Dartmouth Medical Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dartmouth Medical Practice on 1 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

The practice provided a room free of charge together with electricity, telephone lines and photocopier use to Dartmouth Caring, a charity that provided a support service to the town and rural community including the practice's patients. This charity, which was based on practice premises and worked closely with the practice, offered luncheon clubs, home visits, befriending, a memory café, counselling, financial advice and help with hospital transport.

Summary of findings

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey July 2015 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Outstanding ☆

The practice is rated as outstanding for the care of older patients.

- Dartmouth Medical Practice had a higher than average elderly population. 33% of patients were aged over 65 compared with a clinical commissioning group (CCG) average of 24.1% and a national average of 16%, and the practice had tailored its services accordingly.
- The practice offered proactive personalised care to meet the needs of older people in its population with a named GP for all our patients, with as much continuity of care as possible.
- The practice offered home visits and urgent appointments to those with enhanced needs. In 2015, practice GPs had made 482 home visits, 90% of which were to patients over 65. The practice kept appointments available to fit in with the bus timetables for older people coming in from the rural villages. GPs carried out a regular weekly ward round at a local nursing home and virtual weekly ward rounds were held with two residential care two homes.
- Practice staff went the extra mile to provide a caring service. We found examples when practice staff had arranged transport for unwell elderly patients to get home and unable to make their own way, staff dropped emergency medicines off to isolated patients, GPs visited End of Life patients out of hours and gave them their home telephone numbers to ensure continuity of care and prompt response in case of emergency.
- The practice performed above average when compared with the local CCG and national averages in respect of management of clinical conditions commonly affecting older people such as, dementia, heart failure, osteoporosis, atrial fibrillation, cancer and palliative care.
- The practice had daily interaction with the local district nurses and community matron who worked with the most vulnerable patients. The practice maintained strong working relationships with community teams in order to support patients living independently in their own homes.
- Staff met regularly with the community rehabilitation team and a local well-established falls clinic with referrals from Torbay

Summary of findings

Hospital, GPs, Dartmouth Caring (a voluntary group based at the practice) and the local community team. Older patients were encouraged to attend strength and balance classes run by physiotherapists at nearby Dartmouth Hospital.

- The practice worked very closely with the local 18 bed Dartmouth community hospital where the occupancy was predominantly elderly. Practice GPs managed the day to day medical care with a daily ward round and on call in hour's service. This enabled a good working relationship between the hospital staff and GPs. Practice GPs also regularly visited elderly patients attending the Day Care Centre at the hospital.
- Practice GPs provided cover for the local community hospital and enabled priority emergency admission beds to be available to practice patients at the hospital and in local care homes, so that older patients do not have to be admitted to distant hospitals where it is difficult for relatives and friends to visit.
- The practice provided a room free of charge together with electricity, telephone lines and photocopier use to a local charity (Dartmouth Caring), a charity that provided a support service to the town and rural community. This charity, which was based on practice premises and worked closely with the practice, offered luncheon clubs, home visits, befriending, a memory café, counselling, financial advice and help with hospital transport.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes on the practice register, who had received a flu vaccination in the last 12 months was 97%. This was higher than the national average of 93%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice worked closely with a child health centre providing health promotional activities. A practice GP worked alongside a health visitor at a weekly clinic run from the Dartmouth children's health centre to provide child health surveillance.
- The practice combined six week maternal and child postnatal checks in the same appointment at the children's health centre to allow both to be done in a single visit. Patients had provided positive feedback about this. If mothers preferred a separate appointment with a different GP they were able to request this.
- The practice had provided cervical screening to 80.45% of its eligible patients which was in line with the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Information displayed encouraged cervical screening, chlamydia and other sexually transmitted infection screening. Chlamydia screening bags were obtainable in the patient toilets.
- The practice offered an extensive range of contraceptive services.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

- The practice had referred 15 patients for smoking cessation support in 2015. Of these, 80% had successfully stopped smoking.
- The practice had systems in place to identify military veterans and ensured their priority access to secondary care in line with the national Armed Forces Covenant. The practice policy on military veterans was created in September 2015. The practice had identified 22 military veterans.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice worked closely with Dartmouth Caring, a charity that provided a support service to the town and rural community.The practice provided a room and resources to this charity which was based on practice premises, offering luncheon clubs, home visits, befriending, a memory café, counselling, financial advice and help with hospital transport.
- The practice had strong links with the bridge workers from Dartmouth Hospital and Dartmouth Caring who visited patients at home providing support for patients newly discharged from hospital.
- Several GP partners were trained to support and prescribe for recovering addicts under the shared care scheme. Patients were seen by the recovery and integration service (RISE) drug and alcohol team at the practice, often with the partner involved in their care.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of patients experiencing poor mental health (including patients with dementia).

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  90% of patients diagnosed with mental health issues had had their care plan reviewed within the last 12 months.
- Access to mental health care formed part of the practice and patient participation group action plan for 2014/15 and resulted in one of the GPs working with a retired psychiatrist and member of the PPG to create a simple leaflet detailing contacts to a variety of mental health support providers. This leaflet was displayed in the waiting areas and reception. The practice invited the local community psychiatrist and the crisis team psychiatrist to practice meetings where issues of access, communication and quality of care have been discussed.
- GPs had training in this area and were also able to refer patients to a secondary care mental health counsellor who provided a clinic at the practice on a weekly basis.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Child mental health services were in the process of review locally and the practice was contributing to these developments in partnership with the PPG and Dartmouth Caring.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 234 survey forms were distributed and 137 were returned. This represented 1.7% of the practice's patient list.

- 74% of patients found it easy to get through to this practice by phone compared to a Clinical Commissioning Group (CCG) average of 79% and a national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89% and national average 85%).
- 70% of patients described the overall experience of their GP practice as fairly good or very good (CCG average 80% and national average 73%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were all positive about the standard of care received. Patients commented on the caring and happy attitude of the staff, and being treated with respect and care at this service.

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

The practice friends and family feedback for January to December 2015 showed that all 34 patients who had responded were likely or extremely likely to recommend the practice.

Outstanding practice

The practice provided a room free of charge together with electricity, telephone lines and photocopier use to Dartmouth Caring, a charity that provided a support service to the town and rural community including the practice's patients. This charity, which was based on practice premises and worked closely with the practice, offered luncheon clubs, home visits, befriending, a memory café, counselling, financial advice and help with hospital transport.

Dartmouth Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dartmouth Medical Practice

Dartmouth Medical Practice was inspected on Tuesday 1 March 2016. This was a comprehensive inspection.

The main practice is situated in the coastal town of Dartmouth, Devon. The practice provides a primary medical service to 8,000 patients of a predominantly older population, 33% of which were aged over 65 years. The clinical commissioning group average is 24% and the national average is 16%. The practice is a teaching practice for medical students and is a training practice for GP registrars. The practice currently has one GP registrar.

There is a team of six GPs partners, one female and five male. There are also two salaried GPs, one female and one male. The practice also has a female GP retainer returning to practice starting in May 2016. The whole time equivalent was four and a half GPs. Partners hold managerial and financial responsibility for running the business. The team is supported by a practice manager, three practice nurses, four health care assistants, and additional administration staff.

Patients using the practice also have access to community nurses, palliative care nurses, mental health teams and health visitors. Other health care professionals such as drug and alcohol counsellors and midwives visit the practice on a regular basis.

The practice is open between the NHS contracted opening hours 8am - 6:30pm Monday to Friday. Appointments are offered anytime within these hours. Extended hours surgeries were until recently offered on a Saturday morning 8:30am to 12 noon. This is currently under review with the patient participation group (PPG) to make adjustments in line with patient demand.

Outside of these times patients are directed to contact the Devon doctors out of hour's service by using the NHS 111 number.

The practice offers a telephone triage system with a duty GP each day. The practice is able to offer same day appointments, telephone consultations and advance appointments.

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

The practice provides regulated activities from a single location at 35 Victoria Road, Dartmouth TQ6 9RT. We visited this location during our inspection.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 March 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing and administrative staff and spoke with four patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 36 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an incident had occurred where a child experienced blood loss in their stools. The problem had persisted, and the GP had diagnosed inflammatory bowel disease with a referral to secondary care. Learning included that although this condition was rare in childhood, it could and did occur, leading to a raised awareness amongst practice GPs.

A significant event had occurred whereby the practice had experienced a major computer crash leading to a day and a half without access to patient records. During this period, a patient who was in receipt of a regular injection had attended the practice to receive this. A higher dose rather than a lower dose was administered as the patient was unsure and the records were unavailable as they were held on computer. It transpired later that a lower dose should have been administered but there was no harm to the patient. Learning from the incident included the introduction of a new protocol which set out that no routine injections should be provided during a period of computer failure to avoid such risks in future.

When there were unintended or unexpected safety incidents, patients received support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three for children.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had recently recruited two new nurses to fill staff vacancies. One of these nurses was in the process of becoming the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The most recent infection control audit was January 2016. Improvements had been made following this, for example, the installation of pedal bins in patient toilets.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The

Good

Are services safe?

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

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy, last reviewed in August 2015, available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There was also a panic button system which was audible and visual in each of the consulting rooms, linked to reception.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as fire, electrical problems, computer failure or flooding. The practice had used this plan to successfully overcome a major computer failure in September 2015. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patient's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). This practice was not an outlier for any QOF (or other national) clinical targets. QOF exception rating was 3% which was within national guidelines. Data from 2014-2015 showed;

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the last 12 months was 89% which was in line with the national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 83% which was in line with the national average of 82%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan reviewed in the last 12 months was 89% which was in line with the national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. The practice had plans to revisit the other six audits to achieve complete audit cycles.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a minor surgery audit resulted in introducing post-surgery letters to patients to confirm in writing whether or not it had been successful, or whether further treatment at the practice or referral to secondary care would take place. This was in addition to face to face advice during appointments.
- An audit of dermatology two week wait referrals had been undertaken in June 2015 by a GP at the practice with a specialist interest in skin disorders. This area was chosen because skin cancer referrals for patients had risen from 80 in 2013 to 104 in 2014. Prevalence of skin cancer is higher in south Devon than the national average. The audit had examined GP referral rates and identified training needs in this area. The practice was a higher referrer to secondary care than average due to their awareness of this issue. The audit was repeated annually.
- The practice had conducted an audit protocol for pathology results handling. This had identified an issue with microbiology results which could look clear but if examined in detail were actually not clear. A protocol was developed whereby administration staff dealt with clear blood results but that all microbiology results were dealt with by a GP whether they appeared clear or not.
- Staff met regularly with the community rehabilitation team and a local well-established falls clinic with referrals from Torbay Hospital, GPs, Dartmouth Caring (a voluntary group based at the practice) and the local community team. Older patients were encouraged to attend strength and balance classes run by physiotherapists at nearby Dartmouth Hospital.
- The practice provided a room free of charge together with electricity, telephone lines and photocopier use to a local charity (Dartmouth Caring), a charity that provided a support service to the town and rural community. This charity, which was based on practice premises and worked closely with the practice, offered luncheon clubs, home visits, befriending, a memory café, counselling, financial advice and help with hospital transport.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet. GPs and nurses could refer patients to a weight management programme run by a support service, smoking cessation referral to support service and alcohol cessation. A drug and alcohol worker visited the practice on a weekly basis or when required to support patients locally.

The practice's uptake for the cervical screening programme was 80.45%, which was comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Good

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 100% and five year olds from 91% to 100%.

Patients had access to appropriate health assessments and checks. Health checks for new patients were provided. NHS health checks for patients aged 40–74 had until recently been provided. Funding for these checks had been stopped on 29 February 2016 by Devon County Council. As a result the practice no longer offered this service but could refer to other providers of this service outside of the county council boundaries if requested by the patient.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. The PPG was an active group with 12 members in total. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was slightly below local levels for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 90%, national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).

Care planning and involvement in decisions about care and treatment

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

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 86%.
- 99% of patients said they had confidence and trust in the last nurse they spoke to. (CCG average 98% and national average 97%)
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 86% and national average 85%)

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 4% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Good

Are services caring?

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

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice was consulting with its patients and the Patient Participation Group (PPG) about its extended hours. Until recently the practice had provided Saturday morning opening from 8.30am to 12.30pm. This was being reviewed in line with patient feedback, which highlighted that they would like early morning or late evening opening instead.
- Following extensive consultation with patients, the PPG and other stakeholders, the practice was managing their own relocation to a larger and more accessible location in Dartmouth.
- There were longer appointments available for patients with a learning disability.
- Home visits were available from GPs or nurses for older patients and patients who would benefit from these.
- Same day appointments were available for children aged under five years and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a yellow fever vaccination centre.
- There were disabled facilities, a hearing aid loop and translation services available.
- The practice could provide information in large font or in braille for patients with different communication needs.
- The practice worked very closely with the local 18 bed Dartmouth community hospital where the occupancy was predominantly elderly. Practice GPs managed the day to day medical care with a daily ward round and on call in hour's service. This enabled a good working relationship between the hospital staff and GPs. Practice GPs also regularly visited elderly patients attending the Day Care Centre at the hospital.
- Practice GPs provided cover for the local community hospital and enabled priority emergency admission beds to be available to practice patients at the hospital and in local care homes, so that older patients do not have to be admitted to distant hospitals where it is difficult for relatives and friends to visit.

Access to the service

The practice was open between the NHS contracted opening hours 8am – 6:30pm Monday to Friday. Appointments were offered anytime within these hours. Extended hours surgeries were until recently offered on a Saturday morning 8:30am to 12 noon. This was currently under review with the patient participation group (PPG) to make adjustments in line with patient demand.

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

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 69% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 76% and national average of 75%. The practice was currently reviewing its Saturday morning extended hours in consultation with the PPG in response to patient feedback.
- 74% of patients said they could get through easily to the practice by phone (CCG average 79% and national average 73%). The practice had recently installed a new telephone system in order to cope with increasing patient demand.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system which included leaflets in reception and a poster. The complaints policy had been reviewed in February 2016.

We looked at 13 complaints received in the last 12 months and found these were satisfactorily handled, and dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

For example, a complaint had been made by a patient about the way the patient had been dealt with in consultation and that not all information had been elicited; the patient had subsequently attended hospital. The patient had made a full recovery. The practice had investigated, and examined its processes. Improvements made included the procurement of paediatric oximeters at the practice, used to measure oxygen levels in blood, and which would directly aid in future similar consultations.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a strategic plan which included a patient's charter setting out the purpose of the practice, its vision and values. Staff and patients we spoke with knew and understood the values.
- The patient's charter was on display in the waiting room and also in the practice leaflet. This clearly set out the high standards of care expected by the practice and its patients.
- The strategic business plan reflected the vision and values and was regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice manager reported to the partners. There were three team leader positions; nursing, information technology, and reception. This structure was discussed regularly at team meetings. Heads of department meetings were held every month and we saw minutes of these.
- Practice specific policies were implemented and were available to all staff. All staff could access the protocols and policies on the shared computer drive.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. Staff meetings took place monthly, practice meetings took place monthly and heads of department monthly meetings. Quarterly clinical governance meetings, monthly partners meetings and any ad hoc meetings as required.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted team away days were held every quarter. Items discussed included the creation of a staff charter setting out what staff expected of each other, and team building activities.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and

Are services well-led?

Good

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

through surveys and complaints received. There was an active PPG of 12 members which met bi-monthly with the practice manager and a GP. The practice provided the PPG with a room and resources for their meetings. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team set out in a comprehensive action plan, which the practice was in the process of working through. Actions taken included for example, the setting up a website for the PPG, instigation of a regular quarterly newsletter and installed two patient information screens in waiting areas.

- Other improvements as a result of acting upon patient feedback included informing patients of any unexpected delays in appointment times, improving the follow up care of older patients and vulnerable patients on discharge from hospital.
- The practice had gathered feedback from patients through a survey completed in liaison with the PPG, which had resulted in the above action plan.
- The practice had gathered staff feedback through an annual staff survey, through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice had listened to and acted upon staff feedback. For example, the management team offered their own services to support the reception staff during peak times. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area. The practice had installed a new telephone system in order to cope with increasing patient demand. GPs at the practice had lead roles in the clinical commissioning group CCG. One GP was medical director of Plymouth Community Services. Another GP was lead for primary and community care in the south west. There were three GPs with special interests (GPwSI) in clinical areas such as ear nose and throat conditions (ENT), dermatology and cardiology. Involvement in these roles meant that these GPwSI were abreast of current practice and focused on continuous improvement as a result of regular updates in these fields.

Future challenges had been considered, including the limitations placed on the service by its current location in a historic listed building in common with much of Dartmouth town centre. The practice was currently engaged in a major relocation project to a larger purpose built premises which would allow for changing patient demand and increased accessibility.

The practice was engaged in one of the largest clinical trials undertaken in England, the Helicobacter Eradication Aspirin Trial also known as the HEAT Study. This examined patients who took aspirin for health reasons. This research was currently in progress and involved 210 patients at the practice.

Two of the GPs were qualified GP trainers. Practice GPs had been successfully assessed by the Peninsula Medical School in December 2014.