

# North Tawton Medical Practice

## Quality Report

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

## Ratings

### Overall rating for this service

**Good**



Are services safe?

**Good**



Are services effective?

**Good**



Are services caring?

**Good**



Are services responsive to people's needs?

**Good**



Are services well-led?

**Good**



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at North Tawton Medical Practice on 4 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care.
- The practice premises had recently been upgraded significantly to provide safe facilities and were well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- Significant building works since the change in provider six months ago had been completed to ensure the premises became safe for patients and staff.
- We found the practice used every opportunity to learn from internal and external incidents, to support improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- Staffing levels and skill mix was planned and reviewed so that patients received safe care and treatment at all times.
- The arrangements in place to safeguard adults and children from abuse reflected relevant legislation and local requirements.
- The practice had arrangements in place to respond to emergencies and other unforeseen situations such as the loss of utilities.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- The provider had changed in April 2015 and data had improved and showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance. We saw evidence to confirm these guidelines were positively influencing and improving practice and outcomes for patients. For example, administration of childhood vaccines.
- A programme of clinical and administrative audits had been initiated since being taken over by Dr AMJ Bower & partners. The information was used to improve care, for example, for respiratory patients, by improved medicines management and symptom control of their condition.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and were supported to maintain and develop their professional skills
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients' feedback about the practice said they were treated with kindness, dignity, respect and compassion while they received care and treatment.
- Patients told us they were treated as individuals and partners in their care.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with flexibility, kindness and respect, and maintained confidentiality.
- We found the practice routinely identified patients with carer responsibilities and supported them in their role
- We observed a strong patient-centred culture.
- Views of external stakeholders were very positive and aligned with our findings.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice had initiated positive service improvements for its patients. It acted upon suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group (PPG).
- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make a routine appointment with a named GP and particularly liked the open access sit and wait clinics in the mornings.
- The practice premises had been significantly updated since the practice was taken over in April and provided clean, child friendly facilities that met the needs of the population.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

# Summary of findings

- High standards were promoted and owned by all practice staff. The teams at North Tawton and Bow Medical practices worked closely together across all roles.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- There was a high level of constructive engagement with staff. Staff had received induction, regular performance reviews and attended staff meetings and events.
- The practice proactively sought feedback from patients, which it acted on. The patient participation group was active. There was also engagement with the Friends of the Surgery group which actively fundraised for the practice
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- 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 emergency admission avoidance.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Specifically the GP's were proactive in visiting older people without an acute medical need. We found integrated working arrangements with community teams.
- The practice worked closely with carers and liaised well with Devon Carers to provide the support and advice they might need.

Good



### People with long term conditions

The practice is rated as good for the care of people 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.
- Patients diagnosed with long term conditions were supported through a range of clinics held for specific conditions such as, asthma, chronic obstructive pulmonary disease (COPD) and diabetes.
- 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 medicines 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.
- Patients receiving palliative care, those with cancer diagnosis and patients likely to require unplanned admissions to hospital were added to the Out of Hours system to share information and patient choices and decisions with other service providers.

Good



### Families, children and young people

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

Good



# Summary of findings

- 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 and comparable with local and national rates 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. In the first six months of being the provider for North Tawton Medical practice cervical cytology screening uptake had increased to levels comparable with local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Significant improvements to the premises had recently been made to provide a child friendly environment.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group such as NHS Health checks for those between 40 and 74 years and flu clinics outside of working hours.
- The practice was proactive in accessing working age people to provide health promotion by working with the local community and participating in Healthy Living days at the weekend.

**Good**



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

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

- The practice held a register and alerts were in situ on the practice's computer system for patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice was proactive in inviting people with learning disabilities for an annual health check. It offered longer appointments for people with a learning disability.

**Good**



# Summary of findings

- The practice 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)

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

- People with suspected diagnosis of dementia were screened using nationally recognised assessment tools and referred on to the memory clinic and/or other support agencies according to their needs. When the partners took over Tawton Medical Practice they recognised that diagnosis rates were lower than local and national levels and have highlighted this as an area for development.
- 77% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months with consultation lengths appropriate to an individual's needs.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Community mental health workers remarked that the practice was responsive and caring.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. We saw that information was available on the practice website and that the practice provided information about available talking therapies provided by the local NHS anxiety and depression service.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia. The practice had a lead GP partner with extended skills and qualifications in mental health care.

Good



# Summary of findings

## What people who use the service say

The most recent national GP patient survey results published on 4 July 2015 reflect a period prior to Dr AMJ Bower and Partners taking over North Tawton Medical practice and the majority of areas show responses below local and national averages.

- 72% found it easy to get through to this surgery by phone compared to a CCG average of 84% and a national average of 73%.
- 83% found the receptionists at this surgery helpful (CCG average 91%, national average 87%).
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 91%, national average 85%).
- 97% said the last appointment they got was convenient (CCG average 95%, national average 92%).
- 73% described their experience of making an appointment as good (CCG average 83%, national average 73%).
- 53% usually waited 15 minutes or less after their appointment time to be seen (CCG average 71%, national average 65%).

We saw evidence that the practice had been addressing areas of priority highlighted by the survey since taking over in April 2015. For example, the surgery phone lines and the open access morning surgeries were reintroduced.

We also looked at the practices NHS Choices website to look at comments made by patients. (NHS Choices is a website which provides information about NHS services and allows patients to make comments about the services they received). There was only one comment since Dr AMJ Bower and Partners took over as provider. This comment was extremely positive.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. For example all commented on the care and respect demonstrated by staff and the majority remarked about the improved level of service since Dr AMJ Bower & partners took over.

Results of the Friends and Family test for each month since April 2015 scored highly and the majority of comments were positive showing a trajectory of improvement in care since the change in provider.

We spoke with 13 patients during the inspection. All 13 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

# North Tawton Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a second CQC inspector, a GP Specialist Advisor, Practice Manager Specialist Advisor and an Expert by Experience.

## Background to North Tawton Medical Practice

North Tawton Medical Practice is located within the small town of North Tawton, in Devon. The practice benefits from good transport links for patients living outside of town. There were 2127 patients on the practice list and the majority of patients are of British white background. There is a higher percentage of patients over 45 years registered at this practice. Social deprivation is mid-range in a predominantly rural area.

Since 1 April 2015 Dr AMJ Bower & Partners, which also runs Bow Medical Practice, has been responsible for providing medical services and care to the patients registered at North Tawton Medical Practice. Since taking over the partners have invested significantly to improve the premises in order to make them safe for staff and patients. The practice is six months into a 12 month contract term. On commencing the contract urgent work had taken place as there had been no hot water available in the premises or

a fire system in place. A tendering process is currently underway to determine who will run the service from April 2016. The practice has seen three changes in contract holders since the original single-handed GP retired in 2009.

The practice is managed by two GP partners, one male and one female and a non clinical managing partner, the practice manager. They are supported by two female salaried GP's, two female practice nurses and two female Health Care Assistants and an administrative team led by the practice manager.

The practice is open 8am to 1pm and 2pm – 6.30 pm Monday, Tuesday, Thursday and Friday and 8am – 1pm on Wednesdays. Patients can access care via Bow Medical Practice when North Tawton Medical practice is closed, or 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 is not contracted to offer extended hours but are currently consulting with their patients via the PPG (Patient Participation Group) as to their requirements in the future.

The practice has an Alternative Primary Medical Service (APMS) contract and also offers enhanced services:

- Minor surgery (curettage & cautery)
- Child health surveillance
- Influenza, pneumococcal, rotavirus and shingles immunisations for children and adults
- Patient participation in development of services.
- Learning Disability health check scheme
- Pertussis vaccinations for pregnant women
- Women's health – maternity medical care, cervical screening and contraceptive services

# Detailed findings

Patients are able to access additional services such as monthly carer support meetings and physiotherapy at Bow Medical Practice

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 November 2015. During our visit we:

- Spoke with a range of staff including the Practice Manager, Reception staff and two GP's partners, two salaried GP's and two nurses.
- We spoke with 10 patients who used the service.

- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 20 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

Since taking over on 1 April 2015 the partners had carried out Health and Safety risk assessments in all areas identified by the Practice Manager and prioritised actions based on risk. A programme had been put into place to rectify these, for example, hot water had been installed, and a new fire system and other building works had been completed. We saw that plans were in place to continue the programme of improvements.

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events. There was a positive learning culture adopted by all of the staff. Lessons were shared to make sure action was taken to improve safety in the practice. For example, staff had reported a near miss when a needle was found in a bin, which could have led to a needle stick injury. A reminder was sent to all clinicians and discussed at the monthly practice meeting with all staff. No further incidents of this nature had been reported.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP partner for safeguarding who attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received

training relevant to their role. All staff were trained to appropriate safeguarding levels and the practice had decided to provide safeguarding children training for all administrative staff at level 2 although not a requirement outlined by National Guidelines.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had a policy for all staff to have had a DBS check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place, which referenced the Health and Social Care Act 2008: Code of practice for health and adult social care on the prevention and control of infections and related guidance. All of the staff had received up to date training and demonstrated they understood the procedures to follow to reduce the risk of cross infection. An infection control audit had been initiated when the partners took over in April 2015. Action was taken to address any improvements identified as a result. For example the clinical rooms were upgraded by installing wipe-able flooring and installing new fitted furniture to reduce the risk of cross infection and easy cleaning. We also saw plans in place for on-going audits.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for

## Are services safe?

production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccinations. We saw evidence of 20 PGD's in use, all had been signed by an authorising GP and both nurses, all were in date.

- We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Records held for locums used over the last six months were also checked and contained all the required documentation.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular unannounced fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. For example, we looked at PAT test records for electrical appliances and found these were all in date. 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 and legionella.

- Arrangements were in place for planning and monitoring the number of staff and skill mix needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff worked across both sites ensuring that an effective skill mix was offered to patients.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records for example since taking over North Tawton Medical Practice, the nurse lead for respiratory care had carried out a search to ascertain if respiratory patients had been managed in line with current NICE guidelines. Patients who had not been managed in line with guidelines had been invited for a review to improve self-management and respiratory outcomes for them.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). Due to the change in provider six months ago data relevant to the current provider was limited. Data for the first six months of the year demonstrated that the practice was in line with national targets in all clinical domains.

- Performance for diabetes related indicators was 75% on target for the current year.
  - The percentage of patients with hypertension having regular blood pressure tests was 100% on target for the current year.
  - Performance for mental health related indicators was 55% on target for the current year.
  - The dementia diagnosis rate was 22% on target for the current year. We saw evidence of the practice plans to improve dementia diagnosis rate, for example articles in the local community magazine encouraging patients to attend for a review if they or relatives had any concerns regarding memory loss.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits initiated over the last six months. Two of these were completed audits where the improvements made were implemented and monitored. For example an audit in April 2015 identified that 58.4% of patients on anti-blood clotting medicines were within the recommended safe range. A six month follow up audit showed that 79.4% of patients were within the recommended the range demonstrating improved management of patients taking anti blood clotting medicines.
- Findings were used by the practice to improve services. For example, in the six months prior to taking over the contract, 416 patients had had their medications reviewed. In the first 6 months of Dr AMJ Bow and Partners taking over an additional 819 patients had their medications reviewed, an increase of 97% over the same period.
- Information about patients' outcomes was used to make improvements such as; early identification of frail older people at risk of falls resulting from frequent reviews. This included regular reviews of the appropriateness and necessity of medication and continued close working with the reablement and complex care teams in the community to support these patients.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff verified that their induction lasted three months during a probationary period and that they had named mentors to support them with this.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support

# Are services effective?

## (for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors and the new revalidation process for nurses. The practice nurses told us that they had been discussing the revalidation process being introduced by the registering body and showed us examples of evidence they were collecting in preparation for this. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. Community nursing staff verified that GPs were approachable and responsive if they had any concerns about patients. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that complex care multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those at high risk of experiencing hospital admissions. Thirty six patients were on the admission avoidance risk register and all had care plans in place. Patients were then signposted to the relevant service.
- The practice worked closely with the PPG to promote health, for example, a Healthy Living Day for the local community organised by the PPG was well attended by practice staff who offered members of the community mini health checks.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme, prior to the change in provider was 65% which was below the CCG average of 77.7% and the national average of 76.9%. At the time of the inspection, the uptake had increased to 78% slightly above local and national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data produced by the practice showed that childhood immunisation rates for the vaccinations given were on target for the first six months of the year comparable with CCG and national averages. The patient record system had changed and the practice was ensuring that all data had transferred over.

## Are services effective?

(for example, treatment is effective)

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

carry out these checks and used nationally recognised tools to assess patients. For example, the AUDIT C tool was used to calculate associated alcohol related risks for patients, which was then used to educate the person about life style changes they could make.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

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

Results from the national GP patient survey were only available for the period prior to Dr AMJ Bower and Partners taking over and demonstrate scorings below local and National averages.

- 87% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 86% said the GP gave them enough time (CCG average 91%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 90%, national average 85%).
- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 97%, national average 92%).
- 83% said they found the receptionists at the practice helpful (CCG average 91%, national average 87%).

However the results of the Friends and Family test that we saw all scored highly and the comments were all positive regarding improvement in care since April 2015. Without exception all stated they would be extremely likely to recommend the practice to friends and family.

- All of the 20 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

Results from the previous GP survey published on 2 July 2015 NHS England- GP Patient Survey published on 2 July 2015 contains aggregated data collected from July-September 2014 and January-March 2015. These showed results to be below local and national average. AMJ Bower and Partners took over the practice on 1 April 2015 and had an action plan in place to help improve patient feedback.

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.4% and national average of 86.0%.
- 79% said the last GP they saw was good at involving them in decisions about their care (CCG average 87.3%, national average 81.4%)

However all 13 patients told us on the day that 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.

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

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice website signposted patients to support groups and health advice leaflets.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 165 patients as carers since taking over as the provider six months ago. The practice had been proactive in identifying carers, for example new patients registering were asked whether they

## Are services caring?

were carers and if so, consented to being added to the list. Written information and information on the practice website was available to direct carers to the various avenues of support available to them. For example, carers were invited to a support clinic held every month at Bow Medical Practice, the other practice run by the partnership, facilitated by a community support worker.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered open access surgeries from 8.30am Monday - Friday each morning. We saw evidence that this service was very popular with patients
- Bookable appointments up to 6pm with GP's and nurses were available up to six weeks in advance. Routine appointments were available within 3 working days.
- Appointments were offered with nurses from 8.10am twice weekly and up to 6pm once weekly.
- There were longer appointments available for people with a learning disability and chronic diseases.
- Home visits were available for older patients / patients who would benefit from these. The GP's were proactive in visiting older people without an acute medical need, to assess the wellbeing of patients to ensure that the right support was provided to avoid social isolation
- There was a system in place for children and those with serious medical conditions to be seen the same day.
- There were disabled facilities, hearing loop and translation services available.
- There were arrangements in place for access for disabled patients for example we saw a ramp was put in place at the entrance to the premises for patients using wheelchairs.
- Three parents of young children we spoke with had confidence in the care of the GPs and nurses and felt their children were safe. The environment within the practice had been made child friendly. Three members of the patient participation group (PPG) told us that the practice had done this immediately on taking over. There were newly provided baby changing facilities and toys to keep them occupied whilst waiting.

### Access to the service

The practice is open 8am to 1pm and 2pm – 6.30 pm Monday, Tuesday, Thursday and Friday and 8am – 1pm on Wednesdays. An open access/ sit and wait system operated each morning. Bookable appointments up to six weeks in advance were available from 3.30pm to 6pm Monday, Tuesday, Thursday and Friday. The practice had previously

offered early morning appointments for patients but the uptake was poor. The practice was currently consulting with their patients as to their requirements in the future for extended hours.

The 'sit and wait' surgery was said to be very popular and had been the preferred option when patient feedback was asked for. The 'sit and wait' surgery ran each day between 8.30 am to 10am. Patients attending were guaranteed to be seen before 12.30 pm. Anyone who arrived after 10am was triaged and offered an appointment the same day with a GP or nurse where appropriate.

The practice had responded to feedback from the PPG. For example three PPG members told us that the practice had reinstated the sit and wait open access morning surgeries. Direct phone lines were also reintroduced in April 2015, so that they were answered by the practice in response to direct feedback from the local community.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website and leaflets were available.

We looked at six written complaints, received by Dr AMJ Bower and Partners, in the last 12 months in respect of Bow and North Tawton and found these were dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, GPs had reviewed a patient's experience that led to their admission to hospital for an acute condition. They identified what could have been handled better and what went well for the patient and put changes in place to improve this for other patients in the future. Records showed that a meeting had been held with the patient to discuss the outcome and they received an apology.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff.
- We saw evidence that all policies that relate to both Dr AMJ Bower and Partners and North Tawton Medical Practice are available on the computer systems shared drive for ease of access to all staff to enhance cross site working.
- There was a comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

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

The practice was aware of and complied with the requirements of the Duty of Candour. The practice was very open regarding the need to prioritise in the short time since

taking over, and the initial priority had been to focus on patient and staff safety. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- the practice gives affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that the practice held regular team meetings for example separate monthly clinical and administrative meetings. Since North Tawton Medical Practice had been taken over the day of the monthly practice meeting had been changed to enable staff from both practices to attend. This promoted cross working and development of a support network for staff.
- A monthly newsletter was produced ensuring all staff were kept up to date, for example the latest one covered information about the tender process for North Tawton Medical Practice.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff told us that the partners held an annual away day.
- The partners hosted an annual BBQ for all staff and their families as well as a Christmas social for staff only.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys

# Are services well-led?

Good 

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

and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example the introduction of toys into the waiting room to promote a child friendly environment.

- The practice had also gathered feedback from staff via monthly meetings, in one to ones and informally. Meeting minutes documented a variety of items that staff had raised under the struggles and successes agenda item. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example staff had raised concern to the practice manager regarding lone working and lack of support at North Tawton which had been resolved by implementing a cross site working policy. Staff told us they felt involved and engaged to improve how the practice was run.

following the latest changes to the child immunisation programme the nurse had ensured that protocols were amended and information cascaded to ensure all staff were aware of the changes. Reception staff reported that they were encouraged by management to raise any issue however small, these were discussed at practice meetings and acted as a learning platform for the whole team. Additionally, one of the practice nurses specialised in diabetes care and through role specific training, was able to initiate insulin treatment for patients. Additionally by raising patient concerns about the impact of low incomes and limitations of disability in having to travel to the main hospital, they had also influenced a review of the hospital based diabetic service. A satellite service was being set up at Okehampton Hospital which would be used by diabetic patients from all the surrounding practices. This avoided patients having to attend the secondary care diabetic clinic at the hospital some 17 miles away.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. For example