

# Yelverton Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

Yelverton Surgery is a GP practice providing primary medical care services for people living in and around Yelverton, Princetown and further outlying areas. It provides services from two premises. The main practice is located at Yelverton Surgery, The Surgery, Westella Road Yelverton, Devon PL20 6AS. The sub branch is located at Princetown Village Centre Surgery, Princetown, Devon PL20 6QE. We carried out an announced comprehensive inspection at both premises on 6 and 7 November 2014.

Overall Yelverton Surgery is rated as good.

Specifically, we found the practice to be good for providing well-led, effective, caring and responsive services. It was also good for providing services for each of the six different population groups.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

There were examples of outstanding practice at Yelverton Surgery. These included;

- The high standard of bereavement support provided by the practice to the families of patients.

- The high standards of palliative care provided to patients including those patients suffering from cancer, COPD, cardiac failure and dementia.

However there were areas of practice where the provider needs to make improvements. These included;

- Updating staff training records to ensure they matched the training which had been received.

**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.

GPs were completing clinical audits which examined patient safety and there was evidence that these audits had been reviewed and repeated to ensure a full audit cycle was in place. Staff understood their responsibilities to raise concerns, and to report incidents and near misses.

Information about safety was recorded and monitored appropriately. Risks to patients were assessed and managed. There were enough staff to keep patients safe.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

Good



### Are services effective?

The practice is rated good for being effective. Supporting data obtained both prior to and during the inspection showed the practice had effective systems in place to make sure the practice was efficiently run.

The information we examined showed that patient outcomes were at or above average for the local clinical commissioning group (CCG) area.

Care and treatment was delivered in line with national best practice guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked effectively with multidisciplinary teams. The practice worked closely with other health care professionals to achieve the best outcome for patients who used the practice.

Information obtained both during and after the inspection showed staff employed at the practice had received appropriate support, training and appraisal. GP partner appraisals and revalidation had been completed.

The practice had health promotion material available within the practice and on the practice website.

Good



### Are services caring?

The practice is rated as good for being caring. Data showed patients rated the practice higher than others for many aspects of care. Feedback from patients about their care and treatment was consistently positive.

Good



# Summary of findings

We observed a patient centred culture and found evidence that staff were motivated to offer kind and compassionate care and worked to overcome obstacles to achieving this. We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on. Views of external stakeholders were positive and aligned with our findings.

Patients spoke positively about the care provided at the practice. Patients told us they were treated with kindness, dignity and respect. Patients told us how well the staff communicated with them about their physical, mental and emotional health and supported their health education.

Patients told us they were included in the decision making process about their care and had sufficient time to speak with their GP or a nurse. They said they felt well supported both during and after consultations

## Are services responsive to people's needs?

The practice was rated good for providing responsive services. Patients commented on how well all the staff communicated with them and praised their caring, professional attitudes.

The practice had 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.

Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs.

There was information provided on how patients could complain although access to this information on the practice website could be improved. Complaints were managed according to the practice policy and within timescales. There was an accessible complaints system.

The practice recognised the importance of patient feedback and had encouraged the development of a patient participation group to gain patients' views.

Practice staff had identified that not all patients found it easy to understand the care and treatment provided to them and made sure these patients were provided with relevant information in a way they understood.

Good



# Summary of findings

## Are services well-led?

The practice is rated as good for being well led.

The practice had a vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. Nursing staff, GPs and administrative staff demonstrated they understood their responsibilities including how and to whom they should escalate any concerns.

Staff spoke positively about working at the practice. They told us they were actively supported in their employment and described the practice as having an open, supportive culture and being a good place to work.

The practice had a number of policies to govern the procedures carried out by staff and regular governance meetings had taken place. There was a programme of clinical audit in operation with clinical risk management tools used to minimise any risks to patients, staff and visitors.

Significant events, incidents and complaints were managed as they occurred and through a more formal process to identify, assess and manage risks to the health, welfare and safety of patients.

The practice sought feedback from patients, which included using new technology, and had an active patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for providing care to older people.

Yelverton Surgery had an above national average number of its patient population over 75 years of age (805 patients were aged over 75 years and 110 aged over 90 years). Staff demonstrated competence in dealing with the health issues associated with old age.

GPs had achieved the requirement for practices from April 2014, as part of the GP contract changes for 2014-2015, to ensure that each patient on their practice list aged 75 or over was assigned a named, accountable GP. Annual health checks included a memory question.

The practice was responsive to the needs of older people, offered home visits and participated in hospital admission avoidance schemes aimed at enabling patients to remain at home. Care plans and treatment escalation plans (TEP) were in place for older patients who were care home residents. Practice nurses offered home visits to older people for management of long term conditions. In 2014 the practice achieved 776 face to face consultations (96%) of older people requesting an appointment with a GP. Each of the eight care homes in the area had a responsible usual GP. Older patients had six monthly medicines reviews and an annual medicines review by the deputy practice manager who was also the dispensary manager.

Good



### People with long term conditions

The practice is rated as good for providing care to people with long term conditions.

The practice managed the care and treatment for patients with long term conditions in line with best practice and national guidance. Health promotion and health checks were offered in line with national guidelines for specific conditions.

Disease registers were maintained that identified patients with long term conditions. There were recall systems in place to ensure patients with long term conditions received appropriate monitoring and support. The practice had formed links with local support services relevant to this population group. The practice had implemented care plans for patients at risk of being admitted to hospital as part of an optional enhanced services scheme. This included patients with long term conditions.

Good



# Summary of findings

Yelverton Surgery offered GP led care for patients with long term conditions including multiple sclerosis, stroke and epilepsy. Every patient had a named GP. Clinics for asthma, diabetes and chronic obstructive pulmonary disease (COPD) were run by nurses who took the lead roles for these conditions. GPs and nurses provided routine appointments for the monitoring and treatment of patients with long term conditions with structured annual reviews to check their health needs were being met.

The practice demonstrated high standards of palliative care provided to patients including those patients suffering from cancer, COPD and other long term conditions.

## Families, children and young people

The practice is rated as good for providing care to families, children and young people.

Yelverton Surgery provided family planning and maternity services such as pre and post natal checks for mothers. The practice worked with the community midwifery team to ensure expectant mothers had a named midwife and received dual care with their GP. Expectant mothers were seen twice by their GP for routine checks during their pregnancy and the community midwife held clinics at the practice. Health visitors ran clinics alternate weeks at the practice and had responsive working relationships with the GPs.

The practice had systems in place for identifying and follow up of children who were considered to be at risk. The practice had a confidentiality policy for teenagers and staff assessed whether a child (16 years or younger) was able to consent to his or her own medical treatment, without the need for parental permission or knowledge. Letters were written in a style appropriate to the age of the teenager. Appointments were available outside school hours for children and young people.

Good



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

The practice is rated as good for providing care to working age people.

The practice provided appointments on the same day. If these appointments were not available then a telephone consultation with a GP would be booked and extended practice hours would accommodate the patient if needed to be seen.

The practice had GP ring back slots at late morning times in order to be available for working patient's lunchtimes. Patients could book appointments and repeat medications on line. Yelverton Surgery

Good





# Summary of findings

offered Saturday morning clinics for patients who were in full time work or education. The practice website invited patients over 40 to arrange to have a health check with a healthcare assistant if they wanted. A cervical screening service was available.

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

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

The practice had a vulnerable patient register to identify these patients. Vulnerable patients were reviewed at the multidisciplinary team meetings.

GPs had experience in the treatment of patients with a history of drug and alcohol abuse and offered support and treatment. Patients had access to a counselling service. The practice do not provide primary care services for patients who are homeless as none are known, however, staff said they would not turn away a patient if they needed primary care and could not access it.

Staff told us that there were a few patients who had a first language that was not English. Translation and interpretation requirements were available to the practice and staff knew how to access these services. Patients with learning disabilities were offered and provided a health check every year during which their long term care plans were discussed with the patient and their carer if appropriate. Reception staff were able to identify vulnerable patients and offer longer appointment times where needed and send letters for appointments.

Good



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

The practice is rated as good for providing care to people experiencing for mental health (including people with dementia).

The practice hosted support services for patients with poor mental health in one of their treatment rooms as well as providing health checks for their carers. Any missed appointments were reviewed. There was signposting and information available to patients. The practice referred patients who needed mental health services as well as support services being provided at the practice.

GPs at the practice had a high level of awareness of depression with active assessment of psycho-social dimensions in all consultations. All patient suicides had been assessed in detail through the practice significant event process.

Good



## Summary of findings

Double appointments were available for patients who wished more time to discuss complex issues with their GP. The practice utilised two GPs for one appointment where a risk or threat was posed to staff by violent or aggressive patients.

Patients suffering poor mental health were offered annual health checks and testing for depression and anxiety as recommended by national guidelines. GPs and nurses had training in the Mental Capacity Act (MCA) 2005 and an understanding or appropriate guidance available in relation to the Act when caring for patients with dementia.

The practice offered a high standards of palliative care provided to patients including those patients suffering from dementia.

# Summary of findings

## What people who use the service say

We spoke with 10 patients during our inspection. We spoke with a representative of the patient participation group (PPG).

The practice had provided patients with information about the Care Quality Commission prior to the inspection. Our comment box was displayed and comment cards had been made available for patients to share their experience with us. We collected 40 comment cards which contained detailed positive comments.

Comment cards stated that the staff took time to listen effectively. Comments also highlighted a confidence in the advice and medical knowledge, access to appointments and praise for the continuity of care and not being rushed.

These findings were reflected during our conversations with patients and discussion with the PPG members. The feedback from patients was positive. Patients told us about their experiences of care and praised the level of

care and support they consistently received at the practice. Patients stated they were happy, very satisfied and said they received good treatment. Patients told us that the GPs were polite, friendly and professional.

Patients were happy with the appointment system and said it was easy to make an appointment.

Patients appreciated the service provided and told us they had no complaints but understood the process should they wish to do so.

Patients were satisfied with the facilities at the practice. Patients commented on the building being clean and tidy. Patients told us staff used gloves and aprons where needed and washed their hands before treatment was provided.

Patients found it easy to get repeat prescriptions and said they thought the website was useful.

## Areas for improvement

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

- Updating staff training records to ensure they matched the training which had been received.

## Outstanding practice

- The high standard of bereavement support provided by the practice to the families of patients.
- The high standards of palliative care provided to patients including those patients suffering from cancer, COPD, cardiac failure and dementia.

# Yelverton Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Yelverton Surgery

Yelverton Surgery is a GP practice providing primary medical care services for people living in and around Yelverton, Princetown and further outlying areas. It provides services from two premises. The main practice is located at Yelverton Surgery, The Surgery, Westella Road Yelverton, Devon PL20 6AS. The sub branch is located at Princetown Village Centre Surgery, Princetown, Devon PL20 6QE. We carried out an announced comprehensive inspection at both premises on 6 and 7 November 2014.

At the time of our inspection there were approximately 7,150 patients registered at the service with a team of seven GPs. Five male and two female. Two of these were registrar GPs working at the practice until August 2015. GP partners held managerial and financial responsibility for running the business. There were two nurses and a health care assistant at the practice. In addition there was a practice manager and additional administrative and reception staff.

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

Yelverton Surgery is open between Monday and Friday 8.00am to 6.00pm. Saturday morning pre bookable

appointments were available. Princetown Village Centre Surgery is held on Monday, Wednesday and Friday mornings as an open surgery from 9.00am until 9.40am on a rota basis for GPs. There are three bookable appointments from 8.40am.

Outside of these hours a service is provided by another health care provider by patients dialling the national 111 service. The practice provided health services under a Primary Medical Services contract (PMS) from the NHS.

Routine appointments are available daily and are bookable up to four weeks in advance. Urgent appointments are made available on the day and telephone consultations also take place.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting Yelverton Surgery we reviewed a range of information we held about the service and asked other organisations to share what they knew about the service. Organisations included the local Healthwatch, NHS England, the local clinical commissioning group and local voluntary organisations.

## Detailed findings

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

We carried out our announced visit on Yelverton Surgery. We spoke with 10 patients and 10 staff at the practice during our inspection and collected 40 patient responses from our comments box which had been displayed in the waiting room. We obtained information from and spoke with the practice manager, dispensary manager, four GPs, receptionists/clerical staff, practice nurses and health care assistants. We observed how the practice was run and looked at the facilities and the information available to patients. We also spoke with a representative from the patient participation group (PPG).

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

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

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

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

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

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care

People experiencing poor mental health

# Are services safe?

## Our findings

### Safe track record

Yelverton Surgery used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. For example, we saw that updates relevant to patient safety were a standing agenda item from the minutes of meetings.

We reviewed safety records, incident reports and minutes of meetings. The minutes of a meetings were recorded in writing and stored on a computer system accessible to staff. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the past five years and we were able to review these.

Significant events were a standing item on the practice meeting agenda and a dedicated meeting was held quarterly to review actions from past significant events and complaints. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Minutes from meetings showed that all staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration and they felt encouraged to do so.

The practice manager showed us the system used to manage and monitor incidents. We tracked three incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result. For example, where a minor surgery incident had reported that an implant had snapped in two on removal, staff had researched new techniques to reduce the risk of this occurring.

National patient safety alerts were disseminated by the practice manager to practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to

the care they were responsible for. They also told us alerts were discussed regularly at meetings to ensure all staff were aware of any that were relevant to the practice and where they needed to take action.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We saw evidence that staff had received training certificates. However, training records had not been kept up to date.

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

The practice had appointed a GP as lead in safeguarding vulnerable adults and children. They had been trained to level three, which met best practice. They could demonstrate they had the necessary training to enable them to fulfil this role. All staff we spoke with were aware who these leads were and who to speak with in the practice if they had a safeguarding concern.

The practice had a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments.

There was a chaperone policy, which was visible on the waiting room noticeboard and in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Trained staff acted as chaperones.

### Medicines management

Yelverton Surgery had a dispensary which on average dispensed 1077 items per month. An accredited dispenser was employed for 31 hours a week which met patient demand.

We checked medicines stored in the dispensary and found they were stored securely and were only accessible to authorised staff. The temperature in the medicines refrigerator was monitored. At the time of our inspection

## Are services safe?

the temperature in the dispensary was within the recommended temperature range for storing medicines. Systems were in place to check that medicines were within their expiry date and suitable for use. Expired and unwanted medicines were disposed of in line with waste regulations.

There were clear operating procedures in place for dispensary processes. Systems were in place to ensure all prescriptions were signed before being dispensed. The practice had a system in place to assess the quality of the dispensing process and had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. Any errors or 'near misses' were recorded, monitored and actions put in place to reduce the risks of any recurrence. The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

Blank prescription pads and printer forms were held securely in the practice. These forms were recorded when received and used, which enabled an audit trail to be maintained of the whereabouts of these forms.

We saw records showing that dispensary staff had received appropriate training and had regular checks and appraisals of their competence.

At the sub branch site in Princetown Village Centre Surgery, there were homely remedies stored on shelves protected by security shutters. However, a written risk assessment for the security of this site had not been completed.

The practice policy on medicines management was updated annually. GPs were responsible for prescribing medicines at the practice. The control of repeat prescriptions was managed well. Patients were not issued any medicines until the prescription had been authorised by a GP. Patients were satisfied with the repeat prescription

processes. They were notified of health checks needed before medicines were issued. Patients explained they could use the box in the surgery, send an e-mail, or use the on-line request facility for repeat prescriptions.

All of the medicines we saw were in date. Storage areas were clean and well ordered. Deliveries of refrigerated medicines were immediately checked and placed in the refrigerator. This meant the cold chain and effective storage was well maintained. We looked at the storage facilities for refrigerated medicines and immunisations, the refrigerator plug was not easily accessible therefore was very unlikely to be switched off.

Patients were informed of the reason for any medicines prescribed and the dosage. Where appropriate patients were warned of any side effects, for example, the likelihood of drowsiness. All patients said they were provided with information leaflets supplied with the medicine to check for side effects.

The computer system highlighted high risk medicines, and those requiring more detailed monitoring. We discussed the way patients' records were updated following a hospital discharge and saw that systems were in place to make sure any changes that were made to patient's medicines were authorised by the prescriber. Medicine alerts were received and co-ordinated by the practice manager who cascaded the information to staff. Alerts had also been discussed at team meetings.

### **Cleanliness and infection control**

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead nurse for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and received annual updates. We saw evidence that the lead had carried out an infection control audit but that this audit had not been repeated in order to ensure a full audit cycle was in place.

An up to date infection control policy and supporting procedures were available for staff to refer to, which



## Are services safe?

enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). We saw records that confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients.

### Equipment

Emergency equipment and emergency medicines at the practice were within the expiry dates. The practice had a system using checklists to monitor the dates of emergency medicines and equipment so they were discarded and replaced as required.

Equipment such as the weighing scales, blood pressure monitors and other medical equipment were serviced and calibrated where required.

Portable appliance testing (PAT) where electrical appliances were routinely checked for safety. This had been carried out by an external contractor within the last 12 months.

### Staffing and recruitment

We found that staff training records had not been updated to match the training which had been received by staff. The practice manager told us this would be rectified immediately.

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that

enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. Newly appointed staff had this expectation written in their contracts.

Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

### Monitoring safety and responding to risk

The practice required improvement in monitoring safety and responding to risk. For example, best practice recommends the completion of a full audit cycle to ensure patients were fully protected from risk. Audits had been reviewed and repeated to demonstrate that learning points had been implemented.

Risk assessments included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

Identified risks were included on a risk log. Each risk was assessed and rated and mitigating actions recorded to reduce and manage the risk. We saw that any risks were discussed at GP partners' meetings and within team meetings. The practice had identified that the recording of health and safety risk assessments was an area which they had a plan in place to improve.

### Arrangements to deal with emergencies and major incidents

Yelverton Surgery had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support within the last 12 months. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it had been checked regularly.

Emergency medicines were available 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.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of



## Are services safe?

the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, all staff details together with details of emergency maintenance contractors.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

GPs at the practice regularly attended CCG meetings in order to ensure the practice kept up to date with the latest guidance on standards of care and treatment. GPs at the practice attended regular health care forums to remain up to date on delivering effective care.

There were examples where care and treatment followed national best practice and guidelines. For example, emergency medicines and equipment held within the practice followed the guidance produced by the Resuscitation Council (UK). The practice followed the National Institute for Health and Care Excellence (NICE) guidance and had formal meetings to discuss latest guidance. Where required, guidance from the Mental Capacity Act 2005 had been followed. Guidance from NICE had been discussed at quarterly meetings.

The practice used the quality and outcome framework (QOF) to measure their performance. The QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice in their surgeries. The QOF data for this practice showed they generally achieved higher than national average scores in areas that reflected the effectiveness of care provided.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. The information staff collected was then collated by the practice manager and the deputy manager to support the practice to carry out clinical audits. The practice had already identified that completion of full audit cycles was an area which required improvement.

The GPs told us their clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF).

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. For example, 86% of patients with diabetes had received an annual medication review, and the practice met all the minimum standards for QOF in chronic obstructive pulmonary disease (lung disease). This practice was not an outlier for any QOF (or other national) clinical targets.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines.

The practice had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

### Effective staffing

GPs in the practice participated in the appraisal system leading to revalidation of their practice over a five-year cycle. The GPs we spoke with told us and demonstrated that these appraisals had been appropriately completed.

All of the GPs at the practice had attended updates on primary medical services. The GPs supported registrar GPs at the practice to assist their professional development. There were currently two such registrar GPs at the practice until August 2015.

Nursing staff had received an annual formal appraisal and kept up to date with their continuous professional development programme, documented evidence confirmed this. A process was also in place which showed clerical and administration staff received regular formal appraisal. Staff told us that the GPs and other staff were always open to honest feedback.

There was a comprehensive induction process for new staff which was adapted for each staff role. The staff training programme was monitored to make sure staff were up to date with training the practice had decided was

# Are services effective?

## (for example, treatment is effective)

mandatory. This included basic life support, safeguarding, fire safety and infection control within the last 12 months. Staff said that they could ask to attend any relevant external training to further their development. Training programmes had been tailored to suit individual staff roles.

There was a set of policies and procedures for staff to use and additional guidance or policies located on the computer system.

### Working with colleagues and other services

The practice worked effectively with other services. Multi-disciplinary team meetings took place quarterly. These meetings included GPs, clinical staff, mental health services, health visitors, specialist nurses, hospital consultants and community nursing teams.

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post.

The practice held monthly multidisciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record.

### Information sharing

Staff had received training on the Data Protection Act 1998 (DPA) and there was a nominated Caldicott Guardian at the practice. Staff understood the importance of patient confidentiality when sharing information with other healthcare providers.

The practice used a CCG approved Fair Processing Notice (a privacy notice) which ensured that patients were aware of how their information may be shared within the practice and with other health care professionals if required.

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Patients could access their referrals using the Choose and Book system. (Choose and Book is a national

electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). Patients reported that this system was easy to use.

For emergency patients, there was a policy of providing a printed copy of a summary record for the patient to take with them to A&E. One GP showed us how straightforward this task was using the electronic patient record system, and highlighted the importance of this communication with A&E.

### Consent to care and treatment

Patients told us they were able to express their views and said they felt involved in the decision making process about their care and treatment. They told us they had sufficient time to discuss their concerns with their GP and said they never felt rushed. Feedback given to us during our inspection showed that patients had different treatment options discussed with them, together with the positive or possible negative effects that treatment can have.

Staff had access to different ways of recording that patients had given consent to treatment. There was evidence of patient consent for procedures including immunisations, injections, and minor surgery. Patients told us that nothing was undertaken without their agreement or consent at the practice. GPs had conducted full reviews of patient's treatment escalation plans and care plans on annual basis or more frequently if appropriate.

Where patients did not have the mental capacity to consent to a specific course of care or treatment, the practice had acted in accordance with the Mental Capacity Act (2005) to make decisions in the patient's best interest. Staff were knowledgeable and sensitive to this subject. All staff had received training in the MCA. The MCA is a legal framework which protects patients who need support to make important decisions.

The practice had not needed to use restraint in the last five years, but staff were aware of the distinction between lawful and unlawful restraint.

### Health promotion and prevention

It was practice policy to offer a health check with a nurse to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. There was a culture among the GPs to use their contact with patients to help maintain or

# Are services effective?

(for example, treatment is effective)

improve mental, physical health and wellbeing. For example, by offering opportunistic chlamydia screening to patients aged 18 to 25 years and offering smoking cessation advice to smokers.

The practice offered NHS Health Checks to all its patients aged 40 to 75 years. Practice data showed that 70% of patients in this age group took up the offer of the health check. A GP showed us how patients were followed up within two weeks if they had risk factors for disease identified at the health check and how they scheduled further investigations.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability. Practice records showed 80% had received a check up in the last 12 months.

The practice had also identified the smoking status of 90% of patients over the age of 16 and actively offered nurse-led smoking cessation clinics to these patients. Similar mechanisms of identifying at risk groups were used for patients who were obese and those receiving end of life care. These groups were offered further support in line with their needs.

The practice offered a range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all immunisations was above average for the CCG, and there was a clear policy for following up non-attenders by the named practice nurse.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We looked at the results of the 2014-15 GP Patient Survey which had posed questions relevant to this domain. 245 surveys had been sent to the patients of Yelverton Surgery, of which 135 had responded. Of these, 89% of respondents had described their experience at the practice as good. This was higher than the CCG average of 82%.

92% of respondents would recommend this practice to someone new to the area. This was significantly higher than the CCG average of 85%.

We found that 40 patients had completed CQC comment cards to tell us what they thought about the practice. The vast majority were positive about the service experienced. Patients said they felt the practice offered a friendly and professional service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. Two comments were less positive but there were no common themes to these. We also spoke with 10 patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

GPs and staff at Yelverton Surgery understood their legal duty to maintain the highest level of confidentiality about patient information. They told us that no medical information would be divulged to a third party, such as relatives, solicitors, insurance companies unless written consent has been obtained from the patient. Leaflets at the practice and on their website set this out in detail.

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

National GP Patient survey information for 2014-15 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally

rated the practice well in these areas. For example, data from the national patient survey showed 86% of 135 respondents said the last GP they saw or spoke to was good at explaining tests and treatments. 93% said the last nurse they saw or spoke to was good at treating them with care and concern. These figures were higher than the CCG average.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the 40 comment cards we received was also positive and aligned with these views.

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/carers support to cope emotionally with care and treatment

Results from the GP Patient survey showed that 91% of 135 respondents from Yelverton Surgery said that the last GP they saw or spoke to was good at treating them with care and concern. In addition, 96% had confidence and trust in the last GP they saw or spoke to. Both of these were higher than the CCG average.

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. Patients we spoke with during the inspection said they had received help to access support services to help them manage their treatment and care when it had been needed. The comment cards we received were also consistent with this survey information.

Notices in the patient waiting room and patient website also 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. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered a bereavement, their usual GP contacted them. This call was either

## Are services caring?

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. Patients we spoke with who had had a bereavement confirmed they had received this type of support and said they had found it helpful.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The local CCG told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. GPs from Yelverton Surgery regularly attended appropriate forums.

Each patient at the practice had a named GP. Patients told us they felt the staff at the practice were responsive to their individual needs. They told us that they felt confident the practice would meet their needs. GPs told us that when home visits were needed, they were normally made by the GP who was most familiar with the patient.

The 2014-15 GP Patient survey had received 135 responses from patients who used the practice. 91% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments and responding to their needs. This was higher than the CCG average.

An effective process was in place for managing blood and test results from investigations. When GPs were on holiday the other GPs covered for each other and results were reviewed within 24 hours. Patients said they had not experienced delays receiving test results.

A patient participation group (PPG) had been set up. Details of the PPG were advertised on the practice website. There were 11 members of the PPG. The practice had worked with the PPG to conduct a patient survey in 2014. Results of this survey showed that there were five key areas which patients considered the most important. These were quality of care, reception quality, patient dignity, extended services and health promotion. The practice website provided full details of how the practice had responded to this and incorporated this feedback into its values.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example, on the practice website there were useful fact sheets in 20 different languages. These fact sheets had been written to explain

the role of UK health services, the National Health Service (NHS), to newly-arrived individuals seeking asylum. It covers issues such as the role of GPs, their function as gatekeepers to the health services, how to register and how to access emergency services. Special care has been taken to ensure that information is given in clear language, and the content and style has been tested with user groups. The practice had access to online and telephone translation services.

The practice provided equality and diversity training through e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training in the last 12 months and that equality and diversity was regularly discussed at staff appraisals and team events.

The premises and services had been adapted to meet the needs of patient with disabilities. The main entrance to the practice was suitable for wheelchair access with disabled toilet facilities available in the entrance foyer. The practice had a portable hearing induction loop device which was available for patients. The practice had level access. Car parking was available at the rear of the surgery.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

The practice had human resources policies which actively supported staff who had been on long-term sick leave to return to work. The practice manager had carried out back to work interviews to support staff.

There was no evidence of discrimination when making care and treatment decisions.

### Access to the service

The practice opened at 8.00am each morning and also held Saturday morning appointments. The practice remained open until 6.00pm each evening. In addition the practice maintained a sub branch in Princetown to support the local patient population there.

Results from the 2014 GP Patient survey showed that of 135 respondents, 98% found it easy to get through to this practice by telephone. 91% of respondents found the receptionists at this practice helpful. Both of these figures were higher than the CCG average.



# Are services responsive to people's needs?

(for example, to feedback?)

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was displayed at the practice and on their website.

Longer appointments were also available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Regular home visits were made to eight local care homes by practice GPs. There were 121 patients at these homes. Where possible, the patient's named GP conducted the visit.

The practice's extended opening hours on Saturday mornings was particularly useful to patients with work commitments. This was confirmed by written feedback we received and by patients we spoke with during our inspection.

## Listening and learning from concerns and complaints

The posters displayed in the waiting room and patient information leaflet explained how patients could make a complaint. The practice website also stated that the surgery welcomed patient opinion by sharing ideas, suggestions, views, and concerns. Patients told us they had no complaints but knew how to complain should they wish to do so.

The complaints procedure stated that complaints were handled and investigated by the practice manager and would initially be responded to within three days. Evidence showed that GPs had responded to clinical complaints appropriately. Records were kept of complaints which showed that patients had been offered the chance to take any complaints further, for example to the parliamentary ombudsman.

Staff were able to describe what learning had taken place following a complaint. Complaints were also discussed as a standing agenda item at monthly meetings.



# 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 vision and strategy in place which had been created in consultation with their PPG. The 11 members of the PPG had conducted a patient survey about what the values of the practice should be. The PPG had collated the responses and found five key themes. The practice vision was based around these;

- Quality of care. Practice staff strove to give patients the best possible care.
- Reception quality. Staff understood the importance of the first point of contact to provide a high quality service.
- Dignity. Practice commitment to provide a safe, comfortable environment for patients.
- Extended services. In addition to our daily clinics, the practice offered a number of services including family planning, minor surgery, cryotherapy, smoking cessation, carer's checks, Saturday morning clinics for those patients who are unable to attend during the working week and NHS health checks for patients between the ages of 40-74 without a pre-existing chronic disease.
- Health promotion. The practice had designed an information corner in the waiting room and reviewed our website.

We spoke with eight members of staff and they all knew and understood the vision and values and knew what their responsibilities were in relation to these. We looked at minutes of the practice staff meetings and saw that staff discussed the vision and values on a regular basis.

### Governance arrangements

Policies on governance were up to date, open and transparent. The practice public website included policies on confidentiality, freedom of information, information sharing and privacy.

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at six of these policies and procedures and most staff had completed a cover sheet to confirm that they had read the policy and when. All policies and procedures we looked at had been reviewed annually and were up to date.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and a GP partner was the lead for safeguarding. We spoke with eight members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

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

The practice had arrangements for identifying, recording and managing risks. The practice manager showed us the risk log, which addressed a wide range of potential issues. We saw that the risk log was regularly discussed at team meetings and updated in a timely way.

The practice held monthly governance meetings. We looked at minutes from past meetings and found that performance, quality and risks had been discussed.

### Leadership, openness and transparency

We saw from minutes that team meetings were held monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

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

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

The practice had invited 80 patients selected at random from its patient population to form a PPG in 2012. The practice had also advertised the PPG and invited any patient to join. The PPG was advertised at the practice and on the practice website. There were currently 11 members of the PPG.

# Are services well-led?

Good 

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

The PPG included representatives from various population groups; working population, families, older people, people with long term conditions. The PPG had carried out annual surveys. Over 94% of the practice population described their ethnicity as white British. The PPG was working towards representing all of the different population groups.

The practice PPG had conducted a survey in 2014 and the practice had acted upon this feedback. There had been 80 respondents. Overall the PPG received a very positive response from patients who completed the survey. Quality of care and reception staff were rated highly and showed that the practice has managed to build upon the previous survey results from 2013. Access to appointments showed that the majority of patients were able to see or speak to a GP of their choice. A high percentage of these were seen within 48 hours. The vast majority of patients were aware of the variety of communication methods available and felt that enough information was provided. Patients also thought that the methods available were useful, efficient and informative. There were a number of comments relating to the frequency and availability of the practice newsletter. The practice had now made the newsletter available on their website in addition to paper copies at the practice. -

The extended services questions showed that those patients who had used these services rated them highly.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. One member of staff told us that they had asked for specific training around infection control and this had happened. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

## Management lead through learning and improvement

The practice management led through learning and improvement. For example, the practice had sought feedback from patients via PPG feedback survey. The practice vision and values had been created as a result of this patient feedback.

The practice had responded to patient feedback in adjusting its hours. There was now Saturday morning opening hours at the practice. The practice was continually monitoring patient feedback and this was advertised on its website and at the practice itself.

The practice had systems in place to identify and manage risks to the patients, staff and visitors that attended the practice. The practice had a suitable business continuity plan to manage the risks associated with a significant disruption to the service. This included, for example, if the practice experienced a power failure or if a flood alert was received.

There were environmental risk assessments for the building. For example annual fire assessments, electrical equipment checks, control of substances hazardous to health (COSHH) assessments had been carried out. Visual checks of the building had been carried out. Health and safety items were a standing agenda item for the monthly meetings. There was a nominated health and safety officer at the practice.

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at five staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training and that they had staff training afternoons where guest speakers and trainers attended.

The practice had completed reviews of significant events and other incidents and shared with staff at meetings and away days to ensure the practice improved outcomes for patients. For example, an error had occurred when two patients had been sent the wrong form after undertaking a test. Both patients had been re-contacted and re-tested. Staff had apologised to both patients. Shared learning had taken place to ensure future improvements were in place.