Litchdon Medical Centre

Quality Report

Litchdon Medical Centre
Landkey Road
Barnstaple
Devon
EX32 9LLEX22
Tel: 01271 323443
Website: http://www.litchdonmedicalgroup.co.uk

Date of inspection visit: 7 July 2015
Date of publication: 29/10/2015

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask and what we found 4

The six population groups and what we found 6

What people who use the service say 9

Areas for improvement 9

Outstanding practice 9

Detailed findings from this inspection

Our inspection team 11

Background to Litchdon Medical Centre 11

Why we carried out this inspection 11

How we carried out this inspection 11

Detailed findings 13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Litchdon Medical practice on 7 July 2015.

Overall the practice is rated as outstanding.

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

- There was a strong commitment to providing co-ordinated, responsive and compassionate care for patients, particularly people with mental health needs.
- Urgent appointments were available the same day but not necessarily with a GP of the patient's choice.
- The practice had good facilities including disabled access and recognised there were areas of the building which could be improved in consultation with disabled patients.
- Information about services and how to complain was available. The practice actively sought patient views about improvements that could be made to the service and worked with the patient participation group (PPG) to do this.
- The practice proactively sought to educate their patients to manage their medical conditions and improve their lifestyles. Additional in house services were available and delivered by staff with advanced qualifications, skills and experience.
- There were systems in place to reduce risks to patient safety for example, infection control procedures.
- Patients' needs were assessed and care was planned and delivered following current practice guidance. Staff had received training appropriate to their roles.
- The practice used audits and had shared information from one of their audits with other practices to promote better patient outcomes.

We saw areas of outstanding practice:

- The practice had a strong vision which had quality and effective care and treatment as its top priority. High standards were promoted and delivered by all practice staff with evidence of clear communication across all roles and with external agencies.
- All staff were actively engaged in activities to monitor and improve quality and health outcomes for people.

Summary of findings

The practice was involved in a national pilot to provide education about healthy living to patients identified at risk of developing diabetes. Data for 2014/15 showed that the practice performed highly for monitoring and treating patients with diabetes and had completed 100% of reviews with patients.

- The practice takes a truly holistic approach to assessing, planning and delivering care and treatment to people who use services. In particular, for people who are suspected to have or are diagnosed with dementia. Their care and treatment is overseen by a GP partner with extensive experience and works closely with hospital specialists in the older people mental health services. All of the staff have had dementia care training and several examples were seen demonstrating that patients were treated with dignity and received compassionate patient centred care.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good 

The practice is rated as good for providing safe services. The practice had a strong vision which had quality and safety as its top priority. Comprehensive systems and processes were in place, which the whole team were engaged in reviewing. There was an open culture where safety concerns raised were valued and seen as integral to improvement. There was a proactive approach to anticipating and managing risks to people who use the services. The maintenance of high staff retention rates were seen as integral to on-going safety and care so that any potential risks for patients were acted upon in a proactive way.

Are services effective?

Outstanding 

The practice is rated as outstanding for providing effective services. Litchdon Medical Centre is a teaching practice where the quality of training provided was rated highly by trainee GPs and medical students. Evidence based care was delivered to patients and followed national and local guidelines. Data showed that the practice had achieved high performance (100%) for monitoring patients with long term conditions and chronic health diseases. At risk groups were targeted for health screening, support and treatment.

Are services caring?

Good 

The practice is rated good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Staff treated patients with kindness and respect, and maintained confidentiality. Staff helped patients and those close to them to cope emotionally with their care and treatment.

Are services responsive to people's needs?

Outstanding 

The practice is rated outstanding for providing responsive services. All of the patients registered had a named GP and administrative staff so they experienced continuity for follow up and monitoring of their health. Patients were linked with GPs with specific areas of expertise appropriate to meet their needs. Feedback about the service was embraced by the practice and led to improvements in the access for patients to services. These included same day appointments each day for patients needing urgent assessment for care and treatment. The practice delivered a considerable number of same day appointments run by a highly skilled team of GPs and nurses. The practice had accessible facilities and was equipped to

Summary of findings

treat patients and meet their needs. Information about how to complain was available and the practice was responsive to these. Learning from complaints was shared with all staff through several mechanisms including the staff newsletter.

Are services well-led?

Outstanding 

The practice is rated outstanding for providing well led services. The practice had a strong vision which had quality, safety and patient centred care as its top priority. A comprehensive business plan was in place, was monitored and regularly reviewed. This was discussed with all staff and shared with PPG members. High standards were promoted and owned by all practice staff with evidence of cross team working and with external agencies. Thirty patients we met or received written feedback from commented they felt safe, cared for and considered Litchdon Medical Centre was well run. Innovative approaches were used to seek feedback from patients and involve them in health promotion for the local population.

Summary of findings

The six population groups and what we found

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

Older people

Outstanding ☆

The practice is rated as outstanding for the care of older people. All of the patients had a named GP. Linked administrative staff were allocated to each patient and acted as a liaison point for community health and social care staff ensuring that support for patients was responsive and timely when needed. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Outstanding ☆

The practice is rated as outstanding for the care of people with long-term conditions. All patients were linked with a named GP with the appropriate specialist skills and expertise in areas such as respiratory or cardiac medicine. Data for 2014/15 showed that the practice performed highly (100%) for monitoring and treating patients with long term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The same day team provided instant access to GP and nurse appointments which provided patients with proactive treatment and support reducing the risk of hospital admission. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Outstanding ☆

The practice is rated as outstanding for the care of families, children and young people. All of the patients had a named GP and linked administrative staff with appropriate skills and experience to manage any safeguarding concerns. 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 good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Outstanding ☆

The practice is rated as outstanding 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. Lunchtime, extended evening appointments and weekend flu vaccination clinics were held to accommodate working age patients. 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. For example, the practice had continued to run 'well man' and 'well woman' clinics despite the uptake of patients using this clinic was not at the level the practice was aiming for. The rationale for this was that further opportunistic screening could be offered to patients such as for chlamydia, cervical smears and mental health checks.

People whose circumstances may make them vulnerable

Outstanding ☆

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. All patients had a named GP and linked administrative staff to promote patient centred care. The practice had carried out annual health checks for people with a learning disability and 100% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia). All of the patients had a named GP and were linked with named

administrative staff facilitating a patient centred approach. The practice held a register of patients experiencing poor mental health, including those diagnosed with dementia. Prompts within the patient record system highlighted when they had a carer and any potential risks so that GPs focussed on the support patients needed. Data showed that the practice engaged well with people experiencing poor mental health. For example, health screening performance for blood pressure, cholesterol, blood glucose and alcohol consumption ranged between 86.6 % and 97.8%. The practice had completed cervical smears for 100% of female patients with complex mental health needs. The practice had completed care plans for 100% patients with complex mental health needs, which included identification of potential risks, actions to reduce these and carer support.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia and demonstrated they were skilled and compassionate in supporting people.

Summary of findings

What people who use the service say

Results from the National GP Patient Survey 2015 (from 132 responses which is equivalent to 0.91% of the patient list) demonstrated that the practice was performing in line or above local and national averages.

- 94.5% of respondents found the receptionists at this practice helpful compared with a CCG average of 90.5% and national average of 86.9%
- 93% of respondents said the were able to get an appointment to see or speak to someone the last time they tried (CCG average: 91% and National average: 85%).
- 95% say the last appointment they got was convenient (CCG average: 95% National average: 92%).

The practice demonstrated that they listened to patient feedback, which was influencing current and future planning of the service. For example, patients had asked for greater continuity of care from named staff. The practice had systems in place to promote this for patients, such as a named GP with linked named administrative staff.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards and spoke with 10 patients (which is 0.2% of the patient list size). All the comments were positive about the standard of care received and access to appointments, particularly for same day assessment. Reception staff, nurses and GPs were praised for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with compassion and that GPs went the extra mile to provide care when patients required more support.

Patients (10) we spoke with were satisfied with the repeat prescription processes and had direct access to their personal records on request. They were notified of health checks needed before medicines were issued. Patients explained they could do this in person, by phone, sms text messaging or via the on-line request facility for repeat prescriptions. Information about these systems were in the practice leaflet, posters around the waiting room and on the website.

We also spoke with two members of the PPG who told us they could not fault the care they had received. The practice had discussed the feedback obtained and met face to face with staff from the practice every three months. They told us that practice had made changes resulting from patient feedback, which had improved the telephone answering system and customer care experience.

Patients feedback through the Friends and Family Test had resulted in 100 responses between January and May 2015. The majority of responses indicated that patients were either extremely likely or likely to recommend Litchdon Medical Centre to a friend or family member.

Areas for improvement

Outstanding practice

- The practice had a strong vision which had quality and effective care and treatment as its top priority. High standards were promoted and delivered by all practice staff with evidence of clear communication across all roles and with external agencies.
- All staff were actively engaged in activities to monitor and improve quality and health outcomes for people. The practice was involved in a national pilot to provide education about healthy living to patients identified at risk of developing diabetes. Data for 2014/15 showed that the practice performed highly for monitoring and treating patients with diabetes and had completed 100% of reviews with patients.
- The practice takes a truly holistic approach to assessing, planning and delivering care and treatment to people who use services. In particular, for people

Summary of findings

who are suspected to have or are diagnosed with dementia. Their care and treatment is overseen by a GP partner with extensive experience and works closely with hospital specialists in the older people mental health services. All of the staff have had dementia care training and several examples were seen demonstrating that patients were treated with dignity and received compassionate patient centred care.

Litchdon Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a CQC pharmacist inspector, a GP and other specialists including a practice nurse and an expert by experience.

Background to Litchdon Medical Centre

Litchdon Medical Practice is a training practice located in a residential area of Barnstaple, Devon. The practice covers an area of 154 sq miles, which is urban and rural. There were 14,483 patients on the practice list and the majority of patients are of white British background. All of the patients have a named GP and linked administrative staff. There is a higher proportion of working age and older adults on the patient list compared with other practices in the area. A third of the patient population are children and young people. The total patient population ranges across all areas from low to high social deprivation.

The practice is managed by ten GP partners supported by one salaried GPs and a GP retainer. The GP retainer scheme enables doctors who have returned to working in secondary care to maintain their skills and development with a view to returning to NHS GP practice in the future. There are eight practice nurses and three health care assistants. Eight of the nurses hold dual qualifications for children and adult nursing and some have worked as hospital based nurse specialists. Of these, four nurses hold prescribing qualifications. There is a practice manager who is responsible for day to day operations with reception and administration staff.

Litchdon Medical Centre is a training practice, with 4 GP partners approved to provide vocational training for GPs, second year post qualification doctors and medical students. When we inspected there was GP registrar completing their training placement at the practice. A regular GP locum is used for continuity.

The practice is open 8.30 am to 6pm Monday, Tuesday and Friday with extended hours on a Wednesday and Thursday evenings until 7.30 pm. Telephone appointments are available every day for working people. There is a same day team run by GPs and nurses who see patients needing urgent same day appointments. Opening hours are in line with local agreements with the clinical commissioning group. Patients requiring a GP outside of normal working hours are advised to contact the out of hour's service provided by Devon Doctors. The practice closes 4 half days a year for staff training and information about this is posted on the website.

The practice has a Personal Medical Service (PMS) contract and also offers enhanced services:

- Extended hours
- Identification of patients drinking alcohol who may be at risk and offering support
- Timely diagnosis and support for people with dementia
- Influenza, pneumococcal, rotavirus and shingles immunisations
- Minor surgery
- Monitoring the health needs of vulnerable people with complex needs and learning disabilities

Patient participation in development of services.

Detailed findings

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. We inspected the practice on 17 January 2014, under the previous methodology and found it to be fully compliant. 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 the practice, we reviewed a range of information we held about the service and asked other organisations, such as the local clinical commissioning group, local Health watch and NHS England to share what they knew about the practice. We carried out an announced visit on 7 July 2015.

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

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

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

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

At the announced inspection on 7 July 2015, we:

- Spoke with 22 staff and 10 patients.
- Reviewed 20 CQC comment cards completed by patients.
- Reviewed anonymised patient records.
- Reviewed management records.
- Observed interactions between staff and patients.

Good

Are services safe?

Our findings

Safe Track Record

There was a system in place for reporting and recording significant events. All of the staff we met embraced the concept of safety and took responsibility for promoting this. Staff understood the reporting systems and demonstrated they followed these. All complaints received by the practice were entered onto the system and where appropriate treated as a significant event. The practice carried out an analysis of the significant events and this also formed part of the GPs' individual appraisal and revalidation process.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the previous 12 months. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice set up a fall back system whereby patient results which were abnormal were reviewed by the duty GP to prevent delayed diagnosis from occurring if the patients named GP was away.

During the inspection, we received feedback from 30 patients who all felt safe at the practice. Many examples were shared with us, which demonstrated patient safety was promoted. For example, a mother explained how attentive and reassuring the same day team had been when she brought her ill baby in for assessment. Treatment was started immediately and her baby was monitored throughout the day, including being seen again and admitted to hospital without hesitation for further treatment.

Overview of safety systems and processes

The practice demonstrated its safe track record by having comprehensive risk management systems in place for safeguarding, health and safety including infection control, medicine management and staffing.

There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The practice follows the 2014 version of guidelines and safeguarding toolkit. 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 GP for safeguarding who also attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and the majority had received training relevant to their role. Nursing staff were in the process of setting up face to face safeguarding training from the local authority.

Notices were displayed in the waiting and consultation rooms, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones had received a disclosure and barring check (DBS). These 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.

There were procedures in place for monitoring and managing risks to patient and staff safety.

There was a system to highlight vulnerable patients on the practice's electronic records. We looked at the virtual ward record for September 2014. This showed the practice closely monitored patients and carers needs in conjunction with key health and social care professionals supporting them.

There was a health and safety policy available with a posters displayed around the practice. The practice had up to date fire risk assessments, regular fire drills and maintenance checks had taken place. Staff newsletters for January to July 2015 demonstrated that regular health and safety meetings were taking place and that focussed training, for example for fire marshals, had happened. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. Action plans were in place to reduce associated risks, for example with cleaning chemicals and these were being followed by staff. Legionella risk assessments were in place and regularly monitored. For example, the practice had replaced a water tank, which had been identified as a risk in 2013.

Appropriate standards of cleanliness and hygiene were followed. A named practice nurse was the clinical lead who liaised with the local infection prevention teams to keep up to date with current practice. All staff were aware of who the lead was. There was an infection control protocol in

Good

Are services safe?

place and staff had received up to date training. The practice monthly newsletter was used to convey infection control topics to improve practise. For example, the May 2015 newsletter highlighted the importance of management of the environment to promote health and safety and reduce the risk of cross infection.

Infection control audits had been undertaken every six months, which included assessment of performance with routine checks completed each day. Audits for the last 12 months demonstrated that the practice had acted on any issues identified. Antibiotic prescribing to patients was closely monitored by the practice to ensure that GPs were not overprescribing, to tackle antimicrobial resistance. Litchdon Medical Centre was the lowest prescriber of antibiotics in 2014 compared with six other practices in the CCG area.

The practice offered a full range of primary medical services and was able to provide pharmaceutical services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy premises. The practice had established a service for some patients to have their dispensed prescriptions delivered to their homes. There were systems in place to monitor how these medicines were delivered. Arrangements were also in place to ensure that patients were given all the relevant information they required. The arrangements for managing medicines, including controlled drugs, emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). High risk medicines were being monitored in line with national guidance. For example, patients on lithium were closely monitored through regular blood screening and liaison with specialists supporting them. The patient record system provided a fail safe, with alert flags when blood screening was overdue.

Regular medication audits were carried out with the support of the local clinical commissioning group pharmacy teams to ensure the practice was prescribing in line with current practice guidelines to promote patient safety. This included the Dispensing Services Quality Scheme (DSQS) to help ensure processes were suitable and the quality of the service maintained.

Recruitment checks were carried out and procedures had improved since we last inspected. All three files looked at had references and information required, including a Disclosure and Barring Service check (DBS). The practice policy was to obtain DBS for all staff employed and had done so. The practice had also implemented regular audits of all staff records to ensure that these checks were maintained. For example, the practice had carried out an annual check of the professional registers held by the General Medical Council and Nursing and Midwifery Council for all the GPs and nurses.

Arrangements to deal with emergencies and major incidents

An emergency messaging system was accessible to staff on all the computers at the practice, which immediately alerted staff to any emergency. A training matrix showed that all staff had received annual basic life support training or were due for an update and had a date booked. There were emergency medicines available in all the treatment rooms. The practice had a defibrillator available on the premises and oxygen with equipment for both adults and children. First aid kits were situated throughout the practice in prominent places and accident records held.

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. All staff knew about this.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

Assessments and treatment of patients was in line with the National Institute of Health and Care Excellence (NICE) current guidelines. The practice had systems in place to ensure all clinical staff had been kept up to date and guidelines from NICE were used to develop how care and treatment was delivered to meet patient needs. Comprehensive templates were used to prompt and record assessments completed for each patient.

Patients' consent to care and treatment was sought 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 (MCA). The training matrix was risk rated providing triggers for gaps in knowledge and training as well as dates for renewal. Consent forms for surgical procedures were used and scanned in to the medical records. These showed that discussions with patients covered the risks, benefits and after care arrangements following a procedure.

Protecting and improving patient health

Patients with long term conditions and chronic diseases attended clinics led mostly by the practice nurses. All of the nurses held specialist qualifications and had expertise and were delivering these effectively. For example, a nurse prescriber with advanced qualifications and experience as hospital specialist took the lead for diabetic care. Patients who were new to insulin treatment were supported and closely monitored. Data for 2014/15 showed that the practice performed highly for monitoring and treating patients with diabetes and had achieved the maximum points available (86/86). For example, 100% patient records showed that their urine had been checked for signs of protein, which could mean they were at risk of complications associated with diabetes.

All of the GPs had specialist interests and provided leadership and clinical governance for clinics for patients with long term conditions and chronic diseases. For example, a GP was the lead and had oversight of prescribing practise. The latest NICE guidance for patients on anticoagulant treatment to reduce the risk of blood clots was being followed. Educational meetings with clinical staff had identified 10 hot topics the team planned to audit. For example, a GP registrar was managing an audit looking at alternative treatments for anticoagulation, which could benefit patients with poor blood clotting control. This showed that staff followed evidenced based practice so that there was effective management of patients with long term and chronic health conditions.

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Practice nurses were using nationally recognised tools, for example to calculate the potential impact on health with patients who misused alcohol. Patients were then signposted to the relevant service. Smoking cessation advice was available at the practice. In total 15 patients had quit smoking as a result of this support.

Childhood immunisation rates for the vaccinations given were comparable with or slightly higher than the CCG/ National averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 82.3% to 98.5% and five year olds from 91.8% to 98.1%. The practice had sought advice from the Public Health team about an outbreak of measles. This resulted in increased education for parents with more prominent promotion of information about immunisation in the patient waiting room.

Patients had access to appropriate health assessments and checks. The practice did not carry out routine NHS health checks for people aged 40–74. However, it did run 'well man' and 'well woman' clinics. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The uptake of patients using this clinic was not at the level the practice was aiming for and GP partners had decided to remain using nursing resources for the continuation of these clinics. The rationale for this was that further opportunistic screening could be offered to patients such as for chlamydia, cervical smears and mental health checks. The practice's uptake for the cervical screening programme was 83.3%, which was slightly above the national average of 81.8%. Reminders were sent to patients who did not attend for their cervical screening test.

Coordinating patient care

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All 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 test results. Information about newly discharged patients from hospital and those with complex needs was assessed and support put in place quickly. The most vulnerable patients were reviewed with other community health workers every two weeks.

Every patient registered with the practice had a named GP who was supported by their own administration team. Staff knew patients well and co-ordinated follow up care and support to meet each person's needs. National resources had been used to develop a person centred approach. For example, dementia care plans were used and followed current recommended practise by the Alzheimer's Society. A team showed us an anonymised personal care plan for a patient diagnosed with dementia whose kidney function was poor. Regular phone calls to this patient were taking place and always followed up in writing. This provided the person with reminders to attend for blood tests so that their kidney function could be monitored. The team worked closely with the patient's care support team, mental health worker and consultant psychiatrist to reduce the risk of unplanned hospital admissions. Staff told us the system was working well and demonstrated a flexible and knowledgeable approach when they explained that they would need to constantly review this and alter their approach to support the patient.

Management, monitoring and improving outcomes for people

Performance indicators had been set for each patient outcome. For example, monthly monitoring took place to ensure that all patients requiring a medicines review had one within the required timescale. Data showed that all the GPs were performing within this benchmark.

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. This practice was not an outlier for any QOF (or other national) clinical targets based on adjustments made by the clinical commissioning group (CCG) for 2014/15 year. Minutes of meetings about patient care and treatment outcomes were seen and demonstrated that the GP partners and senior nursing staff monitored QOF data every month throughout the year. Data from 2014-2015 showed that the practice had achieved 100% of the points available. For example, we saw records showing that:

- The percentage of patients with hypertension having regular blood pressure tests had also improved on the previous year, with 100% patients reviewed by the end of March 2015.
- Performance for mental health assessment and care was high with 97.5% patients seen during the year up to March 2015.

Patient information leaflets were situated throughout the waiting room, as well as given to patients during appointments to promote healthy living. The practice was taking part in a 12 month national educational and support programme for patients at risk of developing diabetes, which is part of a national programme . A session run by the practice nurses was held on the day of the inspection, which was well attended.

Clinical audits were being carried out by GPs to improve the care and treatment delivered to patients. For example, one audit looked treatments such as antipsychotic medicines used for patients with dementia that could increase associated risks for this group of patients. The audit outcome established that there was clear rationale to support prescribing and close monitoring arrangements in place for each patient identified.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

GP had lead roles aligned with advanced post qualification qualifications and experience. For example a GP specialised in mental health care and treatment. They worked closely with mental health consultants in the area and attended forums run by Devon Partnership NHS Trust.

Litchdon Medical Centre is a training practice for GPs and medical students. There were four GPs approved to deliver this training.

The practice had an induction programme for all newly appointed members of staff including locums, which covered fire safety, health and safety, and confidentiality issues.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. A named member of staff closely monitored all staff training and used a risk rating system to identify any potential gaps or when updates were due.

The practice had a system in place which aligned clinical experience and competency with planning rotas for clinics.

For example, administrative staff were clear about the qualifications and experience nurses had, so that only those with baby immunisation experience and qualifications ran those clinics.

All GPs were up to date with their yearly appraisals and this was monitored by the practice manager. There was an annual appraisal system in place for all other members of staff. The outcomes from individual appraisals were used to identify and plan cross team training to meet any gaps.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Throughout the inspection we saw that the staff were kind and caring with patients as they arrived at the reception desk, on the telephone or were called in person by the GP they were seeing. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations, with the exception of one instance which we highlighted in feedback and was followed up by the practice manager. When doors were closed we were unable to hear conversations taking place in these rooms with patients.

All of the 30 patients we received written and verbal comments from gave positive feedback about the service they experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the PPG. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

We saw that reception staff were responsive to patients, for example offering a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. Patients who were carers had an alert on their electronic records so that GPs and nurses were aware of this at appointments. Support was then targeted to meet their needs as well as those of the person they were caring for. Written information was available for carers to ensure they understood the various avenues of support available to them.

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

Data from the National GP Patient Survey January 2015 showed (132 responses or 0.91% of the total patients registered) that performance was comparable with or slightly higher than local and national averages for example,

- 88% said the GP was good at treating them with care and concern compared to the CCG average of 90% and national average of 85%.

Care planning and involvement in decisions about care and treatment

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 available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

The practice held a register of patients with learning disabilities, which included the preferred methods of communication with each person. For example, patients who needed picture based letters, care plans and information were given this or sent appointments in easy read and picture formats.

Data from the National GP Patient Survey January 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line or slightly higher than local and national averages. For example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 90% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 81%.

However, 94% of respondents find the receptionists at this surgery helpful compared with the CCG average of 91% and national average of 87%.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice was part of a national pilot scheme raising awareness about health living for people at risk of developing diabetes. This included work with a fitness organisation to promote access to safe exercise and increase overall fitness levels.

The results of patient surveys were discussed and suggested improvements were actively encouraged and acted upon by the practice management team. For example, the telephone answering system was changed so that patients could speak more directly with reception.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- All 14,483 patients had a named GP who specialised in particular chronic health diseases and long term conditions. Patients were linked with the most appropriate GP and had a named secretary to handle correspondence about pathology results and hospital referrals. Patients knew the names of the secretary dealing with this flow of information and were able to liaise directly with that person to follow up when letters were sent and received. For example, a member of staff explained that this meant they were able to complete a task from start to finish ensuring that results were handled quickly for patients.
- Liaison between the practice and community health and social care staff supporting vulnerable older patients was responsive and timely. Each patient had named staff and knew their needs well. We saw several examples of staff responding to patient needs which were then immediately communicated to the relevant supporting agencies for further action.
- The practice offered extended hours clinics every Wednesday and Thursday evenings until 7.30 pm for working patients who could not attend during normal opening hours. Telephone appointments were available and lunch time appointments specifically allocated to working patients on request. A SMS text reminder service had been set up and was due to start being used to recall patients for appointments, recalls and clinic invitations from September 2015.
- Longer appointments available for people with a learning disability and/or mental health needs. Patients with mental health needs told us that all of the staff were kind and responsive to their needs. For example, one patient said they needed to phone the practice several times a day for reassurance and staff always responded with support.
- Home visits were available for older and frail patients. A dedicated telephone line with direct access to a named person provided adult care and community health services staff with instant access for advice and support.
- Urgent access appointments were immediately available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice had systems in place which prevented discrimination of homeless people. These enabled people to register, be seen and receive correspondence using the practice address.
- The North Devon Dermatology service was run from the practice site. This is a jointly managed service with the local hospital Trust. GPs worked closely with dermatology specialists, which provided rapid access for patients to the service for diagnostic tests and treatment of skin conditions.

Access to the service

The practice was open from 8.30 am to 6.00 pm with extended hours on Wednesday and Thursday evenings for pre-bookable appointments. Telephone appointments were available for working patients. In addition to pre-bookable appointments that could be booked up to six weeks in advance. Same day urgent appointments were available with a team of staff - one GP and a nurse prescriber increasing to three, two GPs and 1 nurse all day Monday and Friday afternoon. The urgent appointments were available from 8 am to 6pm Monday to Friday. A considerable number of same day appointments were delivered, for example the day we inspected 75 patients had been seen by this service.

Results from the National GP Patient Survey from January 2015 showed high patient satisfaction. For example:

- 93% of respondents said the were able to get an appointment to see or speak to someone the last time they tried (CCG average: 91% and National average: 85%).

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- 95% say the last appointment they got was convenient (CCG average: 95% National average: 92%)

GP resources and clinics available were constantly being reviewed, with the last one taking place in January 2015.

All 30 patients who contributed to this inspection told us they were satisfied with the appointments system. They confirmed that they could see a GP on the same day if they needed to. They also said they could see another GP if there was a wait to see the GP of their choice. Comments received from patients showed that patients in urgent need of treatment had always been able to make appointments on the same day of contacting the practice. Parents told us appointments were available outside of school hours for their children to minimise disruption to the school day. For example, flu vaccination clinics for children and young people were held during school holidays and specifically targeted at this group.

Listening and learning from concerns & complaints

The practice has a system in place for handling complaints and concerns. The policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available on the website, in the waiting room and in the practice leaflet. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log of written complaints, which was closely monitored by the practice manager and a GP partner who was the lead in this area. Quality governance meeting minutes showed that informal and formal complaints were reviewed every quarter in the previous twelve months. Reports demonstrated that complaints were dealt with openness and transparency. This included holding a resolution meeting with the patient, where appropriate. Learning from complaints was taken seriously and information about key points and improvements made shared across the entire team via emails and the staff newsletter.

A key theme highlighted in feedback from patients was about the telephone system. After taking action, satisfaction levels had improved as a result of changes to the answering system. For example, data showed that 90% of respondents found it easy to get through to this surgery by phone (CCG average was 84% and national average 73%).

Are services well-led?

Outstanding ☆

(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 strong vision to deliver high quality care and promote good outcomes for patients. The vision and practice values were part of the practice's strategy and five year business plan. This had been reviewed in May 2015 and an action plan created to take this forward. The practice patient population was increasing, with patients choosing to travel further afield to be registered at Litchdon Medical Centre. Three patients we spoke with at the inspection were in this position and spoke highly of the staff and their experiences of care and treatment.

The values were clearly displayed on the practice website in the waiting areas and in a leaflet given to new patients. This was to put 'patient needs' at the 'heart of everything' they did as a practice.

We spoke with 22 members of staff and they all knew and demonstrated the vision through examples of their work with patients seen. Staff took this beyond the practice and were regularly fundraising to benefit patients using other local health services and support groups. For example, during one period £458.20 had been raised and given to the local paediatric ward and chemotherapy unit at the hospital. Staff morale was high and there was a low turnover of staff.

As a training practice, Litchdon had attracted interest from trainee GPs in becoming salaried staff as resources were increasing due to patient demands. Staff said they felt valued and were encouraged to be innovative to deliver safe and effective care and treatment for patients.

We met the chair person and another member of the patient participation group, as well as receiving feedback from 30 patients in person or writing at the inspection. Patients shared many positive examples of the way staff treated them and found the practice efficient.

Governance arrangements

The practice had an overarching governance policy which outlined structures and procedures in place which incorporated seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness. Governance systems in the practice were underpinned by:

- A strong leadership structure with a scheme of delegation of responsibilities for policies and procedures and oversight of patient outcomes. GP partners and heads of departments at the practice had oversight of each area and used the 8 pillars of governance as a framework: staff management; patient and public involvement; risk management; clinical effectiveness; education and training; IT management; audit and clinical governance policies. A GP partner was the lead for quality assurance covering all aspects of risks including dissemination of learning from complaints and serious events analysis.
- Strategic planning covering the organisational risks and long term planning for the practice.
- Strong commitment to patient centred care and effective evidence based treatment. The practice used the Quality and Outcomes Framework (QOF) to measure its performance and had achieved 100% QOF funding for the year 2014-15. In recognition of this staff pay was increased by 1% and they were praised for their commitment to patient centred care.
- Practice specific policies, which were regularly reviewed with staff, accessible and followed by all the staff.
- A system of reporting incidents without any fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated an improvement on patients' experience and clinical outcomes.
- Clear methods of communication across the whole staff team and other healthcare professionals to disseminate current practice guidelines and other information.
- A proactive approach to patient feedback and engaging patients in the development of the service. Acting on any concerns raised by both patients, staff and other professionals.
- Support of all staff, whatever their role to meet their professional development needs. For GPs this was revalidation and for nurses evidence of continuing professional updating.

Innovation

Litchdon Medical Centre had close links with the universities as a teaching practice. There was a regular intake of GP registrars and medical students working at the practice. Educational meetings were held which any member of staff could attend. These drew learning from

Are services well-led?

Outstanding ☆

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

practice data, national guidance and research papers which were then discussed and led to projects at the practice. The aim of this was to enhance patient care and treatment.

The leadership of the practice demonstrated innovation in the way information was communicated with both patients and staff. For example, in eight staff newsletters we saw strong leadership and involvement of staff in events, education and development of the practice. Staff were encouraged to be part of committees to improve services for example a Green committee – looking at sustainability and energy saving issues, and environmental impact of the practice.

Litchdon Medical Practice was proactive in obtaining feedback and involving patients in the development of the service. For example, the Patient Participation Group (PPG) was involved in delivering national health educational programmes such as the pre-diabetes awareness group, fundraising events and developing an inter practice PPG liaison group for Barnstaple linked with the national patients association.