

# Old Farm Surgery

## Quality Report

Old Farm Surgery  
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Date of inspection visit: 20 January 2016

Date of publication: 10/03/2016

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 Old Farm Surgery on Wednesday 20 January 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.
- Practice staff reviewed the needs of its local population and engaged with external stakeholders and organisations to secure improvements to services where these were identified.
- The practice had developed an effective website for patients to access health information videos, 'apps', web links and referral links. This had been identified by the Clinical Commissioning Group (CCG) as an example of good practice.
- GPs at the practice provided daily medical support to inpatients at Paignton Community Hospital. This included liaising with staff, patients, carers, social services and the voluntary sector to ensure patients once well enough to be discharged, do so in a more timely, safe manner. This work involved complex case management and was also an educational opportunity for the GPs to improve their skills through closer working with the care of the elderly consultants.
- 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.

# Summary of findings

- Patients said they found it easy to get through to the surgery on the telephone and to speak with a GP. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear supportive leadership structure who encouraged the staff group to develop their confidence and scope of practice. 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 had reduced the demand for primary and secondary care services for patients with long term conditions by increasing self-management strategies and decreasing anxiety about their condition. The self-management techniques included setting goals, challenging beliefs, empowerment and acceptance which were led by the patient with support from life coaches provided by the practice. Patients described the benefits and

explained the coping mechanisms they had developed. An audit of ten patients from the practice who had taken part in the scheme showed that over the 12 months there had been a reduction from 96 face to face appointments to 28 face to face appointments and a reduction from 334 telephone consultations to 195. There had also been reductions in nurse and health care assistant appointments and out of hours contact made by these patients making more appointments available for other patients.

The areas where the provider should make improvement are:

- Review the process for regular fire drills
- Review the process for health and safety risk assessment and fire risk assessments.
- Review the consent form used for minor surgery to ensure it provides patients with all the information they need to make an informed choice.

**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 an apology where appropriate. 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.
- Recruitment procedures and checks were completed as required to ensure that staff were suitable and competent.
- There were suitable arrangements for the efficient management of medicines.
- The practice appeared clean, tidy and hygienic. We found that suitable arrangements were in place that ensured the cleanliness of the practice was maintained to a high standard.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) 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 and reassurance that care and treatment was appropriate.
- 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?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey 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.
- Views of external stakeholders were very positive and aligned with our findings.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with external stakeholders and organisations to secure improvements to services where these were identified. For example, the 'live well, feel better' scheme and work with a charity, who provided support for vulnerable people, which included the practice collecting food for local food banks.
- The practice had developed an effective website for patients to access health information videos, 'apps', web links and referral links. This had been identified by the Clinical Commissioning Group (CCG) as an example of good practice.
- 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.
- The practice implemented suggestions for improvements and made changes to the way it delivered services.
- The practice were in the process of changing the patient participation group to include smaller focus groups to enable more patients from different patient groups to offer their opinion.
- 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.

Good



## Are services well-led?

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

Good



# Summary of findings

- 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.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- There was a culture of enabling and empowering staff and patients to achieve their full potential. For example, supporting staff to make a safeguarding referral themselves with guidance and support and coaching patients in self-care.
- A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. For example, providing medical cover at the community hospital.
- 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 had easy access to online resources for staff to use.
- The practice had a system of structured governance meetings in addition to effective informal communication on a daily basis.
- 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.
- 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

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.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Care and treatment of older patients reflected current evidence-based practice.
- The practice had identified the top 2.25% of patients who were most at risk of admission and were reviewed at least monthly with the wider primary care team.
- Older patients had care plans where necessary.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people compared with local and national averages.
- GPs at the practice provided daily medical support to inpatients at Paignton Community Hospital. This included liaising with staff, patients, carers, social services and the voluntary sector to ensure patients once well enough to be discharged, do so in a more timely, safe manner. This work involved complex case management and was also an educational opportunity for the GPs to improve their skills through closer working with the care of the elderly consultants.
- Flu, pneumococcal and shingles vaccinations were provided at the practice for older people. Vaccines for older people who have problems getting to the practice or those in local care homes are administered in the community by the GPs and Nurse Practitioner.

### 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.
- Longer appointments and home visits were available when needed.

# Summary of findings

- 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.
- Patients with long term conditions had priority phone access by an alternative phone number. This recognised the need to respond swiftly and thereby maximise their likelihood of successful management in the community rather than deteriorating to the point of needing admission.
- Old Farm Surgery lead on enabling patients with Long Term Conditions to self-care across the Clinical Commissioning Group (CCG) and was responsible for delivering 'Live Well, Feel Better' - a supported self-care service with Devon Partnership Mental Health Trust to all 36 practices in the CCG.
- All clinical staff were trained in health coaching techniques to enable patients with long term conditions to self-care.
- Smoking cessation and healthy lifestyle clinics were also held in the practice to help patients.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. For example, the practice promoted a specific five week programme approach to parenting. This 5 week programme was offered as part of the comprehensive ante-natal care offered to prospective parents.
- The practice were currently running a pilot scheme with one of the paediatricians to enhance the access to specialist paediatric advice and promote better management of non-emergency paediatric conditions.
- Patients had access to a full range of contraception services and sexual health screening including chlamydia testing and cervical screening.

Good





# Summary of findings

- The practice was "Young People Friendly" and had achieved an independent accreditation, which identified the practice as being especially suitable and welcoming for people under 25. The staff helped teenagers access a range of services. For example, organising appointments for them. The practice were part of the C Card scheme which actively promoted safe sex practices in young people.
- The practice website provided information specifically aimed at supporting families, children and young people. This included a variety of behaviour management, parenting and relationship resources.
- The practice promoted the SAM (Sepsis Assessment and Management) guidelines giving a checklist and traffic light approach for parents to monitor their children during illness and reinforce their knowledge of when to call for advice from healthcare in the practice or in the hospital.

## 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.
- 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.
- All patients were offered a telephone consultation with a GP, nurse practitioner or nurse initially which ensures they get the treatment they need without spending time waiting for a surgery appointment if this is not necessary.
- Patients were able to collect their prescription at a pharmacy of their choice, including those more convenient to their work place.
- The practice had a self-service health pod which enabled working patients to update their blood pressure, height and weight without the need for an appointment and which would be followed up by the GPs and nursing staff if needed.

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.

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- 73.1% of patients with a learning disability had received an annual health check with a further seven patients scheduled for a check.
- 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.
- Disabled parking was available in the car park adjacent to the practice and disabled toilets were provided on the ground floor. All patients who had difficulty with stairs were offered a consultation on the ground floor. Chairs in both waiting rooms included some with arm rests to assist patients to stand.
- All staff had been trained in vision and impaired hearing awareness. The practice also had a portable Hearing Aid Loop system for the hearing impaired.

## 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).

- The practice had a register which identifies patients who have mental illness or mental health problems.
- All patients diagnosed with mental illness had been offered the opportunity to have their care reviewed in a face to face meeting in the last 12 months. For the year 2014/15, 97% of the patients on the mental health register had received an annual physical health check.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients had access to a self-referral depression and anxiety service (DAS) if they were suffering with anxiety, stress or depression. These sessions were held at the practice.
- Patients who had depression were seen regularly and were proactively followed up if they did not attend appointments.

Good



# Summary of findings

- Patients in caring roles were identified and offered referral to the carer's support service by a carer support worker employed by the practice one day a week.
- All patients diagnosed with dementia had been invited to have their care reviewed in a face to face meeting in the last 12 months.
- GPs referred patients to the local Memory Café and to the Memory Team at the local mental health team service.
- 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.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015. The results showed the practice was performing in line with local and national averages. 277 survey forms were distributed and 105 (38%) were returned. This represented 2.3% of the practice's patient list.

- 83% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group average of 79% and a national average of 73%.
- 90% 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%).
- 90% of patients described the overall experience of their GP surgery as good (CCG average 89% and national average 85%).
- 83% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 82% and national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. All comments were positive about the care and treatment at the practice and feedback was complimentary about staff at the practice. Patients described the service they had received as fantastic, very good, excellent and non-judgemental. Comment cards described staff as supportive, helpful, polite and thorough.

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

We saw the results of the friends and family test between December 2014 and November 2015. This showed that of the 118 results 91% of patients said they would be either likely or extremely likely to recommend the practice to friends and family. Comments on these cards included friendly staff, caring doctors and it's easy to book appointments.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Review the process for regular fire drills
- Review the process for health and safety risk assessment and fire risk assessments.

- Review the consent form used for minor surgery to ensure it provides patients with all the information they need to make an informed choice.

## Outstanding practice

The practice had reduced the demand for primary and secondary care services for patients with long term conditions by increasing self-management strategies and decreasing anxiety about their condition. The self-management techniques included setting goals, challenging beliefs, empowerment and acceptance which were led by the patient with support from life coaches provided by the practice. Patients described the benefits and explained the coping mechanisms they had

developed. An audit of ten patients from the practice who had taken part in the scheme showed that over the 12 months there had been a reduction from 96 face to face appointments to 28 face to face appointments and a reduction from 334 telephone consultations to 195. There had also been reductions in nurse and health care assistant appointments and out of hours contact made by these patients making more appointments available for other patients.

# Old Farm 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 a practice manager specialist adviser.

## Background to Old Farm Surgery

Old Farm Surgery was inspected on Wednesday 10 January 2016. This was a comprehensive inspection.

Old Farm surgery is situated in a residential area of the town of Paignton, Devon and provides a primary medical service to approximately 4,460 patients of a diverse age group.

The practice is a training practice for doctors who are training to become GPs and for medical students, and is a research centre.

There was a team of two GPs partners, a salaried GP and GP registrar, two male and two female. Partners hold managerial and financial responsibility for running the business. The team were supported by a practice manager, operations manager, nurse practitioner, two practice nurses, a health care assistants, and additional reception and administration staff.

Patients using the practice also have access to health visitors who are based at the practice. Other health care professionals visit the practice on a regular basis. These include community nurses, mental health teams and counsellors.

The practice is open to patients between Monday and Friday 8.30am – 6.00pm. Pre-booked consultations are offered between 8am and 8.30am. All patients are offered a telephone consultation initially. The staff explained that this system meant that by dealing with straightforward things over the phone the GPs and nurses had enough appointments to ensure that patients could see a GP or Nurse if they need to on the same day or at a time that is convenient to them.

Outside of opening times patients were directed to contact the Devon doctors out of hours service by using the NHS 111 number.

The practice offered on line appointments so that services can be accessed outside normal working hours and used text messages extensively for appointment reminders.

## 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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 January 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the 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. Staff said there was a culture of openness and support should any significant event occur.
- 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 involving the use of emergency equipment showed that some equipment had passed the expiry date. The equipment was immediately replaced and staff responsible for checking the equipment were identified and reminded to carry out frequent checks. A significant event review later showed regular checks were now being performed.

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.

### 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 3 for children. Staff had been supported by the safeguarding lead when making an alert.

- Not all patients were aware of the chaperone service available. However, seven of the nine patients said they had either been offered a chaperone if required or one provided automatically. Notices in the treatment rooms were small and not displayed in a way that patients could see. However, larger posters were put in place by the end of the inspection. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Weekly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, a new spill kit had been provided for the reception area.
- 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. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

## Are services safe?

We saw the Patient Specific Direction system used to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed four 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 test results and out of hours reports were reviewed and followed up. For example, ensuring out of hours reports were seen by the nurse practitioner before they took calls from patients.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. However, the health and safety risk assessment shown to us during the inspection was not detailed. The practice responded positively when we highlighted this and submitted an amended and updated version shortly after the inspection. The practice did not have a detailed fire risk assessment but also submitted an updated version shortly after the inspection which highlighted the need to perform a fire drill. Staff explained they had received fire safety training. All electrical equipment had been checked in November 2015 to ensure it was safe to use and clinical equipment was also checked at this time 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). The last legionella assessment had been performed in November 2015 which had not highlighted an actions.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Regular locum staff were used where necessary to provide continuity.

### 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. Staff were aware of this and were able to describe systems in place for when the alarm was raised.
- All staff had 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 power failure or building damage. The plan included emergency contact numbers for staff.



# 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 patients needs.
- Staff had access to a computer screen which had specific links to external websites and resources including local safeguarding teams, NICE guidelines, charities, support groups and other health care professionals. Staff said this access was very useful in being able to access support for patients.
- 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 from 2014-15 and showed that the practice had achieved 512 of the 535 points available, with 9% 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 2014/2015 showed:

- Performance for diabetes related indicators was similar or better than the Clinical Commissioning Group (CCG) and national average. For example, between 2014 and 2015 the percentage of patients on the diabetic register who had received a foot check was 92.43% which was better than the national average of 88.3%
- The percentage of patients with hypertension having regular blood pressure tests was 78% which was similar to the CCG average of 79% and national average of 83%.

- Performance for mental health related indicators were either similar or better than the CCG and national average. For example, patients with schizophrenia, bipolar disorder or psychoses who had had a care plan agreed was 94.59% which was better than the national average of 88.47%.

Clinical audits demonstrated quality improvement.

- We looked at 15 clinical audits completed in the last two years, and three of these in detail. Two of the three were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a repeated audit of identifying patients overusing short acting asthma reliever inhalers. A review of their care, education about effective inhaler technique, support and change of prescription had led to patients using the medicine more effectively to relieve their condition and had resulted in an increased uptake in annual reviews.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff and locum staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Records of this induction were then stored in staff files.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions. Staff explained that there was a culture of learning and that the leadership supported further education.
- 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. Locum nursing staff said they had also been included in this programme of training updates and education.

# Are services effective?

## (for example, treatment is effective)

- 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. For example, two nurses had been supported to obtain their independent prescribing qualification. Staff also had access to ongoing support during sessions, appraisals and mentoring and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- The practice was accredited by the University of Exeter and NHS Education (South West) as a suitable teaching centre for trainee GPs and medical students. One of the GPs was an approved trainer and the link trainer for these members of staff.
- Staff received training that included: safeguarding, moving and handling, fire procedures, basic life support, consent awareness 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.
- Systems were in place to review correspondence sent from the out of hours providers. The nurse practitioner looked at these reports and managed them appropriately, which included arranging follow up visits, appointments or telephone consultations.

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.

The GPs at the practice provided daily medical cover to patients at the nearby Paignton hospital. This provided continuity of care for patients and enabled the GPs to keep abreast of current secondary care practice. Two of the GPs also provided medical cover to three prisons in the area.

### 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. Staff explained that if there were any concerns about the mental capacity or ability of a patient to consent, they would be referred to the GPs for further assessment.
- The process for seeking consent was monitored through records audits
- The staff used written consent forms for minor surgical procedures. We saw these referred to patient information leaflets. However, staff were unaware of which leaflets were used to better inform patients about their treatment.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and had identified ways of encouraging wellbeing and self-help which had seen a reduction in face to face appointments and telephone consultations requested by patients. The aim of this 'Live well, Feel better' scheme was to reduce the demand for primary and secondary care services for patients with long term conditions by increasing self-management strategies to help decrease any anxiety they might be experiencing about their condition. The self-management techniques included setting goals, challenging beliefs, empowerment and acceptance. The goals were set by the patient. Each person was allocated a coach who provided a total of five hours coaching support. The practice had educated various staff to coach patients and had employed a coach for a day per week to work with patients. We spoke with patients who described the benefits and coping mechanisms they had developed. We were shown an audit of the first ten patients from the practice who had taken part in the scheme. This audit showed that over the 12 months there

# Are services effective?

(for example, treatment is effective)

had been a reduction from 96 face to face appointments to 28 face to face appointments and a reduction from 334 telephone consultations to 195. There had also been reductions in nurse and health care assistant appointments and out of hours contact.

Other support regarding health promotion included providing patients with advice on diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 84.7%, which was comparable to the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The practice dementia diagnosis rate indicators for 2014/2015 were 59% which were comparable to national average rates of 53%. The practice had worked to ensure these patients were identified on the computer system correctly so they could be invited for an appropriate screening or checks.

Childhood immunisation rates for the vaccinations given were comparable to Clinical Commissioning Group

and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70% to 90% and five year olds were 90%.

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

The practice had a self-service health pod which enabled working patients to update their blood pressure, height and weight without the need for an appointment. Where an abnormal result was recorded, GPs followed this up with the patient.

The practice worked with other community services and were able to refer patients to clinics held within the practice for example, smoking cessation, healthy lifestyles, and the live well, feel better scheme.

The practice also promoted self-referral services through the detailed and comprehensive website to appropriate services such as physiotherapy, Depression and Anxiety Services, the Alcohol support team and the specialist drug service.

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

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

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

- 90% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and national average of 89%.
- 89% of patients said the GP gave them enough time (CCG average 90% and national average 87%).
- 98% of patients said they had confidence and trust in the last GP they saw (CCG average 96% and national average 95%).
- 87% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88% and national average 85%).

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

### Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey from July 2015 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:

- 87% 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%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 85% and national average 82%).
- 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. 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 3.38% of the practice list as carers. The practice employed a carer champion one day a week who identified carers and met with them. The carer champion offered carers support with completing forms and signposted them to support groups.

## Are services caring?

The practice were also working with Devon Doctors who had been commissioned by the Clinical Commissioning Group to undertake NHS Checks for the 1562 eligible patients at the practice. 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. 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.

# 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.

- There were longer appointments available for patients with a learning disability, mental health issues or for patients the GPs and nurses identified as requiring additional support.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Pre-booked consultations were offered between 8am and 8.30am for patients who worked.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities available.

GPs at the practice provided daily medical support to inpatients at Paignton Community Hospital. This included liaising with staff, patients, carers, social services and the voluntary sector to ensure patients once well enough to be discharged, do so in a more timely, safe manner. This work involved complex case management and was also an educational opportunity for the GPs to improve their skills through closer working with the Care of the Elderly consultants.

### Access to the service

The practice was open to patients between Monday to Friday 8.30am and 6pm. Pre-booked consultations were offered between 8am and 8.30am, aimed at working patients. All patients were offered a telephone consultation initially. The staff explained that this system meant that by dealing with straightforward things over the phone the GPs and nurses had enough appointments to ensure that patients could see a GP or nurse if they need to on the same day or at a time that is convenient to them.

The practice offered on line appointments so that services could be accessed outside normal working hours and used text messages extensively for appointment reminders.

Outside of opening times patients were directed to contact the Devon doctors out of hours service by using the NHS 111 number.

Seven of the nine patients we spoke with said they were happy with the appointment system. Seven patients said they never had a problem making an appointment. However, two patients said they disliked the system, especially when they knew they needed to be seen. The GPs and practice manager said they were aware of the mixed feedback and were monitoring this through the friends and family survey results and patient complaints.

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.

- 74% 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%.
- 83% of patients said they could get through easily to the surgery by phone (CCG average 79% and national average 73%).
- 67% of patients said they usually get to see or speak to the GP they prefer (CCG average 62% and national average 59%).

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

### Listening and learning from concerns and complaints

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

- The complaint policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager 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. For example, information was displayed on the website and posters were displayed in the waiting room.

We looked at six complaints received in the last 12 months and found had been satisfactorily handled and dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint about a member of staff

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

the practice manager spoke with patient and investigated the concerns raised. A letter of apology was sent with details of the formal complaints procedure included. Appropriate action was taken regarding the member of staff.



# 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 mission statement was displayed and read; 'We are a family health practice with a mission to help you lead an active and fulfilling life, whatever your health condition. Our team is dedicated to your continued good health and approaches your care with professionalism, discretion and friendliness'.

- The practice had a team ethos and staff knew and understood the values. Staff explained that this ethos including working together as a team and said this team was inclusive and non-hierarchical.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored by the partners.

### 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 and were aware of any lead roles they held.
- The GPs had developed a comprehensive set of specific policies which were easy to access and familiar to all staff. The GPs had also developed a web page of useful links for staff to access which included the safeguarding teams, travel vaccine sites, National Institute for Health and Care Excellence (NICE) guidelines and charities. Staff told us they found these links useful to use when supporting patients.
- 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 clinical 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 prioritised safe, high quality and compassionate care. The partners were visible in the practice. Staff told us the partners and practice manager were all approachable, encouraging and always took the time to listen to all members of staff. All of the staff we spoke with said that Old Farm Surgery was a good place to work.

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 also 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.

- There was a regular cyclical meeting structure which gave staff clear direction for practice decisions and enabled staff to take responsibility for decisions and action at the right level.
- Staff told us the practice held these formal regular team meetings but that informal discussions also took place.
- 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 the management team held annual team away days and communicated findings and decisions to staff through the programme of staff meetings and by email.
- 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 sought patients' feedback. The practice staff had recognised the existing patient group was good at raising funds for the practice but not effective in gaining feedback. As a result a new group was being introduced where two members of the PPG had



# Are services well-led?

Good 

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

set up a programme of six meetings per year where specific patient groups were to be invited to discuss issues relating to their group but also asked about general issues regarding the practice. For example, topics planned for discussion included facilities and appointments.

The practice had gathered feedback from staff through staff meetings, appraisals and informal daily discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement and innovation

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 pilot schemes to improve outcomes for patients in the area. For example, GPs and the practice manager had been part of the National Primary Care Development Team which focused on access in GP practices. The practice were involved in research by recruiting patients for trials.

The practice staff demonstrated joint working with neighbouring practices and had offered the Live well Feel better scheme to 36 practices in the area.