Queen's Medical Centre

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Queens Medical Centre on 18 August 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- Feedback from patients about their care was consistently and strongly positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.
- The practice had a clear vision which had quality and safety as its top priority in delivering person centred care and treatment.

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.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice similar to others for almost all aspects of care.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- 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 remarked positively about the improvements being made to the appointment system.
- All of the patients had a named GP and that there was continuity of care, with urgent appointments available the same day. An advanced nurse practitioner with prescribing qualifications had been appointed to further extend services for patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- It had a clear vision with quality and safety as its top priority in delivering person centred care and treatment.
- High standards were promoted and owned by all practice staff and they worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning.
- There was constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients and it had a patient participation group which influenced practice development. For example, patients' feedback about the appointment system had been listened to and changes were being made.
- Continuous learning and improvement at all levels within the practice was promoted.
- The practice team was forward thinking and worked with other local practices to improve outcomes for patients in the area. For example, working closely with the local college to raise awareness of the PPG amongst young people.

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

Good

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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients receiving regular medicines were seen for bi-annual and more frequent where required face-to-face reviews with the GP.
- The practice participated in the Unplanned Admissions Direct Enhanced Service with systems in place to identify the top 2% of the practice population who were judged to be most at risk. These patients were made known to staff, had a care plan and were discussed with the multidisciplinary team to help maintain patient independence and enable patients to remain at home, rather than be admitted to hospital.

People with long term conditions

Good

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

- Longer appointments and home visits were available when needed.
- Nursing staff had lead roles in chronic disease management with support from the GPs.
- Staff had extended their skills and were able to offer services such as minor surgery for removal of dermatological lesions.
- Patients with long term conditions had a named GP and a structured annual review to check that their health and medicine needs were being met.
- The practice maintained registers and provided regular clinics for patients with long term conditions. QOF results indicated that chronic disease management was good.

Families, children and young people

Good

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

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 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.
- Midwives, health visitors and school nurses confirmed the practice worked well with them.
- A full range of contraception services and sexual health screening, including cervical screening and chlamydia screening was available at the practice.
- Young person friendly resources about sexual health was accessible on the practice website.
- The practice was starting to use social media and working in partnership with the local college to increase young patients' involvement in the patient participation group.

Working age people (including those recently retired and students)

Good

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.
- Pre booked appointments were available 6 weeks in advance in addition to same day appointments. There were early morning and late evening appointments twice a week for the working population and other patients.
- The practice offered NHS health checks to patients aged 40-70, smoking cessation clinics and provided dietary advice to patients.

People whose circumstances may make them vulnerable

Good

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

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those 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.
- The practice provided support for people with drug and alcohol issues in conjunction with RISE (Recovery and Integration Service) a service for adults in Devon.
- Translation phone services were used to accommodate language needs if requested. The practice had an induction hearing loop and was accessible for people in a wheelchair.
- The practice has a learning disability register and offered annual health checks for this patient group.

People experiencing poor mental health (including people with dementia)

Good

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

- 89.71% of patients on the mental health register had received an annual physical health for 2014/15.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- 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.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015. The results showed the practice was performing generally in line with local and national averages. 278 survey forms were distributed and 109 were returned.

- 58.3% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 83.5% found the receptionists at this surgery helpful (CCG average 90%, national average 87%).
- 84.8% were able to get an appointment to see or speak to someone the last time they tried (CCG average 90%, national average 85%).
- 89.6% said the last appointment they got was convenient (CCG average 95%, national average 92%).
- 60.6% described their experience of making an appointment as good (CCG average 82%, national average 73%).
- 73.6% usually waited 15 minutes or less after their appointment time to be seen (CCG average 72%, national average 65%).

In February 2014 Queens Medical Centre started a Telephone Triage Pilot. Following the 6 month trial feedback from patients was favourable. GPs told us that they were continuing to listen to patient feedback and making improvements accordingly. For example, additional appointments had been made available through changes to the staffing structure and development of staff. A nurse prescriber had been appointed and would be providing an additional service for patients with minor illnesses, which would also free up GP appointments.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received. All responses were positive and the majority referred to the ease of accessing appointments, the caring approach by staff and cleanliness.

We spoke with 12 patients, three of whom were members of the Patient Participation Group (PPG) during the inspection. All 12 patients said that they were happy with the care they received and thought that staff were committed and caring.

Queen's 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 specialist advisors: a GP, practice manager, practice nurse and an expert by experience. Experts by experience are people who have experience of using care services.

Background to Queen's Medical Centre

The GP partnership runs the Queens Medical Centre, which has this one location.

Queen's Medical Centre is contracted with NHS Devon and the Northern, Eastern and Western Devon CCG (Clinical Commissioning Group) to provide general medical services to people living in Barnstaple, where social deprivation is high with some surrounding areas of affluence. There were 7441 patients registered at the practice when we inspected. The practice population of working age people is slightly higher with more patients over the age of 45 years.

The practice provides some enhanced services which are above what is normally required covering extended hours access, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations as well as monitoring the health needs of people with learning disabilities. The practice also provides direct enhanced services including remote care monitoring for vulnerable patients and shingles and rotavirus vaccination.

There are five GP partners and a salaried GP at Queen's Medical Centre: three male and three female. The GPs are supported by three female registered nurses and two female health care assistants. The practice has a practice manager, additional administrative and reception staff. Patients have access to community staff based at the practice including district nurses, health visitors, and midwives.

Queen's Medical Centre is a teaching practice, with one GP partner approved as a trainer and two GP partners approved as teachers with Health Education South West. The practice normally provides placements for trainee GPs and senior trainee doctors (ST2 and ST3 medical doctors. Teaching placements are provided for year 3, 4 & 5 and medical students. However, there were no medical students on placement at the time of the inspection.

Queen's Medical Centre is open from 8. 30 am – 6 pm each weekday. Throughout each day the practice has a same day team with appointments available on the day for emergencies. Extended hours appointments and telephone consultations are available for working patients. These are on Monday 6.30 – 7.30 pm and Friday 7.15am – 8am. Routine appointments are available to be booked up to 6 weeks in advance. Appointments are usually for 10 minutes but longer appointments are available on request.

When the practice is closed, patients are directed to an Out of Hours service delivered by another provider. This is in line with other GP practices in the Northern, Eastern and Western Devon CCG.

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

Detailed findings

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.

Queens Medical Centre had been inspected twice before under the previous inspection methodology. Reports of these inspections are available on CQC website.

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 18 August 2015.

During our visit we:

- Spoke with staff and spoke with 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 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. We spoke with fourteen staff and a senior trainee doctor (ST3) on placement who said that the process was supportive and there was positive learning culture at the practice.
- The practice carried out a thorough analysis of the significant events and acted on them.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice identified that the system for checking blood results could be improved to mitigate any risk of delayed review and treatment for patients. A GP buddy system was set up so that all blood and pathology results were reviewed on the day of receipt. The practice had also shared learning with other healthcare providers so that systematic changes could be made. For example, during a hospital stay a post-operative patient had blood taken for analysis. The results were not reviewed at the hospital but were picked up by the practice. The practice identified that there was delayed recognition and treatment of the patient who was anaemic and shared this learning with the hospital to improve patient safety.

When there are unintended or unexpected safety incidents, we saw that patients had received an apology, offered support and were told about any actions taken to improve processes to prevent it 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. All of the staff demonstrated a strong commitment to providing high quality care and understood whistleblowing procedures. There was a lead member of staff for safeguarding. The safeguarding lead GP had attended level three safeguarding training. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. For example, we saw documentation confirming that a GP partner was due to attend a safeguarding meeting about a patient. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice in the waiting room advised patients that staff 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). We saw certificates of training and staff were able to describe their role as a chaperone.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We highlighted that the current arrangements for baby changing facilities did not have an easy clean surface and should be reviewed to reduce the risk of cross infection.
- The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Staff were clear about their reporting responsibilities. For example, the Public Health team had been informed about an outbreak of a skin condition amongst patients at a care home. Patients were successfully treated. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to

administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.

- Cold chain checks carried out daily had immediately identified when a refrigerator had failed in July 2015 affecting the vaccines stored. Records demonstrated that the practice followed current guidance, destroyed the vaccines and replaced the refrigerator. Some vaccinations were given to patients during home visits. We highlighted that the current arrangements for transporting these in a cool bag should be reviewed and replaced with a validated cool storage bag.
- 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. For example, a repeat prescribing self-audit had been completed by the practice. This was risk rated and showed actions taken to address any areas of risk.
- High risk medicines were being monitored in line with national guidance. For example, patients on warfarin were closely monitored through regular blood screening and liaison with specialists supporting them.
- We reviewed five 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. An annual check of professional registers had been carried out for all GPs and nursing staff. The practice held considerable records showing how locums had been engaged and the comprehensive identity, DBS and qualification checks carried out every time they worked at the practice.

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 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. 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. We saw evidence of the checks being carried out. For example, a legionella log book demonstrated that a schedule of temperature control checks was being followed to maintain patient and staff safety.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice was in the process of reviewing arrangements due to the volume of patients presenting for appointments on the same day. GP partners had agreed to set up a same day team with GP and nursing input so that patients needing same day appointments could be triaged and seen.

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. During the inspection, a patient gave feedback about their experience of being treated in an emergency. They told us that staff had acted quickly, given treatment which their consultant had said limited the extent of the stroke they were having, and were reassured throughout.
- All staff received annual basic life support training. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We highlighted that there was no pain relief or equipment to give IV fluids. Immediate steps were taken to address this. All the treatment rooms had a kit of emergency medicines in the event of a patient experiencing a reaction during treatment.
- 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.
- Documents seen demonstrated that all the emergency medicines and equipment 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.

Good

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. Staff explained that any updates or changes would be communicated by email or through staff meetings. For example, the clinical team had discussed the care of a patient receiving palliative care. A hospice nurse specialist was invited to facilitate a discussion about pain relief medicines to use with patients who were receiving end of life care. As a result of this, the practice made changes to the standard 'Just in Case' prescriptions for patients.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, patients with heart failure were being regularly reviewed. Changes were made to medicines where necessary with particular reference to guidance about prescribing beta blocker medicines.

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). Data for the year 2014/15 for QOF showed that the practice had obtained 513 points (91.8%) out of a possible 559 points with 12.3% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data showed:

- Performance for diabetes related indicators was comparable with the national average. For example 90.7% of patients on the diabetic register had had a blood pressure recording in the last 12 months compared to the national average of 91.4%
- The percentage of patients with hypertension having regular blood pressure tests was 84.1% which was comparable with the national average of 83.65%.
- The dementia diagnosis rate was 0.75% which was comparable to the national average.

Clinical audits demonstrated quality improvement.

- We looked at seven clinical audits completed in the last two years where the improvements made were implemented and monitored. For example, a GP with extended surgical skills carried out completed audits of the surgical procedures done for patients. This looked at 124 surgical excisions taken, which were sent for analysis. The audits showed that high diagnostic accuracy was achieved for patients so they received timely targeted treatment. The additional record keeping undertaken by the GP also provided a second failsafe system for ensuring that results were received from the hospital, reviewed and acted upon.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, GPs acted on national guidance indicating that there were increased risks in using diclofenac for people with known or suspected cardiac conditions. An audit was undertaken specifically aimed at establishing whether NSAIDS were prescribed to avoid over using Diclofenac. As a result of this, patients were prescribed an alternative and taken off the repeat prescribing schedule to increase safety. The practice had carried out a further audit as assurance that prescribing practise had changed.

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. We saw an induction pack for locum GPs and trainees on placement, which was comprehensive. A trainee GP showed us the schedule of educational, clinical and practice meetings they had been invited to attend for their development.
- 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. For example, a GP

Good

Are services effective?

(for example, treatment is effective)

worked closely with the dermatology clinic to provide an extended service for patients. This included removal of low risk skin lesions for further investigation and diagnosis.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice manager showed us the e-training summaries and closely monitored when updates were due. As a result of this, they had identified that some staff needed to complete the Mental Capacity Act training and were in the process of arranging this. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. For example, records demonstrated that all the practice nurses carrying out immunisations had attended an update in July 2015. Staff were given ongoing support including one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. 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. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. A frailty assessment tool was used to identify any risks for patients. Feedback about practice staff, communication and multidisciplinary team work from health care professionals, care home managers and volunteer staff was positive.

The practice worked to the gold standards framework for end of life care. The nearest hospice to the practice was in Barnstaple and the GPs worked closely with the palliative care team to support patients to be at home and receive services there. A palliative care register was held and reviewed regularly. This included monthly multidisciplinary meetings to discuss the care and support needs of patients and their families.

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. GPs understood the processes to develop advance care plans with frail older patients and had these in place for patients.
- 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 not routinely monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. GPs verified that consent was obtained, but sometimes this was not being recorded in patient notes for procedures such as contraceptive implants. We highlighted that this could carry a risk and GPs verified that they would immediately review records to ensure that current guidance was being followed.

Health promotion and prevention

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

Good

Are services effective?

(for example, treatment is effective)

- 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. Patients were then signposted to the relevant service.
- The practice had systems in place to monitor and improve outcomes for vulnerable patients. For example, a register of patients with learning disability was held. Information for the previous 12 months submitted to the showed that 100% patients had a physical health check.
- Smoking cessation advice was available from a local support group.

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 was 75.4%, which was comparable to the national average of 81.83%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 97.4% and 87.1% to 98.8% of five year olds had been vaccinated. Flu vaccination rates for the over 65s was 70.72% which was comparable with the national average of 73%, and at risk groups 84.1% which was above the national average rate of 52.29%

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.

There was information on how patients could access external services for sexual health advice. The practice did not have a specific young person's clinic, however parents attending for appointments told us that staff were sensitive and discreet in meeting the needs of the young person they were accompanying.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients were truly respected and valued as individuals and were empowered as partners in their care. For example, 18 patients in comment cards remarked that GPs were compassionate and responsive to their needs.

Staff recognised and respected the totality of people's needs. Staff took patients personal, cultural, social and religious needs into account.

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.

All of the 18 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 a member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice compared well with the CCG but higher compared nationally for its satisfaction scores on consultations with doctors and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 93% and national average of 89%.
- 97% said the GP gave them enough time (CCG average 91%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 93% said the last GP they spoke to was good at treating them with care and concern (CCG average 90%, national average 85%).
- 99% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 90%).
- 96% said they found the receptionists at the practice helpful (CCG average 90%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us 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.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 87.4%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%.
- 81.9%said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 81%)

All 12 patients we spoke with said they had been involved in decisions about their care and thought staff were good at explaining tests. Patients added that this was supported by receiving leaflets and further health promotion.

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer and used creative ways to reach carers. For

Good

Are services caring?

example, notes advertising carer checks and support groups were included on repeat prescription stationary sent to patients. Written information was available to direct carers to the various avenues of support available to them. GPs demonstrated that they closely monitored the needs of carers, identifying risks and taking action to support them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or visited them at home to meet the family's needs and/or by giving them advice on how to find a support service.

Good

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.

- All 7441 patients had a named GP and the practice was in the process of setting up a named secretary for each patient to handle correspondence about pathology results and hospital referrals.
- Staff training was aimed at responding to and meeting the changing needs of the patient population within Barnstaple. For example, clinical staff had recently attended an update about female genital mutilation which had raised their awareness of how to support patients and also the legal requirements to report this.
- The practice had a direct access telephone number, which all community health and social care staff including care home/agencies could use for immediate support.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available. For example, the practice had a ramp leading into the entrance and push button door entry at wheelchair level.
- Some consultation rooms were on the ground floor and there was lift access to these rooms.
- The practice had a high number of patients experiencing complex mental health needs. We saw several examples of the responsive approach staff took to support them. For example, a patient had registered with the practice the evening before and staff told us they were concerned about their welfare. They made enquiries with the patient's previous GP immediately rather than waiting to receive the patient notes. This information had highlighted that the patient could be at risk of self-harm and they were offered an immediate appointment with a GP for assessment outside of the extended hours.

Access to the service

The practice offered a range of appointment types including 'book on the day,' telephone consultations and advance appointments. Queen's Medical Centre was open from 8. 30 am – 6 pm each weekday. The practice was in the process of setting up a same day team to specifically provide appointments available on the day for emergencies. Extended hours appointments and telephone consultations are available for working patients. These are on Monday 6.30 – 7.30 pm and Friday 7.15am – 8am. Routine appointments are available to be booked up to 6 weeks in advance. Appointments are usually for 10 minutes but longer appointments are available on request.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local averages but higher than national averages. People told us on the day that they were able to get appointments when they needed them.

- 75.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 58.3% patients said they could get through easily to the surgery by phone, which was lower than the CCG average 80%, national average 73%.
- 60.6% patients described their experience of making an appointment as good (CCG average 81%, national average 73%.
- 73.6% patients said they usually waited 15 minutes or less after their appointment time (CCG average 72%, national average 65%).

In February 2014 Queens Medical Centre started a Telephone Triage Pilot. The primary reason for doing so was to try to manage the increase in patient demand. The decision was taken to replace the same day face to face appointment slots with telephone triage whereby a GP would call patients back and then would make an appointment if they felt it was appropriate. A survey was carried out in October 2014 following the 6 month trial and the results were very favourable. Following the survey, GP partners discussed the results with patient representatives and it was agreed that the system should continue with some slight adjustments. GPs told us that they were continuing to listen to patient feedback and making improvements accordingly. For example, additional appointments had been made available through changes

Good

Are services responsive to people's needs?

(for example, to feedback?)

to the staffing structure and development of staff. A nurse prescriber had been appointed and would be providing an additional service for patients with minor illnesses, which would also free up GP appointments.

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. For example, posters and information on the website informed patients how they could complain.

We looked at 19 complaints received in the last 12 months and found these had been satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint from a patient who had experienced side effects from a medicine was investigated through the significant event process. This provided all the clinical staff with the opportunity to discuss the concerns raised and agree any educational needs around specific prescribing.

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. Staff told us this was to provide patient centred health care and support.
- 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. For example, all GPs had a lead role, area of interest and role of responsibility. These included support at the local community and mental health hospitals, support for learning disabilities patients in the community and care homes, prescribing, safeguarding and lead for the CCG.
- Practice specific policies were implemented and were available to all staff on the intranet.
- A comprehensive understanding of the performance of the practice was known. For example, this was discussed at weekly clinical and GP partners meetings.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements. For example, infection control measures were reviewed every six months.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, all significant events and complaints were discussed every month at the GP partners meetings. Trends were not routinely analysed other than once a year as part of the reporting requirements to commissioners. In feedback, we highlighted that systems should be implemented to review trends to promote proactive management of any issues.

Leadership, openness and transparency

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. For example, the practice was open about the action plan in place to address gaps in staff training that had been identified. This was risk rated showing when updates were due or overdue and provided a clear picture of the overall training needs across the staff group. 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.
- 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 confident in doing so and felt supported if they did. Team days were held every year for training events.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. For example, they shared many examples of the support given so that they could improve the quality of patient care in the area. 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. For example, practice team minutes showed that all staff were involved in the analysis of and learning from significant events, accidents, complaints and other feedback from patients.

Are services well-led?

Good

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

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.

- Feedback from patients was gathered through the patient participation group (PPG) and through surveys and complaints received. The practice was actively trying to recruit a new chairperson for the PPG when we inspected. There was an active PPG which met on a quarterly basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG felt that the appointment system was not always fit for purpose and needed overhauling. One of the ways the practice had responded to this was increasing access to appointments with the recruitment of a nurse prescriber. Members told us that it had been proposed by the practice that a named receptionist and named practitioner system be introduced, this was broadly welcomed by the group. The general opinion of members was that Queen's Medical Centre was a strong, supportive practice.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice had joined an alliance group with nearby practices in Barnstaple to develop a consistent and joined up approach for patients living in the area. For example, within this group the practice had shared and improved templates used to assess patients with long term conditions such as diabetes.

The practice team was forward thinking and worked to improve outcomes for patients in the area. For example, the practice PPG group and had linked up with other practices in the area and the patient association to improve feedback systems. One of the agreed objectives of this partnership was to encourage representation from different age groups and ethnicity. Queens Medical Centre, along with other GP practices in Barnstaple had made contact with the local college to work with students to encourage a younger, more diverse representation of patient within the PPG groups.

There had been a regular intake of trainee GPs, ST2, ST3 and medical students working at the practice. Educational meetings were held every week which any member of staff could attend. These drew learning from practice data, national guidance and research papers which were then discussed and led to projects at the practice.