

# Catherine House Surgery

## Quality Report

New Walk

Totnes

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Catherine House Surgery on 19 January 2016. Overall the practice is rated as Good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- All feedback from patients about their care was consistently and strongly positive. This included face to face feedback, written comments and online national surveys.
- The practice worked closely with local charity organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, PPG members told us that the practice had consulted them about the extended hours offered.
- 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.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

We identified areas of outstanding practice:

- The practice faced challenges in providing childhood immunisations in an area where many patients favoured an alternative lifestyle. The practice had overcome these obstacles to raise its vaccination rate for 2 year olds from 78% in January 2014 to 93% in July 2015. The practice had also increased the

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meningitis C five in one childhood immunisations in the same period from 81% to 96%. These were significant achievements in this geographical area and above the national averages.

- The practice met up bi-monthly to discuss the top 20 most at risk patients. These meetings included practice GPs, the community matron, social services, physiotherapists and mental health team.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



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

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group. The number of emergency unplanned admissions to hospital per 1,000 of the population was 13. This was better than the national average of 15.6 and was driven by the proactive actions of the GPs and nurses.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for all aspects of care. For example;

# Summary of findings

- 97% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and national average of 89%.
- 100% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 99% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. The practice worked closely with a local homeless shelter to signpost patients to support agencies. Homeless patients could register their postal address as being that of the practice.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Views of external stakeholders were very positive and aligned with our findings.
- The practice offered support services to patients with gender dysphoria (the condition of feeling one's emotional and psychological identity as male or female to be opposite to one's biological sex), such as counselling and signposting to appropriate agencies. GPs provided us with examples of several patients who had benefitted from this support and provided positive feedback to the practice.
- The practice provided 15 minute appointments, which was longer than the national average of 10 minutes. There were longer appointments available for patients with a learning disability or with multiple conditions. Patients were able to have longer with the GP to discuss their concerns and waiting times were reduced.
- The practice had pledged its support to a local campaign to assist Syrian refugees and was working with a housing development nearby to ensure the new arrivals received primary healthcare provision.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient

Good



# Summary of findings

participation group (PPG). The practice had consulted with the PPG on its extended hours and had responded to the PPG recommendations to provide appointments every Tuesday evening until 8pm.

- Patients could access appointments and services in a way and at a time that suited them. Of 124 National GP patients survey respondents, 98% found it easy to get through to this practice by phone compared to a Clinical Commissioning Group average of 79% and a national average of 73%.
- There were innovative approaches to providing integrated person-centred care. The practice offered a walk in and wait clinic open surgery every weekday from 8.30 – 10.30am. Patients could choose which GP they saw both during the walk in clinics and at other times. Feedback showed that patients placed a great value on this accessibility.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards of care and governance were promoted and owned by all practice staff and teams worked together across all roles.
- This small practice carried out a large amount of training and development for medical student doctors and nurses. The practice taught ten year three, five final year medical students, four physician associate students every year.
- Two of the GPs were trained clinical supervisors and worked closely with Plymouth University Peninsula School of Medicine. One of these GPs was a Professor in clinical education who provided lectures on the latest guidance on paediatrics and mental health at the University. The impact of this was the practice was able to provide its patients with care based upon the most up to date guidance, research and developments in primary care.

Good



# Summary of findings

- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients and it had a very active patient participation group (PPG) which influenced practice development. The practice had consulted with the PPG and acted upon its recommendations in the implementation of its extended hours.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population such as regular visits to remote rural villages with poor transport links. CQC data showed that 24% of the practice's population of 2,970 were aged over 65 years, which was higher than the national average of 16%.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice catchment area included Harbertonford, a remote village with poor transport links with a large proportion of older patients, many of whom found it difficult to leave their homes. A practice GP visited Harbertonford every Thursday where they carried out numerous home visits for these patients.
- GPs at the practice provided older patients who found it difficult to leave their homes with their flu vaccinations. GPs told us this gave them the opportunity to meet and speak with these patients when they were well.
- The practice had access to a four wheel drive vehicle which was used to transport staff to the practice and carry out home visits in the event of heavy snow or flooding. This was particularly important in the large rural area the practice covered (150 square miles), where many older patients lived in remote villages.
- The practice liaised with a local charity called Totnes Caring which offered befriending services, transport, home help and meal deliveries to older patients who found it difficult to leave their homes.

### People with long term conditions

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

Good



- 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 who had received an annual review and a blood pressure check in the last 12 months was 87%, which was significantly better than the national average of 78%.



# Summary of findings

- Nurses at the practice provided specialist clinics for patients with long term conditions such as asthma and diabetes. One of the practice nurses was a trained diabetic specialist who carried out a regional role delivering educational courses on diabetes for newly diagnosed patients in Devon. The impact of this was that patients at the practice benefitted from the most up to date care and treatment for diabetes.
- 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.

## Families, children and young people

The practice is rated as outstanding for the care of families, children and young people.

- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice provided a room and resources for a dedicated midwife to be based at the practice, offering a weekly clinic. Patients provided positive feedback about this service.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice was based in Totnes, a town with a percentage of the population which favoured an alternative lifestyle. As a result the practice faced challenges in providing childhood immunisations. The practice had overcome these obstacles to raise its vaccination rate for 2 year olds from 78% in January 2014 to 93% in July 2015. The practice had also increased the meningitis C five in one childhood immunisations in the same period from 81% to 96%. These were significant achievements in this geographical area and above the national averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's cervical screening rate was 83% which was better than the national average of 81%. This represented a substantial improvement on the previous financial year when the practice had achieved 78%. The practice had achieved this through providing a telephone reminder service to relevant patients.

Outstanding



# Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided a weekly clinic every Friday for young people. These were aimed at providing guidance on issues relevant to young people including sexual health, skin problems and eating disorders. A sign on the outside of the practice advertised these clinics and their timings.
- The practice provided a room and resources for a specific midwife who was dedicated to the practice and provided a weekly clinic. Patients were very satisfied with this service.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, signage on the outside of the practice advertised evening appointments aimed at the working population every Tuesday between 6.30pm – 8pm and the Saturday walk in surgery 9am – 12 noon.
- Practice services included online appointments and online repeat prescriptions, telephone consultations and comprehensive information on the practice website to allow working people and students to easily access the service.
- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group.
- 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 had an Armed Forces Treatment Priority policy which had been reviewed in May 2015.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice also offered its support to a local homeless shelter in Totnes and signposted patients to other local agencies who helped the homeless.

**Good**



# Summary of findings

- The practice had pledged its support to a local campaign to assist Syrian refugees and was working with a housing development nearby to ensure the new arrivals received adequate primary healthcare provision.
- The practice offered longer appointments for patients with a learning disability. The practice offered support services to patients with gender dysphoria (the condition of feeling one's emotional and psychological identity as male or female to be opposite to one's biological sex), such as counselling and signposting to appropriate agencies. GPs provided us with examples of several patients who had benefitted from this support and provided positive feedback to the practice.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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 met up bi-monthly to discuss the top 20 most at risk patients. These meetings included practice GPs, the community matron, social services, physiotherapists and mental health team.

## People experiencing poor mental health (including people with dementia)

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

- There was a proportionately high prevalence of patients with a mental health diagnosis in the practice population. One of the GPs had become a Professor in clinical education with an interest in mental health, who lectured on the subject at the Plymouth University Peninsula School of Medicine and also carried out research which had a positive benefit on patients in this group. Benefits included regular counselling sessions, a holistic approach to help patients return to work such as counselling and medicines reviews and a close liaison with local support organisations.
- CQC data showed 84% of patients diagnosed with dementia had received a care plan review within the last 12 months. This was in line with the national average.

Good



# Summary of findings

- The percentage of patients with diagnosed physical and/or mental health conditions whose notes recorded their smoking status in the preceding 12 months was 94.97% which was in line with the national average of 94.1%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 91% which was better than the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing better than local and national averages. A total of 228 survey forms were distributed and 123 (54%) were returned. This represented 4% of the practice's patient list (2,970).

- 98% of patients found it easy to get through to this practice by phone compared to a clinical commission group (CCG) average of 79% and a national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 91% of patients described the overall experience of their GP practice as fairly good or very good (CCG average 80%, national average 73%).

- 88% of patients said they would definitely or probably recommend their GP practice to someone who had just moved to the local area (CCG average 82%, national average 78%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Patients described the excellent service offered by the practice. Specific comments focused on the accessibility of GP and nurse appointments, the caring attitude of staff, the consistency and continuity of care and the efficiency of the service.

We spoke with 19 patients during the inspection. All 19 patients said they were very pleased with the care they received and thought staff were approachable, committed and caring. Results from the practices friends and family survey showed that 95% of 20 respondents between September 2015 – December 2015 had stated they were extremely likely to recommend the practice.

## Outstanding practice

- The practice faced challenges in providing childhood immunisations in an area where many patients favoured an alternative lifestyle. The practice had overcome these obstacles to raise its vaccination rate for 2 year olds from 78% in January 2014 to 93% in July 2015. The practice had also increased the

meningitis C five in one childhood immunisations in the same period from 81% to 96%. These were significant achievements in this geographical area and above the national averages.

- The practice met up bi-monthly to discuss the top 20 most at risk patients. These meetings included practice GPs, the community matron, social services, physiotherapists and mental health team.

# Catherine House Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and an Expert by Experience.

## Background to Catherine House Surgery

Catherine House Surgery was inspected on Tuesday 19 January 2016. This was a comprehensive inspection.

The practice is situated in the semi-rural town of Totnes in the South Hams area of South Devon. The practice provides a primary medical service to 2,970 patients of a diverse age group. The practice is a teaching practice for medical students and a training practice for foundation year two doctors and student nurses.

There is a team of three GPs partners, all three were male. There was also a female salaried GP. Some GPs worked part time and some full time. The whole time equivalent is 2.2 GPs. Partners hold managerial and financial responsibility for running the business. The team were supported by a practice manager, two practice nurses including a nurse prescriber, one health care assistant, and additional administration staff.

Patients using the practice also had access to community nurses, mental health teams and health visitors. Other health care professionals visited 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 are offered; every Tuesday 6.30 – 8pm. The practice also provided a walk in and wait clinic open surgery every weekday from 8.30 – 10.30am. The practice offered a range of appointment types including book on the day, telephone consultations and advance appointments. Patients could choose which GP they saw for any of these appointments, including the open surgery.

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 has a General Medical Services (GMS) contract with NHS England.

The practice provides regulated activities from its sole location at New Walk, Totnes, TQ9 5HA. 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.

# Detailed findings

## 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 19 January 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing and administrative staff and spoke with 19 patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 13 Care Quality Commission comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events, formal complaints, and unexpected deaths. These were on the agenda of weekly meetings and at dedicated significant event review meetings held every six months.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an incident occurred where a GP used a test strip on a urine sample with blood visible in it, yet the test strip did not indicate the presence of blood. The GP identified the dipstick was past its expiry date. Following this incident a regular audit was put in place to check expiry dates of dipsticks weekly to ensure this did not reoccur.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, an incident occurred where a blood sample had been incorrectly labelled. When the results were returned, staff noticed a mistake had been made. Staff immediately contacted the patient concerned and an apology was offered. Shared learning took place to prevent reoccurrence and the protocol for handling blood samples was improved.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of

staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three for children.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a GP or nurse were on the premises.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of



# Are services safe?

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 provided follow up appointments for 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 September 2015, available with a poster in the staff room which identified local health and safety representatives. The practice had up to date fire risk assessments dated September 2015 and carried out regular fire drills. Appropriate action had been taken following these, including the installation of an additional fire extinguisher. 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, 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 telephones in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as adverse weather or building damage. The plan included emergency contact numbers for staff. The practice had access to a four wheel drive vehicle which was used to transport staff to the practice and carry out home visits in the event of heavy snow or flooding. This was particularly important in the large rural area the practice covered (150 square miles).

# 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 peoples' 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). The most recent published results were 97% of the total number of points available, with 4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- The number of emergency unplanned admissions to hospital per 1,000 of the population was 13. This was significantly better than the national average of 15.6.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the previous 12 months was 95.2% which was better than the national average of 88.3%.
- The percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 91% which was better than the national average of 89%.
- The percentage of patients diagnosed with physical or mental health conditions whose notes recorded smoking status in the last 12 months was 94% which matched the national average.

- The percentage of patients diagnosed with atrial fibrillation who had received a face to face annual review was 100% which was better than the national average of 98%.
- The average daily quantity of hypnotic medicine prescribed per specific therapeutic age group was 0.67 which was higher than the national average of 0.3. GPs at the practice informed us that this reflected some of the vulnerable groups which the practice cared for in Totnes. The local area had higher than average numbers of patients with a history of drug misuse and several patients with rare conditions which required treatment using these medicines. One of the practice GPs had been a substance misuse prescriber for 20 years.

Clinical audits demonstrated quality improvement.

- There had been six clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Medicine audits had been carried out to ensure cost effectiveness in prescribing. Minor surgery audits had been carried out and post operation infection rates reduced as a result of actions carried out following the audits.
- Findings from audits were used by the practice to improve services. For example, recent action taken as a result included a coeliac disease audit completed in October 2015. The audit reviewed all of its patients with coeliac disease and reviewed when those had last had samples taken. Some patients had not had blood samples for over five years. Only two out of five had received an annual review. As a result protocols were changed to ensure that all patients registered with coeliac disease had an annual review and samples taken. All patients with this condition had now received a review within the last 12 months.
- Chaperone audits had been carried out twice a year. Learning points from these had been shared with all staff. Both the nursing staff and the administration staff had received chaperone training and background checks to ensure they could provide appropriate support to patients whilst they carried out the role of chaperone.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines demonstrated how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources and discussion and mentoring by GPs 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 and co-ordinated care with other services in a timely way, for example, the practice provided a room and resources for a midwife who was dedicated to the practice and

provided a weekly clinic. Patients told us they were very satisfied with this service. The number of pregnant mothers registered as patients had increased from 20 to 45 within the last 12 months.

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 bi-monthly 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 people, 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. The practice met up bi-monthly to discuss the top 20 most at risk patients. These meetings included practice GPs, the community matron, social services, physiotherapists and mental health team.

- Patients in need of additional support included individuals in the last 12 months of their lives, their carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and NHS health checks. Patients were then signposted to the relevant service.
- A practice counsellor was available weekly on the premises for mental health guidance and was able to signpost patients to appropriate additional support services.

# Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 83%, which was better than the Clinical Commissioning Group (CCG) average of 81% and 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 had identified all those patients not checked in the last five years and proactively contacted them by telephone to invite them in for an appointment.

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.

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 93% to 100% and five year olds from 93% to 100%. The practice had significantly improved these rates from the previous financial year when they had been 78% to 93%.

Flu vaccination rates for the over 65s were 73% (national average 70%), and at risk groups 46% (national average 47%). These were also comparable to CCG and national averages.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 13 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 three members of the patient participation group. They also told us they were extremely 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 significantly above average for its satisfaction scores on consultations with GPs and nurses, which is reflected in the rating awarded for providing such a caring service. For example:

- 97% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and national average of 89%.
- 94% of patients said the GP gave them enough time (CCG average 90%, national average 87%).
- 100% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 99% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).

- 98% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 96% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%)

The practice had pledged its support to a local campaign to assist Syrian refugees and was working with a housing development nearby to ensure the new arrivals received adequate primary healthcare provision. The practice also worked closely with a local homeless charity to signpost patients to support agencies. Homeless patients could register their postal address at the practice.

### 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 significantly better than local and national averages. The impact of this is reflected in the rating awarded for this domain. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 96% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%)
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%)

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

### 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.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3% of the practice patient list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

The practice had systems in place to identify military veterans and ensured they received appropriate support to cope emotionally with their experience in the service of their country in line with the national Armed Forces Covenant. The practice policy on this had been reviewed within the last 12 months.



# 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 offered a commuter's clinic primarily for the working population, on a Tuesday day evening until 8.30pm for patients who could not attend during normal opening hours.
- The practice provided 15 minute appointments, which was longer than the national average of 10 minutes. There were longer appointments available for patients with a learning disability or with multiple conditions.
- Home visits were available for older patients and patients who would benefit from these.
- On a Thursday one of the practice GPs carried out home visits for frail or disabled patients living in Harbertonford, a local village with poor transport links. The number of patients seen on average was three every Thursday at Harbertonford.
- The practice offered a daily walk in clinic open surgery from 8.30 – 10.30am where no appointment was necessary. Patients could choose which GP they saw. The number of patients seen varied from eight to thirty three.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were accessible facilities, a toilet with accessible facilities for patients with disabilities, a hearing loop and translation services available.
- The practice offered support services to patients with gender dysphoria (the condition of feeling one's emotional and psychological identity as male or female to be opposite to one's biological sex), such as counselling and signposting to appropriate agencies. GPs provided us with examples of several patients who had benefitted from this support and provided positive feedback to the practice.

### 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 offered every Tuesday 6.30 – 8pm. The practice also offered a walk in and wait clinic open surgery every weekday from 8.30 – 10.30am. Patients could choose which GP they saw for any of these appointments, including the open surgery. Patients and patient participation group (PPG) members told us they placed a great value on this accessibility.

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

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly better than local and national averages, this is reflected in the rating awarded to this domain;

- 85% 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%.
- 98% of patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 79% of patients said they always or almost always see or speak to the GP they prefer (CCG average 62%, national average 59%).

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

### Listening and learning from concerns and complaints

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

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

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

The practice had a complaints policy in place which had been reviewed in October 2015. We looked at the one complaint received in the last 12 months and found that it had been dealt with in a timely way with openness and transparency. The practice had explained how to escalate the complaint should the patient wish to do so. Lessons

were learnt from the complaint and action was taken as a result to improve the quality of care. For example, following a complaint the practice had introduced a system to flag up on the computer record if a patient was pregnant, in order for all staff to consider this during the patient's treatment and care.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The mission statement included maintaining small practice values, taking time to care (the practice offered 15 minute appointments which was longer than the average appointment time of 10 minutes), promoting clinical excellence and a focus on teaching and clinical education.
- This small practice carried out a large amount of training and development for medical student doctors and nurses. The practice was currently training a foundation year two doctor, a year five medical student and a year three medical student. The practice taught 15 medical students every year.
- Two of the GPs were trained clinical supervisors and worked closely with Plymouth University Peninsula School of Medicine. One of these GPs was also a Professor in clinical education who provided lectures on the latest guidance on paediatrics and mental health at the University. The impact of this was that the practice was able to provide its patients with care based upon the most up to date guidance, research and developments in primary care.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were 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 staff were aware of their own roles and responsibilities. Staff told us that they felt supported at the practice with its clear structure.
- Practice specific policies were implemented and were available to all staff via a shared drive computer system.
- 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. Risk was a standing agenda item at weekly and monthly meetings.

### 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 people 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. We saw minutes of meetings which included agenda items such as safeguarding, at risk patients, staff training and future challenges faced by the practice.
- 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. Target training afternoons took place every quarter. At the November 2015 target training afternoon the staff had been trained in fire drills and safeguarding procedures. At the March 2016 training day staff told us they would receive refresher training in whistle blowing and emergency first aid.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

# Are services well-led?

Good 

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

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. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG with 12 members from a range of different population groups, which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the extended hours had first been discussed with the PPG before a final decision was made. The practice had implemented the PPG recommendations. Feedback from the PPG had suggested patients preferred evening opening to weekend opening and this had been acted upon with the implementation of evening opening every Tuesday.
- The practice had gathered feedback from staff generally through weekly 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. For example, a member of the nursing team had suggested a new way of working with administration support and this was under consideration. Another member of staff had suggested that test results should be altered to make it clearer whether patients had been informed of their results or not, this approach had been implemented. Staff told us they felt involved and engaged to improve how the practice was run.
- High levels of satisfaction from patients with the practice were reflected in the significantly above average national GP Patient survey results across all 23 survey questions. For example, 88% of patients said

they would recommend this practice to someone new to the area. This was higher than the Clinical Commissioning Group average of 82% and the national average of 78%.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Details of educational courses were displayed in the staff room. These included courses about Parkinson's disease, sexual health, child protection, arthritis, chronic cough, and cardiology in primary care. Staff told us they had been provided with the time and resources to attend courses which were relevant to their roles by the practice. These included specialist diabetic care for nurses and leadership courses for staff with a supervisory role.

GPs at the practice carried out research sanctioned by the Primary Care Research Network (PCRN) and the Clinical Research Network. Ongoing work included mental health research into bi-polar disorder and schizophrenia and how these patients managed their conditions. Findings so far indicated that most patients with serious mental illness relied heavily on services outside the NHS such as voluntary organisations. The impact of this was that the practice worked more closely with local voluntary organisations to ensure patients benefitted from a holistic approach.

This small practice carried out a large amount of training and development for medical student doctors and nurses. The practice taught 15 medical students every year.

The practice team was forward thinking and part of schemes to improve outcomes for patients in the area. The practice had pledged its support to a local campaign to assist Syrian refugees and was working with a housing development nearby to ensure the new arrivals received adequate primary healthcare provision.

The practice had considered future challenges ahead. These included planned housing developments in the area which could potentially increase the practice population by over 400 patients. Practice management had considered how many extra sessions would be required to meet this demand and how the practice could be made more accessible.