

# Norton Brook 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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Norton Brook Medical Centre on 4 July 2017. 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 a system in place for reporting and recording significant events.
  - The practice had clearly defined and embedded systems to minimise risks to patient safety.
  - Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
  - Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
  - Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
  - The practice had good facilities and was well equipped to treat patients and meet their needs.
  - There was 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
  - The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice had introduced dementia and learning disability friendly signage throughout.
  - The practice had adapted its practice nurse and health care assistant team in line with patient need, to meet a growing patient demand for more leg ulcer treatment and hypertension checks.
  - The practice had introduced an “Emergency Team” which comprised one GP, one practice nurse and a GP registrar to provide urgent health care appointments.

# Summary of findings

**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



- From the sample of seven documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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 to minimise risks to patient safety.
- Facilities risk management was also in place. Water quality testing, portable appliance testing and fire safety checks had been completed regularly.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. During 2016-17, the practice had achieved 98.8% of the total number of points available compared with the clinical commissioning group (CCG) average of 95.8% and national average of 95.3%.
- Staff were aware of current evidence based guidance. For example, GPs kept up to date with NICE guidance. Seven GPs were qualified trainers.
- Clinical audits demonstrated quality improvement. There had been ten clinical audits carried out in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. We found examples of staff development such as a phlebotomist trained to become a health care assistant.

# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved. Of the total 97 deaths in the last 12 months, 47% of patients had died at their usual place of residence, in line with their requests. This was higher than the national average of 44%.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care, scoring above the national average in 18 out of 23 patient experience survey questions.
- Survey information we reviewed showed that 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 accessible, both in paper format at the practice and electronically on the practice website.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice ensured compliance with the gold standard framework for palliative care patients and had introduced an End of Life care action pack to support this.
- The practice identified military veterans in line with the Armed Forces Covenant 2014. This enabled priority access to secondary care to be provided to those patients with conditions arising from their service to their country.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice had introduced dementia and learning disability friendly signage throughout in order to assist patients with navigation.
- The practice had adapted its practice nurse and health care assistant team in line with patient need, to meet a growing patient demand for more leg ulcer treatment and hypertension checks.
- The practice had introduced an "Emergency Team" which comprised one GP, one practice nurse and a GP registrar to provide urgent health care appointments.

Good



# Summary of findings

- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from 12 examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- 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.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In 12 examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. 27% of the practice population were aged 65 years or older, which was higher than the national average of 17.2%.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care. Of the total 97 deaths in the last 12 months, 47% of patients had died at their usual place of residence, in line with their requests. This was higher than the national average of 44%.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, the practice provided GP support to nearby South Hams Hospital which involved close liaison and appropriate information sharing of patient records in order to deliver safe and effective treatment.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, the practice was able to refer patients to support services for occupational health home assessments and individual care plans.

Good



### People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.

Good



# Summary of findings

- Performance for diabetes related indicators was higher than the CCG and national averages. The percentage of patients with diabetes on the register for whom the most recent blood sugar readings were in the average range was 83% compared the CCG average of 81% and the national average of 78%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.

## Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital, by close liaison with midwives and health visitors in the locality who came to the practice for monthly multi-disciplinary meetings.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



## 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).

Good



# Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- 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.
- The practice provided telephone consultations, early opening extended hours, online appointment booking and an informative website for working age people who found it difficult to attend the practice during office hours.

## 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, travellers and those with a learning disability. The practice had introduced learning disability friendly signage throughout the building. This was colour coded.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Good



## 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 carried out advance care planning for patients living with dementia. Patients at risk of dementia were identified and offered an assessment.

Good



# Summary of findings

- 84% of patients diagnosed with dementia had their care plan reviewed in the last 12 months. This was comparable with the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. The practice had introduced dementia friendly colour coded signage throughout the building.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 98%. This was higher than the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. 218 survey forms were distributed and 126 were returned. This represented about 1.2% of the practice's patient list.

- 87% of patients described the overall experience of this GP practice as good compared with the CCG average of 90% and the national average of 85%.
- 80% of patients described their experience of making an appointment as good compared with the CCG average of 82% and the national average of 73%.
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. Patients described a well organised and friendly practice with approachable and professional GPs. Patients had written that the receptionists were friendly and helpful.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the practice friends and family survey for the last 12 months showed that of 110 responses, 95% were likely or extremely likely to recommend the practice to their friends and family.

# Norton Brook Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Norton Brook Medical Centre

Norton Brook Medical Centre is situated in the rural town of Kingsbridge in South Devon.

The deprivation decile rating for this area is seven (with one being the most deprived and 10 being the least deprived). The practice provides a primary medical service to approximately 10,100 patients of a diverse age group. The 2011 census data showed that majority of the local population identified themselves as being White British. Public health data showed that 13% of the patients are aged over 75 years old which is higher than the local clinical commissioning group average (CCG) of 10% and the national average of 8%.

There is a team of seven GPs partners, three female and four male; the partners are supported by two salaried GPs and two GP registrars. Some GPs worked part time making the whole time equivalent seven. Partners hold managerial and financial responsibility for running the business. The GP team are supported by a practice manager, deputy practice manager, a reception manager, three practice nurses, four health care assistants, a phlebotomist and additional administration staff.

Patients using the practice have access to community matrons, nurses and midwives, mental health teams,

district nurses, school nurse and health visitors. South Hams hospital is also located nearby and the practice provided GP support for this 12 bed hospital. Other health care professionals visit the practice on a regular basis including a hospice nurse and palliative care nurses.

The practice is open from 8am to 6.30pm and from Monday to Friday. Appointments are offered between 8am and 6pm. Extended hours are worked every Monday and Thursday from 7.30am until 8am and on Monday to Thursday evenings from 6.30pm to 7.30pm. Outside of these times patients are directed to contact the out of hour's service and the NHS 111 number.

The practice offers a range of appointment types including face to face same day appointments, telephone consultations and advance appointments (four weeks in advance) as well as online services such as repeat prescriptions.

The practice has a General Medical Services (GMS) contract with NHS England.

This report relates to the regulatory activities being carried out at:

Norton Brook Medical Centre

Cookworthy Road

Kingsbridge

Devon TQ7 1AE

We visited this location during our 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

# 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.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as Healthwatch, to share what they knew. We carried out an announced visit on 4 July 2017. During our visit we:

- Spoke with the practice manager, deputy practice manager, reception manager, administration staff, six GPs, two nurses, two health care assistants and spoke with nine patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Visited all practice locations

- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system 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).
- From the sample of seven documented examples which had occurred in the last 12 months, we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one incident related to an event where a GP had prescribed penicillin inadvertently to a patient with a penicillin allergy. The patient noticed the error and contacted the practice. The GP offered an immediate apology to the patient and corrected the prescription, amending it using electronic prescribing to the patient's pharmacist where the correct medicine was dispensed. Shared learning had taken place. Learning points included ensuring double checking any patient alerts on their records and also ensuring these alerts were up to date.
- A receptionist gave information out to a patient about their blood test result, before this result had been reviewed by a GP. A number of tests had been carried out and not all results had been received. As a result the member of staff was inadvertently providing a partial

result. The learning points included having a protocol in place to only provide results when all tests had been completed and to check that GP had authorised release of test result information.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. There was a lead GP for child safeguarding and a different GP for adult safeguarding. From the sample of two documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies. The practice held a virtual ward meeting once a month to discuss any current safeguarding cases.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Practice nurses were trained to level two in both child and vulnerable adult safeguarding. There was a training plan for nurses to receive their annual refresher in safeguarding training level two in July 2017.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained 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. There were cleaning schedules and monitoring systems in place.
- One of the practice nurses was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best

## Are services safe?

practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The most recent audit had taken place on 20 June 2017. Identified improvements included the need to replace the covers of waiting room chairs with covers which could easily be wiped clean. The practice had applied to NHS England and to the Friends of Norton Brook charity group to support this.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. 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 and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.

- The practice had an up to date fire risk assessment dated April 2017 and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. Portable appliance testing had taken place and was next due in June 2019.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan had been reviewed in June 2017 and included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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). The most recent published results were 98.8% of the total number of points available compared with the clinical commissioning group (CCG) average of 95.8% and national average of 95.3%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2016-2017 showed:

- Performance for diabetes related indicators was higher than the CCG and national averages. The percentage of patients with diabetes on the register for whom the most recent blood sugar readings were in the average range was 83% compared the CCG average of 81% and the national average of 78%.
- Performance for mental health related indicators was higher than the CCG and national averages. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% which was higher than the CCG average of 87% and the national average of 89%.

There was evidence of quality improvement including clinical audit. This was available on a shared drive in the practice computer system to enable all clinical staff to access this information.

- There had been ten clinical audits carried out in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- For example, bisphosphonates audits had been undertaken, (a medicine used to monitor osteoporosis) long term usage of which could have side effects and morbidity. The audit helped to reduce dependence on this medicine after a period of time, to reduce any potentially harmful side effects.
- An anticoagulation audit had completed three audit cycles. This monitored how many patients were in the therapeutic range for treatment by anticoagulation medicine. In June 2016 the audit showed that 74% were within the therapeutic range. The audit in June 2017 showed this had been improved to 77.6%. The positive impact of this was that it reduced the risk of a stroke to patients.
- The practice had also completed numerous prescription switch complete cycle audits to reduce the costs of prescribing as an example of medicines optimisation.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those practice nurses reviewing patients with long-term conditions. The infection control lead nurse had received specific infection control training for this role, both on bluesream online training and face to face training at Derriford Hospital. The practice had provided training for a phlebotomist to become a qualified healthcare assistant (HCA).
- 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

# Are services effective?

## (for example, treatment is effective)

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 and nurses. All staff had received an appraisal within the last 12 months. These had been completed in April and May 2017.
- 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.
- From the sample of four documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to the school nurse or health visitors.

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. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of

different patients, including those who may be vulnerable because of their circumstances. The palliative care nurses attended multi-disciplinary meetings at the practice on a quarterly basis, most recently in April 2017.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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 or referring patients to support services such as drug dependency and mental health counselling.
- A dietician was available on the premises and smoking cessation advice was available from a local support group. For newly diagnosed patients with diabetes, the dietician provided specialist clinics on an ad hoc basis according to patient needs.

The practice's uptake for the cervical screening programme was 80%, which was comparable with the CCG average of 81% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 97% to 98% (national average 90%) and five year olds from 94% to 97% (national average 88% to 94%).

## Are services effective? (for example, treatment is effective)

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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.

Patients had access to appropriate health assessments and checks. These included health checks for new patients. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had recently been informed by Devon County Council that funding for NHS checks for patients aged between 40-74 years would be reintroduced in the near future.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- There were chaperone signs in waiting areas and in all treatment rooms. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 42 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 spoke with nine patients including six members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 92%.

- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 91% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 93% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 89% of patients said they found the receptionists at the practice helpful compared with the CCG average of 90% and the national average of 87%.

### 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.

Children and young people were treated in an age-appropriate way and recognised as individuals. For example, the practice moved the sexually transmitted infection self-testing kits from the reception desk to a separate private room, to enable young patients to obtain these kits in private. The practice also used a text messaging results service, to communicate the test results to patients.

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:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 86%.

## Are services caring?

- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 88%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

### **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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2.1% patients as carers. The practice used their carers register to help monitor its provision of annual health checks to carers, immunisations and signposting to support services.

The practice liaised closely with Age Concern in Kingsbridge, which ran a memory café and Tumbly Hill respite centre. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. The practice had introduced dementia friendly signage throughout the practice. This signage was also learning disability friendly.

Staff told us that if families had experienced bereavement, their usual GP contacted them. 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 identified military veterans in line with the Armed Forces Covenant 2014. This enabled priority access to secondary care to be provided to those patients with conditions arising from their service to their country. The practice's policy had been reviewed in June 2017.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice had consulted with its patient participation group (PPG) prior to the implementation of its extended hours. Extended hours were worked every Monday and Thursday from 7.30am until 8am, and on Monday to Thursday evenings from 6.30pm to 7.30pm.
- 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Colour coded signage which was both dementia and learning disability friendly had been introduced throughout the practice since our previous inspection on 14 October 2014.
- The practice had reduced its nursing team from four to three and increased its health care assistants (HCAs) from one to four, in order to meet increasing patient demand for more treatment by the HCAs of leg ulcers, hypertension checks, and INR tests (INR tests help reduce the risk of having a stroke). This enabled the nursing team to specialise in other key areas such as long term conditions.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- The practice had introduced a room available for breastfeeding in private.
- There was a health education room which provided the facilities for patients to measure their height, weight and blood pressure. There were information leaflets there for various conditions. The practice adapted this room according to relevant health campaigns, such as cervical smear campaigns, child immunisations and also sexual health

### Access to the service

The practice was open from 8am to 6.30pm and from Monday to Friday. Appointments were offered between 8am and 6pm. Extended hours were worked every Monday and Thursday from 7.30am until 8am and on Monday to Thursday evenings from 6.30pm to 7.30pm. Outside of these times patients were directed to contact the out of hour's service and the NHS 111 number.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them. The practice had introduced an "Emergency Team" which comprised one GP, one practice nurse and a GP registrar. Their role was to provide urgent health care appointments either on the telephone or face to face for patients who needed to be supported the same day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to national averages.

- 74% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 75%.
- 91% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 79% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 85% and the national average of 76%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 91% of patients said their last appointment was convenient compared with the CCG average of 95% and the national average of 92%.
- 80% of patients described their experience of making an appointment as good compared with the CCG average of 82% and the national average of 73%.
- 57% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 64% and the national average of 57%.

The practice manager told us that they were in the process of reviewing their methods of access to appointments with their patient participation group.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

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

GPs telephoned the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had a system 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. Posters and leaflets explaining how to make a complaint were available in waiting areas.

We looked at 12 complaints received in the last 12 months and found these had been satisfactorily handled, with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a patient had telephoned the practice on behalf of a family member (who was also a patient at the practice) following a telephone consultation. The patient was unhappy that a face to face consultation had allegedly not been offered. The GP arranged a call back to the patient to discuss this. A full explanation was offered to the patient who made the complaint and to the patient who received the treatment. It was established that the family member patient was satisfied with the care they had received. Learning outcomes included the documenting of the fact that a face to face consultation had been offered.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The mission statement stated that their aim was to provide excellent medical care to all of its patients, whether at the practice or at home and to manage patients in accordance with national guidelines to achieve early and accurate diagnosis. The practice aimed for promptness, courtesy, confidentiality and recognised that each patient was an individual.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice called this its practice development plan and it had been reviewed in May 2017. The plan looked ahead over the next three years at future challenges, for example coping with a growing patient list size.

### 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas, such as training and safeguarding.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing

mitigating actions. For example, significant events were on the agenda of weekly GP partner's meetings.

Evidence showed that risks were discussed and actions agreed at these meetings.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### 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 were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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. From the sample of 12 documented examples we reviewed we found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held weekly GP partners meetings, monthly clinical meetings, multi-disciplinary team meetings, weekly reception meetings. An all staff meeting had taken place in June 2017. Minutes showed items discussed included new GP partners, reviewing the mission statement, long term conditions, South Hams Hospitals duties and emergency equipment checks.

# Are services well-led?

Good 

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

- 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. We noted team social away days were held twice a year. Staff told us they valued this team building time.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG had 14 active members who met up together on a monthly basis. During our inspection we spoke with six members of the PPG. Their views of the practice were positive. They told us the practice was friendly, accessible and that the PPG felt it was being listened to.
- The practice met up with the PPG on a quarterly basis, these meetings included the practice manager and a senior GP. The PPG had suggested that the practice should collect patient's email addresses and use this as another method of communication. This had been adopted and the practice was now capturing email addresses with patient's consent. The PPG had suggested that the layout of the practice could be better signed. This had been acted upon.

- The PPG had taken ownership for maintaining their noticeboard and the displays in the patient education room. This room contained information on relevant health campaigns.
- The practice had carried out a patient survey in April 2017 and had spoken to 46 patients. Questions included GP specific areas such as did your GP listen, where they interested, did they understand, were they caring and positive. 97% rated the practice as good to excellent in all areas.
- The practice gathered feedback from staff through regular 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. For example, staff had suggested the introduction of the "Emergency Team" and this had been adopted. 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. For example, the practice had recently completed the Planned Care pilot scheme. This involved compiling patient information on neurology and paediatric care to assess how these were referred and followed up in a timely and appropriate manner. This also assessed whether the treatment could be shared between primary and secondary care. The benefit to the patient was that this pilot could identify whether they could be treated in the future in primary care and to avoid future rejected referrals.

The practice was a training practice which supported two GP registrars. The practice was also a teaching practice which supported medical students. Seven GPs were qualified trainers. There were two GP registrars at the practice during our inspection.