

Ocean Health

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 Ocean Health on Tuesday 20 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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. Feedback from the NHS friends and family tests was also positive.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns. Staff had access to guidance to whistleblowing policies and contact details within staff areas.
- Patients said they found it difficult to get through on the telephone to make an appointment. As a result the practice were in the process of introducing additional telephone lines and call handlers.
- Patients said they were able to speak with a GP or emergency practitioner on the same day but sometimes had to wait to see a GP of their choice if they wanted continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Text reminders were used to remind patients of their appointment. Patients could use text messages to cancel appointments in an attempt to reduce any 'did not attend' (DNA) appointments and in the process making more appointments available to other patients.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
 - The practice had started to introduce systems to identify military veterans and to ensure their priority access to secondary care in line with the national Armed Forces Covenant 2014.
- The practice merger had identified gaps in data collection and had resulted in the introduction of computer software and a consistent approach to identifying conditions which aimed to improve the quality outcome framework (QOF) results.

We saw one area of outstanding practice:

The practice had responded to the needs of ill children and offered a walk in service for children under the age of five years. Parents and guardians could bring their child without appointment to twice daily children's clinics. The service had received positive feedback from patients. Data from the practice showed that the service had seen an average of between 12 and 18 children per day with an

increasing trend of attendances. Data showed there had been a reduction of patient numbers in this age group attending the emergency department (ED) during the day. For example ED day time admissions for practice children between 2013/14 was 40. This figure reduced to 35 in 2014/15 after the service had started. This showed a reduction of 12.5%.

The areas where the provider should/must make improvement are:

- Consider managing complaints in the same manner as significant events, as appropriate, to ensure learning is shared across the whole team.
- Introduce a system to ensure all clinical equipment which moves around the practice is included on the calibration checking programme.
- Inform patients of the action being taken as a result of their feedback.
- Ensure a system is in place for checking GP bags for expiry dates of medicines and equipment.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Recruitment procedures and checks were completed as required to ensure staff were suitable and competent.
- There were appropriate arrangements for the efficient management of medicines.
- Health and safety risk assessments including a fire risk assessment had been performed and were up to date.
- The practice was clean, tidy and hygienic. We found that suitable arrangements were in place that ensured the cleanliness of the practice was maintained to a high standard.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice merger had identified gaps in data collection and had resulted in the introduction of computer software and a consistent approach to identifying conditions which aimed to improve the quality and outcome framework (QOF) results.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had started to introduce systems to identify military veterans and to ensure their priority access to secondary care in line with the national Armed Forces Covenant 2014.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it difficult to get through on the telephone to make an appointment. As a result the practice were in the process of introducing additional telephone lines and call handlers.
- Patients said they were able to speak with a GP or emergency practitioner on the same day but sometimes had to wait to see a GP of their choice if they wanted continuity of care.
- 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 the practice responded quickly to issues raised. Some complaints about clinical issues were not managed as significant event. We saw minimal evidence to show that the whole team had been informed of the learning points.

Good



Are services well-led?

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

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

Good



Summary of findings

- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Rapid access appointments and care was available for those with enhanced needs.
- Patients had access to pneumococcal, Influenza and shingles vaccines.
- The practice worked with community nurses to follow-up hospital discharge to ensure all patient needs were met.
- There was effective liaison with local care homes to provide appropriate health and medicines reviews and treatment escalation plans. Ward rounds at those homes were carried out every one to two weeks.
- Care homes and local pharmacies had been provided with the practice telephone by pass number for quick access to help and support.
- There was a carers lead and signing posting for local support services.
- The practice nurse visited all housebound patients requiring chronic disease management and vaccinations.

People with long term conditions

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

Good



- The practice had a higher than national average number of patients with long term conditions. For example 16% of the practice population had high blood pressure compared to the national average of 14%. 3% of patients had chronic obstructive pulmonary disease (COPD) compared to the national average of 1.8%.
- Nursing staff had lead roles in chronic disease management and diabetic nurses were able to initiate insulin treatment plans.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- All patients with chronic obstructive pulmonary disease were issued with rescue packs and care plans.
- Patients had access to spirometry tests. (Spirometry is a test that can help diagnose and monitor various lung conditions.)
- Longer appointment times and home visits were available if needed
- Patients at risk of hospital admissions were identified as a priority and a care plan was in place.
- INR monitoring was available at the practice. (The test used to monitor the effects of warfarin is called the International Normalised Ratio, or INR. It is a blood test that checks how long it takes for blood to clot.)
- The practice staff worked with the community long term conditions (LTC) matron to coordinate the care of patients who had more than one LTC.

Families, children and young people

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

- The practice provided care for a significant number of patients involved with child safeguarding and domestic violence and had effective working relationships with children's social workers.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Children's walk in clinics were available in the mornings and afternoons for children under 5. This service had seen a reduction in day time emergency department admissions.
- The duty GP was available throughout the day to deal with children and young people who needed immediate attention.

Good



Summary of findings

- A baby change and breast feeding room was available for use.
- Young people were signposted to the local drop in centre and the young person's weight management service.
- Parents were encouraged to access a paediatric app which gave guidance on how to identify and treat common ailments and potentially life threatening conditions including sepsis.

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.
- Private medicals and Heavy Goods Vehicle medicals were offered.
- Patients had access to abdominal aortic aneurysm screening on site.
- The practice offer vaccinations for students in line with guidance.
- Military veterans were identified for priority access to Secondary Care in line with the National Armed Forces Covenant 2014
- Text message appointment reminding service and appointment cancelling services were available.

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 of patients living in vulnerable circumstances including homeless people, military veterans and those who were housebound. Homeless patients and refugees were identified and an alert added to the patient records to ensure they received appropriate support.
- Annual Health Checks for patients with Learning Disabilities provided and care plans in place. There was a flexible approach to where reviews took place. For example, at home or in the surgery.
- The practice offered longer appointments for patients with a learning disability and practice staff worked effectively with the learning disability team.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Weekly prescriptions were available for patients at risk of over using medicines.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had 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 patients with mental health needs and dementia. Staff had worked at the practices for many years and had built up relationships with vulnerable patients, those with mental health issues and frequent attenders.
- GPs at the practice prescribed medicines for the treatment of drug addiction in liaison with the local drug and alcohol treatment centre. GPs worked with the drugs worker for medicines prescribing and care planning.
- Patients were supported to access the Plymouth options anxiety and depression service and were supported to complete on line forms if required.
- The practice supported an in house counselling charity by providing a room free of charge.
- One of the GPs was involved in setting up a new counselling service for young people through the education authority and clinical commissioning group (CCG).

Good



Summary of findings

What people who use the service say

The national GP patient survey results for GP practices were published in July 2016. These results were for the individual practices that merged to make Ocean Health (Stirling Health Group and Chard Road Surgery). Therefore there were no combined results at the time of the inspection.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all positive about the standard of care received.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients were keen to name individual staff as providing exceptional care and said reception staff had been helpful. We also saw many thank you cards from grateful patients. However, patients said getting through on the telephone was a problem and getting an appointment with the same GP was an issue which sometimes resulted in a delay in getting an appointment if seeing the same GP was the preferred option. Patients told us they were able to speak with a GP or get an urgent appointment on the same day if required.

We looked at the friends and family patient feedback between September and November 2016. Results in September 2016 showed that two patients had completed these and both had highlighted that they would be extremely unlikely to recommend the practice. Staff told us there had been a subsequent drive to gather more feedback. We looked at results from October and November 2016. These showed that of the 190 patients who had responded, 156 would be extremely likely or likely to recommend the practice to others. 8 people said they would be neither likely nor unlikely, one patient said they would be unlikely and 12 patients said they would be extremely unlikely. Three respondents did not know. Negative comments included feedback about the merger of practices and difficulty getting an appointment. Positive comments included feedback about the staff, care and treatment. The practice informed us that changes to the telephone system were being made. However, patients were not aware of any of the actions being taken.

Areas for improvement

Action the service **SHOULD** take to improve

- Consider managing complaints in the same manner as significant events, as appropriate, to ensure learning is shared across the whole team.
- Introduce a system to ensure all clinical equipment which moves around the practice is included on the calibration checking programme.
- Inform patients of the action being taken as a result of their feedback.
- Ensure a system is in place for checking GP bags for expiry dates of medicines and equipment.

Outstanding practice

The practice had responded to the needs of ill children and offered a walk in service for children under the age of five years. Parents and guardians could bring their child without appointment to twice daily children's clinics. The

service had received positive feedback from patients. Data from the practice showed that the service had seen an average of between 12 and 18 children per day with an increasing trend of attendances. Data showed there had

Summary of findings

been a reduction of patient numbers in this age group attending the emergency department (ED) during the

day. For example ED day time admissions for practice children between 2013/14 was 40. This figure reduced to 35 in 2014/15 after the service had started. This showed a reduction of 12.5%.

Ocean Health

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a CQC assistant inspector.

Background to Ocean Health

Ocean Health is located in Plymouth, Devon and has an NHS England general medical services (GMS), personal medical services (PMS) and alternative provider medical services (APMS) contracts to provide health services to approximately 22020 patients. Ocean Health was formed in June 2016 from three practices; Collings Park, Stirling Road and Chard Road. Collings Park had been inspected by the CQC before the merger and operates as a stand alone GP practice in another part of the city. Stirling Road and Chard road provide care to patients within the same deprived urban area and have been divided into an acute hub (Chard Road) and routine care centre (Stirling Road).

Patients access appointments by calling in to the practices or by using the telephone system which directs calls either to Collings Park or Ocean Health. The calls at Ocean Health are answered by a call handler who then directs calls to the most suitable appointment. Pre-bookable appointments can be made four weeks in advance or patients who need to be seen on the same day can be referred to the triage list which is managed by the acute care team.

The practice is open between 8am and 6pm during the week. The practice have an arrangement in place to transfer calls between 6pm and 6.30pm to the out of hours provider. Patients are advised of accessing this by using the 111 telephone number. In addition to routine appointments, walk in clinics are offered to children under

five years of age twice a day. Telephone triage and telephone appointments are also available. Patients can also use a web based internet consultation service. Extended hours are offered between 7am and 8am on Tuesday, Wednesday and Thursday.

The practice has opted out of providing out-of-hours services to their own patients and refers them to an out of hours provider via the NHS 111 service. This information is displayed on the outside of the practice and on their website.

Data from public health England showed that the mix of patient's gender (male/female) is almost 50% each. 8% of patients were above the age of 75 which is comparable to the England average of 8%. 2% of the patients are aged over 85 years old which is comparable to the England average of 2%. There was no data on ethnicity however staff said they thought the majority of practice patients are white British. The deprivation score for the practice area is recorded as three on a scale of one to ten. One being more deprived and ten being less deprived.

The practice is a teaching practice for medical students and foundation doctors with good feedback from the medical school practice visit report. The practice hope to start a GP registrar training programme.

At the time of inspection there was an established team of six GP partners (two male and four female). The practice manager is also a partner. GPs partners hold managerial and financial responsibility for running the business. The GP partners are supported by two salaried GPs and a long term locum GP (Three female). The GPs are supported by seven clinical practitioners/independent prescribers. There are also three staff working on the emergency care team who were paramedics. There are nine nursing staff who worked across the three locations. Five are based at Stirling Road, two at the acute care hub and two at Collings Park. The nursing team are supported by five healthcare

Detailed findings

assistants. There are five members of the management team; a managing partner, practice manager, office manager, clinical IT manager and nursing manager. There are additional reception and administration staff.

Ocean Health provide the regulated activities from three sites:

Acute Care Hub, Chard Road, St Budeaux, Plymouth PL5 2UE

Collings Park Medical Centre, 57 Egguckland Road, Hartley, Plymouth PL3 5JR

Ocean Health Centre- Stirling Road, St Budeaux, Plymouth PL5 1PL

We visited the Stirling Road location for this inspection.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

We also received some information of concern from a whistleblower relating to clinical care, management of significant events and complaints. We looked at these issues during the inspection.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including NHS England to share what they knew. We carried out an announced visit on 20 December 2016. During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that these were monitored to detect trends and lessons were shared and action was taken to improve safety in the practice. For example, a vaccine error had been made. No harm had come to the patient and the patient's parents had been informed. A review had taken place which identified there had been pressure on staff to complete a task they had not been prepared for. The staff member was supported and encouraged to decline these unscheduled appointments.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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. Flow charts were available for staff to access local safeguarding teams. There was a lead member of staff for safeguarding. The

GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses and paramedics had received level two training and additional staff had accessed level one training.

- Staff had access to guidance about whistleblowing policies and contact details within staff areas.
- A notice in the waiting room and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones had received practical training and eLearning for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The 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. Three monthly infection control audits were undertaken. The last audit had highlighted a need to replace curtains in some rooms and had resulted in clinical areas being decluttered. We saw evidence that action was taken to address any improvements identified as a result. Handwashing audits had also taken place in November 2016 to check clinical staff were washing their hands appropriately.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Stock lists and expiry date check lists were maintained for immunisations and stock medicines. Data loggers were used for accurate recording of fridge temperatures. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best

Are services safe?

practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. A number of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We saw detailed records and check lists to ensure these documents were regularly reviewed.

- We reviewed four personnel files and found staff recruited in the last three years had appropriate recruitment checks 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.

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 and staff area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. The last fire drill had been performed on 10 November 2016. All electrical equipment was checked to ensure the equipment was safe to use. This had last been performed in January 2016. We saw records to show that clinical equipment had been checked in June 2016 to ensure it was working properly. However, we noted two pieces of equipment had not been included on this check. The equipment would be shared across the practice and not necessarily stay in one place, hence the omission. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for

a particular bacterium which can contaminate water systems in buildings). We saw a temperature check list had been carried out to monitor the risk of legionella. Other risk assessment documents included lone working, vaccine storage and equipment.

- We looked at GP bags during this inspection and found that there was no consistent method of checking contents for expiry dates. We found syringes that had just passed the expiry date. These were immediately replaced.
- 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 across all sites to ensure enough staff were on duty. Practice managers at each site had an overview of this. Staff told us that although there were pressures of time they felt there were enough staff on duty to keep patients safe.

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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The lead nurse monitored that the check lists for emergency equipment and medicines were maintained.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Examples seen included updates on the recent sepsis guidance. Any updates were communicated during the clinical meetings and partners meetings.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). However, complete data for the past year related to the individual practices which made up Ocean Health which formed in June 2016. We looked at current data supplied by the practice which showed that the practice had achieved an overall score of 91% of the points available so far with three further months to gather data. The practice merger had identified gaps in data collection and had resulted in the introduction of computer software and a consistent approach to identifying conditions which aimed to improve the QOF results. The data collection had also identified lower than expected exception reporting rates which the partners explained was being explored. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

Practice data between June 2016 and December 2016 showed:

- 81% of diabetic patients had a blood pressure within normal limits and 74% of patients with diabetes had

received a foot examination. We were informed diabetic reviews were organised around the patients birthday month so a full data collection had not yet been obtained.

- 95% of patients on high risk mental health medicines had had blood levels checked to ensure they were taking the right dosage. The practice had been disappointed in the percentage of patients with a mental health illness who had received a care plan review. The practice manager explained that this had identified system inconsistencies in identifying patients with mental health problems and the computer software and consistent data collection methods aimed to increase the capture of this information.

There was evidence of quality improvement including clinical audit.

- We looked at four clinical audits completed in the last year, three of which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to monitor and improve services. For example, an audit of the treatment of acne aimed to ensure treatment was in line with NICE guidelines. The initial search identified 87 patients who had been prescribed acne treatments over a two year period. An audit revealed just 55% of these patients had been prescribed treatment in line with best practice guidance and highlighted the practice were under prescribing specific topical creams, lotions and gels recommended. This audit was due to be repeated to ensure treatment was appropriate.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We spoke with a new member of staff who said the support had been very good. The induction programme was

Are services effective?

(for example, treatment is effective)

currently being adjusted to make sure it was consistent across the organisation and captured all the support given to new staff. There was an induction pack for locum staff.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. For example, practice nurses with special areas of interest were able to access updates and training in their area of clinical care. There was an overview maintained of mandatory training to ensure all staff accessed the training provided.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had either received an appraisal within the last 12 months or had one scheduled within the next six months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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. We were informed of examples where the GPs had involved independent mental capacity assessors where patients with dementia had no representatives.
- 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, recorded the outcome of the assessment.
- The process for obtaining consent was either verbal or recorded in the patient record, by using a pre formed template or by asking the patient to sign a consent form and scanning to the patient's record.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. This included weight management for young people. Patients were signposted to the relevant service.
- Smoking cessation advice was available at the practice. Since March 50 patients had received advice and 15 had given up smoking.
- A recent diabetes education event had been held at the Chard Road location. This was well attended and a future one had been planned.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 78%, which was comparable to the national average of 74%. The nursing team explained that patient uptake in the area was poor so there was a policy in place to follow up patients and 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Complete data showing child vaccine rates for the past year was not available because Ocean Health had only been

operating since June 2016. However, we looked at rates of the vaccinations given to under two year olds and saw that these currently ranged between 95.8% and 96.5% and five year olds from 89.8% to 99.4%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice had invited 618 eligible patients to attend a review and had carried out 225 checks since June 2016. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

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

We were told that staff had worked at the practice for many years and recognised vulnerable patients. We were given examples by the partners of staff that had gone above and beyond their job descriptions. For example, recognising where patients attended the practice and needed additional support, delivering prescriptions on the way home, contacting relatives at the request of patients, arranging transport, helping patients complete forms and 'checking on' patients who had not attended for routine appointments.

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

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us

they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

The practice provided facilities to help patients be involved in decisions about their care:

- 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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 408 patients as carers (1.85% of the practice list) and had recognised this did not reflect how many carers staff thought there were. This had identified an issue with the way carers were identified on the computer system which was being addressed to make sure the correct code was used across all three locations. Once identified, carers were provided with written information and a carers lead directed carers to the various avenues of support available to them.

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.

The practice had started to introduce systems to identify military veterans and to ensure their priority access to secondary care in line with the national Armed Forces Covenant 2014.

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 extended hours between 7am and 8am on Tuesday, Wednesday and Thursdays for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. This included community outreach visits performed by a practice nurse to the housebound patients. These patients could access flu vaccinations, and long term condition management.
- GPs at the practice prescribed medicines for the treatment of drug addiction in liaison with the local drug and alcohol treatment centre. GPs worked with the drugs worker for medicines prescribing and care planning.
- One of the GPs was involved in setting up a new counselling service for young people through the education authority and clinical commissioning group (CCG).
- Same day appointments were available for patients with medical problems that require same day consultation.
- The practice offered a walk in service for children under the age of five years. Parents and guardians could bring their child to the twice daily clinics where they would be seen by a nurse and emergency practitioners (paramedics) who had received training in managing the care of the unwell child. The service was supported by the duty GP and had received positive feedback from patients. Data from the practice showed that the service had seen an average of between 12 and 18 children per day with an increasing trend of attendances. An article about the service stated there had been a reduction of patient numbers attending the emergency department

(ED) during the day. For example ED day time admissions for practice children between 2013/14 was 40. This figure reduced to 35 in 2014/15 after the service had started. This showed a reduction of 12.5%.

- Practice staff offered specialist leg ulcer dressings and compression bandages. Evidence we saw indicated these were managed in line with local guidance.
- Patients were able to receive travel vaccinations available on the NHS.
- Patients could receive joint injections and minor surgery at the practice.
- One of the GPs offered the Epley manoeuvre for patients suffering with vertigo or dizziness.
- The practice provided near patient testing of INR (International Normalised Ratio) using INR star algorithms with GP review of every decision. The INR tests indicate how long it takes for blood to clot and monitor the effects of blood thinning medicines used to reduce the risk of stroke, heart attack, or other serious conditions.)
- The practice offered contraception including inter uterine fitting and implant fitting.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a passenger lift at the Stirling Road location.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. The practice have an arrangement in place to transfer calls between 6pm and 6.30pm to the out of hours provider. Patients are advised of accessing this by using the 111 telephone number. Extended hours at the practice were offered between 7am and 8am on Tuesday, Wednesday and Thursday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, web based consultations, telephone triage and urgent appointments were also available for people that needed them. This included twice daily walk in clinics for children.

Patients access appointments by calling in to the practices or by using the telephone system which directs calls either to Collings Park or Ocean Health. The calls at Ocean Health were answered by a call handler who then directs calls to the most suitable appointment. Pre-bookable

Are services responsive to people's needs?

(for example, to feedback?)

appointments can be made four weeks in advance or patients who need to be seen on the same day can be referred to the triage list which was managed by the acute care team.

People told us on the day of the inspection that they were able to speak with a GP or get same day appointments when they needed them but sometimes had to wait longer to see the GP of their choice if this was the patients preferred option. Patients told us the main problem experienced was getting through on the telephone; which the practice had plans to address.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

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, information on the website, a poster and the patient leaflet described how patients could make a complaint.

We looked at 31 complaints received about all three locations since the merger of the practices in June 2016. We found these had been managed in a timely way, with apologies where there had been a delay. Complaint responses were transparent and records clearly demonstrated what action had been taken. We saw that lessons were learnt from individual complaints and from trends in complaints. We noted several complaints had related to clinical issues. We saw from the records the issues had been managed and responded to appropriately. However, these had not been managed in the manner of significant events to ensure learning was shared across the whole team.

We saw action was taken where trends had been identified to improve the quality of care. For example, there had been a trend in the number of complaints about the prescription service since the merger. As a result a change in process and staff allocation had been made which had seen a reduced number of complaints. There had also been a recent increase in complaints about the telephone services. This had resulted in a planned increased number of telephone lines and planned increase in call handling staff. For example, six temporary staff had been employed with a view of making them permanent if required.

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 organisation had a new vision for Ocean Health going forward. This read 'In everything we do, we believe in focussing on the whole person'.
- 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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. For example, the recent merger had identified issues with coding. Clinical coding is the translation of medical terminology to consistently identify a patient's complaint, problem, diagnosis, treatment or reason for seeking medical attention. The partners had identified there had been issues with identifying patients with mental health issues and carers and were looking at this to ensure the patients received the correct support.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- There were clear lines of accountability provided in a team environment so that tasks and responsibilities did not go unchecked.
- There were clear lines of leadership in place. All staff knew who to go to with issues.
- There were GP leads for key areas of clinical practice, governance areas and staffing.
- The partners sought external advice regarding human resources and employment issues and sought advice from an external consultant about the future and strategy of the practice post-merger.
- Staff told us the practice held regular team meetings. There was a calendar of meetings scheduled which included external events, monthly multi-disciplinary team meetings and partners meetings held outside of practice hours.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. An annual staff suggestion box was available. Findings were discussed at the annual partner away days.
- There had been two away days for the partners before the practice merger in June 2016
- Staff we spoke with said they enjoyed working at the practice, felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good 

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

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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was active and met regularly and suggested changes and improvements to the practice management team. For example, a suggestion to introduce information screens for the waiting rooms had been made. These were in the process of being purchased.
- There had been two patient involvement sessions held at the practices prior to the merger. These were well attended events where the changes were communicated.
- The practice had gathered feedback from staff through suggestion boxes, staff meetings and generally through 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 focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. GPs within the organisation held roles within the LMC (Local Medical Council) and CCG to ensure they were working collaboratively.

There were due to be changes in key staff at the practice in 2017. We were informed that succession planning and recruitment was beginning. The partners were also in the process of meeting other GP partners from similar organisations for ideas and information sharing.

The GP partners worked with a group called Plymouth-SOUND. This was a collaboration of approximately 20 practices in the area and covering 120,000 patients. The meetings looked at long term primary care strategy for Western Plymouth.

The GP partners explained they were in the process of working with Plymouth City Council to tackle deprivation in the area.

The practice had also secured funding to introduce a health pod for the practice, and computer tablets for staff to use in community settings.