Buckland Surgery

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?	Outstanding
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 Buckland Surgery on Wednesday 20 October 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. There was a systematic approach to use all opportunities for learning from internal and external incidents.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the practice were part of the one GP one care home scheme in the locality and had seen a reduction in hospital admissions.
- Feedback from patients was overwhelmingly positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment and were given sufficient time when making these decisions. Information was provided to help patients understand the care available to them.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. For example, the practice worked with housing associations, food banks, domestic violence teams and drug and alcohol services.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the newly formed Patient Participation Group (PPG).
- 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. Complaints were used to improve the service provided.
- The practice had clear leadership and a clear vision which had quality and safety as its top priority. A

business plan was in place and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.

We saw several areas of outstanding practice including:

- The practice had flexibility of access to appointments. Access included a flexible boundary philosophy to support patients until they had registered at a new practice, for example, patients with unstable home environments or those between addresses. The practice offered extended appointment times regularly and if patients attended on the wrong day or at the wrong time they would be seen anyway. If a patient missed attending an appointment the practice telephoned the patient or organised a home visit.
- The practice had responded to the needs of homeless patients and those in financial hardship and worked with the Teignbridge Housing Association Team and referred patients to food banks. The practice also held a supply of dried food stuffs to hand to patients in need before they were referred to the food bank organisation.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. There was a systematic approach to ensure that lessons were learned and communicated with the whole team and more widely to support improvement.

Information about safety was recorded, monitored, appropriately reviewed and addressed. Medicines were well managed and staff received the training and support they needed to fulfil their roles. This included basic life support and safeguarding.

Risks to patients were assessed and well managed. Recruitment processes were in place and were used for permanent staff and locum staff.

Are services effective?

Good

The practice is rated as good for providing effective services.

Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.

Data showed that the practice was performing highly when compared to neighbouring practices in the Clinical Commissioning Group. For example in the rate of diagnosis of dementia where the practice had scored significantly higher than both CCG and national averages.

The practice used innovative and proactive methods to improve patient outcomes and it linked with other local providers to share best practice. The practice participated in the NHS Frailty scheme where the top 2% of the practice population who were judged to be most at risk were identified and managed proactively.

An increase in continuity of patient care had been the result of the practice commitment to the 'one care home, one GP' scheme. The named GPs had provided regular ward round type services to two care homes, this had resulted in strong working relationships and positive feedback from residents and their families, managers and staff. The impact of these initiatives had been a decrease in falls and prevention of the need for urgent medical attention, as shown by the reduction in ambulance calls, according to South Western Ambulance service data.

Summary of findings

There was a culture of learning and education at the practice. Staff said they were supported in accessing any training they needed to fulfil their roles. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Outstanding

The practice is rated as outstanding for providing caring services.

Data from the national patent survey, friends and family test, and speaking with patients showed that patients consistently rated the practice higher than others for all aspects of care. Feedback from patients about their care and treatment was consistently and strongly positive. Comments on the 61 comment cards we received was also complimentary.

Patients told us they felt listened to and respected. For example, patients told us they had appreciated that the current GP had put on some communication events to keep patients up to date with the changes when the previous GP and practice manager had retired.

We observed a patient-centred culture and staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. The practice had flexibility of access to appointments and made sure patients who had attended on the wrong day or at the wrong time were not turned away and were followed up.

The practice had initiated positive service improvements for patients that were over and above contractual obligations and demonstrated the caring attitude of staff. For example, the practice worked with external stakeholders to support patients with addictions or those experiencing domestic violence. The practice had responded to the needs of homeless patients and those in financial hardship and worked with the Teignbridge Housing Association Team and referred patients to food banks. The practice also held a supply of dried food stuffs at the practice to hand to patients in need before they were referred to the food bank organisation.

Views of external stakeholders were very positive and aligned with our findings. Patients and stakeholders provided examples of when staff had gone above and beyond what was expected. For example, a care home manager said the GP allocated to their home often called in out of hours to meet with them and to check on the patients and to support staff.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

It acted on suggestions for improvements and changed the way it delivered services in response to feedback from patients and was encouraging and supporting the newly formed patient participation group (PPG).

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure service improvements where these had been identified. For example, supporting the one care home one GP initiative with positive results. The practice had also responded to the needs of diabetic patients by introducing joined up working with diabetic consultants and clinical nurse specialists to improve diabetic care for patents.

Patients told us it was easy to get an appointment with a named GP or a GP of choice, there was continuity of care and urgent appointments available on the same day. The practice had flexibility of access to appointments which included a flexible boundary philosophy to support patients until they had registered at a new practice. For example, patients with unstable home environments or those between addresses. The practice offered extended appointment times regularly. Patients who had attended on the wrong day or at the wrong time were not turned away, they were seen. The practice had telephoned patients or organised a home visit if they failed to attend. Impact of this service could be demonstrated by consistent positive patient survey results and feedback from patients.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

The practice had been managed by the GP provider and practice manager for ten months. Staff and patients told us the transition had been smooth and they had been well informed of changes, which they had appreciated.

The practice had a clear vision with a systematic approach to quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

Summary of findings

High standards were promoted and owned by all practice staff and teams worked together across all roles. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. The practice carried out proactive succession planning.

There was constructive engagement with staff and a high level of staff satisfaction. The practice gathered feedback from patients, and it had a new active patient participation group (PPG) which influenced practice development.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care.

It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Patients over the age of 75 had a named GP and those receiving regular medicines were seen for bi-annual face-to-face reviews with the GP. Being a small practice the staff knew patients well, were familiar with their family situations, those with social isolation, and those who were carers. This meant that staff could recognise that something may be wrong at an earlier stage.

The practice participated in the NHS Frailty scheme. There were systems in place to identify the top 2% of the practice population who were judged to be most at risk. These patients were made known to staff and placed on the 'blue bed' frailty scheme. GPs held monthly reviews of the identified patients to proactively co-ordinate their care, perform medicine reviews and dementia reviews. Systems were in place to ensure they had prompt access to treatment, regular updates of care plans and treatment escalation plans, which were then shared with out of hours providers.

The practice were also part of a local 'one care home one GP' scheme. Two GPs provided a primary medical service to two care homes in Newton Abbot. The GPs made monthly visits to the care homes. The GPs also carried out six weekly (or more frequent if necessary) reviews with the patient, staff and patients family to discuss treatment and care plans. Feedback from the care home managers demonstrated that this provided continuity of care, palliative care and developed strong relationships with the residents, managers and staff. Feedback from the CCG, patients and family members was also positive.

Practice staff discussed 'admission care avoidance' with the multidisciplinary (MDT) community team each month to help maintain patient independence and enable patients to remain at

home, rather than be admitted to hospital. The MDT team were also able to refer patients to other health and social care services. A member of the local Kingscare voluntary service also attends to assist with befriending or to offer ways to reduce social isolation.

Patients admitted to hospital were identified and the named GP informed to contact/visit them following discharge. Patients needing end of life care had been managed in a coordinated way with the palliative care nurse and community team which meant patient wishes for end of life care could be planned.

People with long term conditions

Good

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

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

All these patients had a named GP and a structured annual review to check that their health and medicine 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, so that patient needs were communicated and met using an integrated and coordinated approach.

Patients were able to access urgent and same day appointments and were encouraged to book 20 minute appointments to discuss long term conditions. Staff had used their judgement toalter the length of appointments as appropriate.

Patients were invited for six monthly reviews with the GP to discuss their medicines and had access to nurse led chronic disease management clinics. The data for the practice showed that uptake for reviews was good.

The practice were effective in the management of diabetes and had developed a system to review patients with pre-diabetes or multiple risk factors for chronic disease annually, using the recall system. The clinical team met with the dietician, diabetic consultant and diabetic specialist nurse twice a year to discuss complex patients and agree a multidisciplinary plan with the patient.

The practice provided proactive management for potential health crises, for example patients with chronic obstructive pulmonary disease (COPD) had home action plans to assist them to recognise any deterioration in their condition and provide information on how to access help. The practice also maintained information for health care professionals on the out-of-hours system to ensure timely and appropriate care for these patients when the surgery was closed.

Summary of findings

All clinical staff were encouraged to screen for depression in patients with long term conditions. Patients with complex co-morbidities or palliative care needs were also discussed at the monthly MDT meeting.

Families, children and young people

Good

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

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 or those that did not attend for appointments. Practice staff worked closely with health visitors who were based at the practice and found this useful when discussing safeguarding concerns or families of concern.

Children were offered appointments to fit with school times and had access to immunisation programmes.

The practice held midwife led antenatal care at the practice and had areas if mothers wished to feed their baby in private. The practice held regular postnatal clinics.

A full range of contraception services and sexual health screening, including cervical screening and chlamydia screening was available at the practice.

Working age people (including those recently retired and students)

Good

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

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Pre booked appointments were available a month in advance and on the same day. There were evening appointments every Monday and early appointments every Friday morning.

Patients were offered a choice of either face to face appointments or telephone consultations if more convenient. Patients were able to access a text reminder service for appointments and order their medicine on line if they chose. Patients could also request prescriptions to be sent to a pharmacy of their choice.

Practice nurses offered travel advice and vaccinations.

The practice offered NHS health checks to patients aged 40-70, smoking cessation clinics and provided dietary advice to patients.

Summary of findings

People whose circumstances may make them vulnerable

Outstanding

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

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

The practice held a register of patients living in vulnerable circumstances including those who were frequently in and out of prison, those with a learning disability, domestic violence patients, patients with drug and alcohol addictions, the frail elderly, the homeless, patients with mental health issues, and those complex health problems. The practice operated a flexible boundary philosophy to support patients until they had registered at a new practice. For example, patients with unstable home environments or those between addresses. Special notes were made on the computer system to facilitate this – for example whether patients had n consent for communications through a third party.

These patients had a named GP and were reviewed regularly, discussed at the monthly MDT meetings and managed with a primary care team approach across the community including the voluntary sector. Using this combined approach enabled the GPs to refer vulnerable, isolated patients to the living well scheme where they could access further help and support.

The practice worked with the Teignbridge Housing Association Team and had referred patients to food banks. The practice also held a supply of dried foodstuffs at the practice, to hand to patients in need before they were referred to the food bank organisation.

The practice referred patients with drug and alcohol issues to RISE (Recovery and Integration Service) a service for adults in Devon.

Translation phone services were used to accommodate language needs if requested.

The practice had a learning disability register and ran annual health checks for this population. The practice had performed 68% of the health care checks for these patients so far this year with the remaining patients booked in.

People experiencing poor mental health (including people with dementia)

Outstanding

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

The practice were flexible with appointments for patients with mental health needs and those with dementia and encouraged

Summary of findings

longer appointments or telephone consultations if needed. As the staff were familiar with patients they had been able to recognise early signs or behaviours when patients were not so well or where they missed appointments. The practice said if patients attended on the wrong day or at the wrong time they would be seen anyway. Patients who failed to attend had been telephoned and offered a follow up appointment or seen at home. Where there had been concerns about a patient's capacity to attend for appointments, or understand their care and treatment, communication with relevant parties had taken place

The practice held a register of patients with poor mental health and contacted patients listed with depression within a month of diagnosis. The practice had higher rates of dementia diagnosis compared to the local clinical commissioning group (CCG) national average. For example the practice dementia diagnosis rate was 100% which was 11% above CCG and 6.6% above national average. Further data showed that 93.18% of these patients had received a health care review compared to the CCG rate of 83.82%.

Data showed that the practice managed annual physical health checks and medicine reviews for patients with mental illness well. There was an attitude of 'seizing the moment' to attend to the patient's needs when they were in the practice rather than asking them to rebook for further tests or consultations. Patients appreciated this. The practice worked well with the crisis resolution team and offered in house counselling.

Summary of findings

What people who use the service say

The national GP patient survey results from July 2015 showed the practice was performing better than local and national averages. For example, the practice scored higher than local and national averages in 19 of the 23 questions and comparable in the remaining four questions. There were 109 responses which represents 3.7% of the practice population.

- 97% find it easy to get through to this surgery by phone compared with a CCG average of 80% and a national average of 73%.
- 96% find the receptionists at this surgery helpful compared with a CCG average of 90% and a national average of 87%.
- 66% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 64% and a national average of 60%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 90% and a national average of 85%.
- 96% say the last appointment they got was convenient compared with a CCG average of 95% and a national average of 92%.
- 95% describe their experience of making an appointment as good compared with a CCG average of 81% and a national average of 73%.
- 83% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 72% and a national average of 65%.
- 79% feel they don't normally have to wait too long to be seen compared with a CCG average of 67% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 61 comment cards which were all positive about the standard of care received.

Comments from patients were detailed and referred to staff as being kind, friendly, and helpful. Patients said the treatment they received was excellent and stated that they appreciated the clean and tidy facilities. Patients said the staff went out of their way when care was needed and appreciated the appointment system. We received two minor negative comments. One referred to having to wait more than 15 minutes to see the GP and another one was regarding a medicine issue, although it was not clear whether this was the fault of the practice or pharmacy.

On the day of our inspection we spoke with 13 patients and with two representatives from the patient participation group (PPG). This feedback showed that patient views aligned with findings from comment cards. For example patients referred to the ease of seeing a GP on the same day. Patients were positive about the practice and the treatment they received. Patients said they had enough time with the GPs and nurses and said they were listened to and involved in their care. Patients were satisfied with the cleanliness and facilities at the practice and had not found any need to complain.

Outstanding practice

- The practice had flexibility of access to appointments. Access included a flexible boundary philosophy to support patients until they had registered at a new practice, for example, patients with unstable home environments or those between addresses. The practice offered extended appointment times regularly and if patients attended on the wrong day or at the wrong time they would be seen anyway. If a patient missed attending an appointment the practice telephoned the patient or organised a home visit.
- The practice had responded to the needs of homeless patients and those in financial hardship and worked with the Teignbridge Housing Association Team and referred patients to food banks. The practice also held a supply of dried food stuffs to hand to patients in need before they were referred to the food bank organisation.

Buckland Surgery

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, a second CQC inspector, and a practice manager specialist adviser.

Background to Buckland Surgery

Buckland Surgery was inspected on Tuesday 20 October 2015. This was a comprehensive inspection.

The main practice is situated in the Devon town of Newton Abbot and provides a primary medical service to approximately 3,000 patients of a diverse age group. The catchment area for Buckland shows a nationally average deprivation demographic but practice data showed that the majority of patients lived in the area where the practice was located, which had a high number of social housing and higher than average deprivation rate.

The GP was a sole provider and held managerial and financial responsibility for running the practice. She was supported by a practice manager and three salaried GPs. There were two male and two female GPs at the practice. The team were supported by a practice nurse, health care assistant and additional administration staff. Patients also had access to community nurses and health visitors who are based at the practice. Other health care professionals visit the practice on a regular basis. For example community nurses and midwives.

The practice is open from Monday to Friday – 8am to 6pm. Evening pre-bookable appointments are available on a Monday from 6.30pm and on Friday mornings from 7.30am. Outside of these times patients are directed to contact the out of hours service (Devon Doctors) by using the NHS 111 number.

The practice offered a range of appointment types including book on the day, telephone consultations and advance appointments bookable up to four weeks in advance.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

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

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

Detailed findings

- 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 October 2015. During our visit we spoke with a range of staff and spoke with 13 patients and two representatives from the patient participation group. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed 61 comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager and GP of any incidents. There was a recording form available on the practice's computer system to log incidents and complaints. The practice had a systematic approach to the management of significant events and had carried out an analysis to identify trends and learning opportunities. All staff were involved in the discussion and analysis of significant events.

We reviewed seven significant incident reports and records. Staff said that significant events were listed as a standing agenda items on the monthly meetings and discussed to ensure that lessons were shared with all team members to make sure action was taken to improve safety in the practice. For example, When a housebound frail elderly patient sustained a fracture during a fall at home the significant event investigation identified that there was a medicine available that might reduce the risk of fracture in this patient group. An audit of similar patients was then undertaken by the practice to identify those who may benefit from the medicine, and prompt sent for the patients usual GP to review the patients plan of care. The team then decided to repeat this audit annually.

Other previous events had led to changes in processes. For example, all complaints received by the practice and patients with new cancer diagnoses were entered onto the system and automatically treated as a significant event. If there was anything that could improve processes or practice it was added to a Quality Improvement Activity (QIA) Log. This log could be added to by any member of the practice staff and was discussed at the monthly practice meetings.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents. These were communicated through messaging systems on the computer and verbally at team meetings.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead 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 relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- There were procedures in place for 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 (May 2015) and regular fire drills had been performed. All electrical equipment was checked to ensure the equipment was safe to use. The date of the last test was May 2015 and was organised on an annual contract. and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella. The practice had systems in place to clean shower heads and had submitted a water sample earlier in the month for legionella testing.
- Appropriate standards of cleanliness and hygiene were followed. 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the recent infection control audit performed in September 2015 and had resulted in the introduction of a toy cleaning rota.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their distribution and location.
- Recruitment policies were in place and recruitment checks on a new member of staff showed that these policies had been followed and demonstrated that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. These pre-employment checks had also been performed for locum staff.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs and to ensure that enough staff were on duty.

Arrangements to deal with 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 main office area. The practice had two defibrillators available on the premises and oxygen with adult and children's masks. 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 fit for use.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. For example, the practice nurse regularly referred to the NICE guidelines for chronic obstructive pulmonary disease (COPD) and also used online travel vaccine resources and national guidance. 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 participated in the Quality and Outcomes Framework(QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 466 of the 545 total number of points available, with 0.1% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed;

- The percentage of patients with hypertension having regular blood pressure tests was 88.4% which was 15.7 percentage points above the CCG average.
- Performance for mental health related indicators was 84.0% which was 3.3% above CCG average and slightly below national average.
- The dementia diagnosis rate was 100% which was 11% above CCG and 6.6% above national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We looked at four of the audits which had been completed in the last two years. Some audits were on cycle to ensure the service provided was effective. For example, one audit we saw was repeated to review the referrals to the two week suspected cancer services to see if referrals were appropriate or whether there are any ways to improve how these services were used. Findings showed that referrals had been appropriate but also resulted in action to refer suspected skin cancers to another GP in the practice for a second opinion before the referral was made. Other audits had prompted changes to insulin prescriptions and had resulted in the practice becoming the most cost effective for prescribing out of 36 practices in the CCG area.

There was a culture of continuous monitoring to ensure clinical processes had been followed. For example, weekly searches on patient records were performed to ensure patients had received blood tests in relation to certain medicines.

Information about patients outcomes was used to make improvements. For example, the uptake for flu immunisations for at risk patients had been lower than expected. As a result the practice had introduced additional clinics including offering to attend schools for the convenience of the child and their parent.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff and temporary staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff said they were not restricted to training and education and were supported to access the training they needed to cover the scope of their work. Staff explained they were offered ongoing support during sessions, one-to-one meetings, appraisals, and support for the revalidation of doctors and registered nurses. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, end of life plans, care plans, medical records

and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. All patients discharged from hospital had been contacted or visited at home, including those in care homes on the one care home one GP scheme. This contact was usually made within three working days.

The practice held a register of patients living in vulnerable circumstances including those in a nearby open prison, those with a learning disability, domestic violence patients, patients with drug and alcohol addictions, the frail elderly, the homeless, patients with mental health issues, and those complex health problems. The practice operated a flexible boundary philosophy to support patients until they had registered at a new practice. For example, patients with unstable home environments or those between addresses. Special notes had been made on the computer system to facilitate this – for example whether patients had given consent for communications through a third party.

The practice provided proactive management for potential health crises, for example patients with chronic obstructive pulmonary disease (COPD) had home action plans to assist them to recognise any deterioration in their condition and provide information on how to access help. The practice also maintained information for health care professionals on the out-of-hours system to ensure effective, timely and appropriate care for these patients when the surgery was closed.

We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including deprivation of liberty safeguards, the Mental Capacity Act 2005 and use of independent mental capacity assessors. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was gained through a system of templates on the computer system and monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. Patients we spoke with said they were always asked for their consent before treatment was provided.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, drug and alcohol addictions, smoking and alcohol cessation and those at risk of domestic violence. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81%, which was equal to the national average . There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.9% to 100% and five year olds from 86.8% to 100%. Flu vaccination rates for the over 65s were 70.35% which were in line with national averages. The practice had identified their flu vaccine rates for at risk groups as 41.9% which was lower than the national average rate of 52% and had introduced additional clinics and had attended schools to encourage children at risk to attend flu clinics after school. The practice were also performing more home visits for housebound patients to improve the uptake rate.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Good

Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Outstanding

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Patients were collected by staff and walked to the consultation and treatment rooms and were given assistance and additional time where required.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private space to discuss their needs. A door separating the reception area and use of background music ensured that private conversations could not be heard.

All of the 61 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were friendly, helpful, professional, caring and treated them with dignity and respect. We spoke with 13 patients and also spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. One said they had joined the practice after watching how their parent had been treated by one of the GPs. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were extremely happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

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

The practice had received complimentary feedback through the friends and family test. The 25 results received between July and September showed that 100% said they were extremely likely or likely to recommend the practice to their friends and family.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. We spoke with a care home manager about the one care home one GP scheme. They said the GP spent a considerable amount of time with each patient, their family and care home staff to discuss decisions about their care. The care home managers also told us they thought patients felt listened to and had sufficient time during consultations to make an informed decision about the choice of treatment available to them and said the GP came to the care home before and after surgery to discuss care needs with the patients and staff alike. Patient feedback at the inspection and comments on the comment cards we received was also positive and aligned with these views.

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

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 81%

Outstanding

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 2.4% of the practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that there was a protocol for staff to follow after a patients death and system for alerting staff to any death of patients. Staff explained that if families had suffered bereavement, their usual GP contacted them for support and to give them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, The practice participated in the NHS Frailty scheme. There were systems in place to identify the top 2% of the practice population who were judged to be most at risk. These patients were made known to staff and placed on the 'blue bed' frailty scheme. GPs held monthly reviews of the identified patients to proactively co-ordinate their care, perform medications reviews and dementia reviews. Systems were in place to ensure they had prompt access to treatment and regular updates of care plans and treatment escalation plans which were then shared with out of hours providers.

The practice were also part of a local 'one care home one GP' scheme. Two GPs provided a primary medical service to two care homes in Newton Abbot. The GPs made weekly visits to the care homes. The GPs also carried out six weekly (or more frequent if necessary) reviews with the patient, staff and patients family to discuss treatment and care plans. Feedback from the care home managers demonstrated that this provided continuity of care, palliative care and developed strong relationships with the residents, managers and staff. Feedback from patients family members was also positive.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered early morning appointments on Friday and late evening appointments on a Monday for working patients, students or those who could not attend during normal opening hours.
- There were longer appointments available for patients who needed it. Staff explained this was usually older patients, those with a long term condition, patients with mental illness or dementia or those with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- The practice was planning to install a lift to improve access

The practice held a register of patients living in vulnerable circumstances including those who were frequently in and out of prison, those with a learning disability, domestic violence patients, patients with drug and alcohol addictions, the frail elderly, the homeless, patients with mental health issues, and those complex health problems. The practice operated a flexible boundary philosophy to support patients until they had registered at a new practice. For example, patients with unstable home environments or those between addresses. Special notes were made on the computer system to facilitate this – for example whether they give consent for communications through a third party.

The practice had responded to the needs of homeless patients and those in financial hardship and worked with the Teignbridge Housing Association Team and referred patients to food banks. The practice also held a supply of dried food stuffs at the practice to hand to patients in need before they were referred to the food bank organisation.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. There was an extended hours surgery on a Monday evening from 6.30 for those who are at work or school or college. In addition to pre-bookable appointments that could be booked up to a month in advance, urgent appointments were also available for people that needed them. Practice staff told us that patients with urgent needs would be fitted in on the day and staff encouraged those with multiple or complex health needs to book 20 minute appointments with the GP. Patients needing home visits were seen the same day. The GPs offered telephone appointments for those patients who find it more convenient.

Results from the comment cards, friends and family test and the national GP patient survey showed consistent patient satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. On the national patient survey results all feedback about appointments were above CCG and national averages. For example:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 97% patients said they could get through easily to the surgery by phone compared to the CCG average of 80% and national average of 73%.
- 95% patients described their experience of making an appointment as good compared to the CCG average of 81% and national average of 73%.
- 83% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 72% and national average of 65%.

When asked about what was good about the practice all patients made comments about ease of access in getting appointments. Patients appreciated the same day appointments and flexibility of appointments. Patients also appreciated the helpfulness of reception staff with this.

Listening and learning from concerns and complaints

The practice had a 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. Complaints were managed as significant events to ensure maximum learning could be gained from feedback. The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. For example, posters were displayed and reception staff knew to direct concerns to the practice manager. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had needed to make a complaint but all felt confident that any concerns would be handled well.

We looked at four of the complaints received in the last 12 months and found these had been satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the compliant.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint about a patients experience during a consultation resulted in a clinical review of the case, apology to the patient and discussion with the member of staff and their appraiser. The patient had been consulted about the action and had been happy to 'close' the complaint.

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 new leadership in that the GP provider and practice manager had been in post for ten months. Staff explained that there was not a formal mission statement but a mutual understanding of a clear vision to deliver high quality care and promote good outcomes for patients. Staff said the leadership team were calm, organised, competent and approachable. The staff said that the team worked well and were able to approach each other for support and guidance. The practice had a robust strategy and supporting business plans which reflected the vision and values.

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, kept under review and were available to all staff
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The GP provider, practice manager and salaried GPs in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GP and practice manager were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The GP provider and other GPs encouraged a culture of openness and honesty.

Staff told us that weekly team meetings were held but that due to the size of team communication also occurred more informally on a daily basis. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff told us they had appreciated the team building social events that had been held since the beginning of the new management.

Staff said they felt respected, valued and supported, particularly by the partners in the practice. The GP as sole provider ensured that she obtained support from external sources including peers and previous trainers. The practice manager was supported by an external practice managers group. All staff were involved in discussions about how to run and develop the practice, and the GP provider and practice manager 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the friends and family results since the new management had been in place and had seen positive results. The new GP and practice manager were encouraging the formation of the new patient participation group (PPG). The PPG had met as a charity fund raising event to attract new members and were in the process of submitting proposals for improvements to the practice management team.

The practice had gathered feedback from staff through informal discussions, staff meetings, and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and said they felt involved and engaged to improve how the practice was run.

Innovation

There was a strong 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. These had included participation in the one GP one care home scheme.