they had been taken forward.

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

An open culture and highly motivated staff at this practice was assisted by the practice's clear vision to deliver high quality care and promote positive outcomes for patients. There was a clear leadership structure in place which staff told us they understood. All of the GPs had a stake in the success of the practice.

All of the staff we spoke with knew what their responsibilities were in relation to the practice vision and values.

Governance Arrangements

The practice had a large number of policies and procedures in place to govern both administrative and clinical activity and these were available to staff via the desktop on any computer within the practice. We saw that these policies and procedures were grouped appropriately and had been reviewed within the last twelve months. They included treatment room protocols, safeguarding, whistle blowing, health and safety, confidentiality and general management. Staff we spoke with confirmed they knew how to access these policies via the computer system or on hard copy.

Clinical governance was included in the practice's weekly meetings. The practice held weekly GP's meetings which included the practice manager, and monthly all staff meetings. We looked at minutes from these meetings and found that performance, quality and risks had been discussed.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and actions were agreed to maintain or improve outcomes.

The practice had completed a number of clinical audits, for example in June 2014 a carpal tunnel audit had been completed. Of 26 patients seen, 4 had been referred to specialists due to the severity of their condition. The findings of the audit recommended that all 26 patients were reviewed every six months. The audit provided evidence that the majority of patients could be treated in primary care.

Family planning clinical audits had examined the success and learning points of this area. 40 contraceptive implants had taken place April 2013 – March 2014. The audit revealed there had been no pregnancies or other complications during this period.

Leadership, openness and transparency

GPs had lead roles at the practice which ensured clear leadership and transparency. For example there was a lead GP for child protection safeguarding and another lead GP for safeguarding vulnerable adults. Both of these GPs had received safeguarding training appropriate to this level of responsibility. Staff knew who these lead GPs were and what their roles were.

Staff all told us that felt valued, well supported and knew who to go to in the practice with any concerns.

We saw from minutes that team meetings were held monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. Staff particularly appreciated the fact that a GP always attended their meetings and held an open forum questions and answers session.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of these policies including the induction policy, which were in place to support staff. We were shown the electronic staff handbook that was available to all staff, this included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

Two GPs at the practice have raised over £1000 for 'Outreach Chemotherapy Support Services' by cycling 109 miles in one day across Devon. This charity enables local patients to receive their chemotherapy at South Hams hospital and therefore remain closer to their homes and families.

Practice seeks and acts on feedback from users, public and staff

The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the patient participation group (PPG). A survey conducted between February – July 2014 had indicated several areas for improvement which the practice had acted upon. For

Are services well-led?

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

example, 23% of the 270 respondents had reported that the GP could have carried out their consultation on the telephone. This had been one of the factors which led to the practice adopting the telephone consultation service.

Of the respondents, 71% had rated seeing their own named GP as more important than getting an appointment when it suited them. The practice had examined how it could give better access to their own GP. Only 50% of respondents knew the practice offered extended hours appointments, this had led to the practice advertising this fact on displays and leaflets. 65% of patients had indicated they were interested in online booking, a service which was planned for March 2015 at the practice. The practice website had also been improved and updated as a direct result of patient feedback.

Every month a GP joined the all staff meeting at the practice and conducted a question and answer session to obtain any feedback the staff had. Staff told us they enjoyed this and felt supported by the management of the practice. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. One member of staff told us that they had asked for specific training to be given around taking blood samples and this had been put in place. Staff told us they felt involved and engaged in the practice.

The practice has a support group together with a patient participation group. Norton Brook Patient Support Group is a group of volunteers who are a registered charity, who provide transport to patients who cannot get to the surgery, due to potentially limited mobility or poor transport links.

Management lead through learning & improvement

All staff we spoke with at the practice told us that the management supported them to maintain their continuous professional development through training and mentoring. We looked at three staff files including a new member of staff and saw that induction appraisals took place which included a personal development plan. Annual appraisals for established staff had also taken place. Staff told us that the practice was very supportive of training and that they had opportunities to suggest relevant training they wished to pursue. For example, nurses told us they were able to attend training development days at the local university and had been given the required time and resources by the practice to achieve this.

The practice was a training practice, with two trainee GPs who attended the practice for training on a regular basis. Senior GPs at the practice provided the support and mentoring required by these staff. As a training practice, the practice had recently been successful in its inspection by the Royal College of General Practitioners (RCGP), which inspects all training practices.

The practice had completed reviews of significant events and other incidents and shared with staff via meetings to ensure the practice improved outcomes for patients. For example, where there had been a lapse in communication with a multi-agency safeguarding team, the practice had put in place a lead safeguarding GP and ensured stronger future communication.