

Hartland Surgery

Quality Report

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Date of inspection visit: 21 January 2016

Date of publication: 22/04/2016

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 Hartland Surgery on 21 January 2016. Overall the practice is rated as good.

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

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

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, 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 sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, with midwifery services, police services and depression and anxiety services.

We saw three areas of outstanding practice:

- The depression and anxiety service offered appointments at the practice every Friday. Patients benefitted from this service through reduced stress and familiarity with local surroundings. Patients

Summary of findings

would otherwise have to travel to Barnstaple, 25 miles away, for this. The practice told us they had received excellent feedback from patients about this service.

- The practice offered blood tests for children by one of the GPs. This helped families avoid unnecessary anxiety in children attending hospital, and avoid a lengthy journey to the district hospital 25 miles away for phlebotomy.
- The practice worked closely with a named police community support officer to identify and reach out to people in vulnerable or isolated circumstances to coordinate and offer support services.

The areas where the provider should make improvement are:

- Review the recording system to identify unused prescription pads stored in the safe for auditing purposes.
- Review medicines fridge security to prevent it from being inadvertently switched off.
- Review how siblings and other family members are highlighted on the practice computer system in relation to any child on the at risk register.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Prescription pads in use by GPs were stored securely. However, there was no recording system to identify unused prescription pads stored in the safe. The practice took action to rectify this during our inspection.
- Medicines requiring cold storage were kept cold. However, there was a risk that the medicines fridge could be inadvertently switched off.
- The practice maintained a record of identified at risk children registered at the practice. However, siblings and other family members were not highlighted on the practice computer system as related to a child on this register.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average. For example, in completing written and agreed care plans with patients who had mental health needs and in monitoring the health needs of patients with long term conditions, such as diabetes and respiratory illnesses.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, in providing extended opening hours until 7pm each Wednesday.
- Patients 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 easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice offered blood tests for children by one of the GPs. This helped families avoid an unnecessary and lengthy journey to the district hospital 25 miles away for phlebotomy.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, with a named police community support office (PCSO) who identified vulnerable people at risk of being the victim of crime to the practice, so that the practice could reach out to offer emotional support.

Summary of findings

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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.

Good



- The practice offered personalised care to meet the needs of the older people in its population. There were bimonthly and ad hoc meetings with all allied teams involved in providing care to those patients identified as being particularly frail, complex, terminally ill or at high risk of admission.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Arrangements were made to provide seasonal flu vaccination clinics in the parish hall in addition to sessions at the practice.
- Older patients had a named GP who was responsible for their care. Patients were made aware of this in writing.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice provided a wide range of services including wound and leg ulcer management, ear syringing as well as a full complement of chronic disease clinics.
- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients with diabetes, on the register, who had their total cholesterol measured within the preceding 12 months was 84.75%, compared with the national average of 80.53%. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 92.5%, compared with the national average of 88.3%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice kept a register of housebound patients and of carers, to enable them to be identified and supported.

Summary of findings

- The practice dispensing team had a system for identifying patients who were not ordering or using their medication and highlighting this to the usual GP.

Families, children and young people

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 who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25 to 64 whose notes recorded that a cervical screening test had been performed in the preceding 12 months was 82.49%, which was in line with the national average of 81.83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice offered blood tests for children by one of the GPs. This helped families avoid an unnecessary and lengthy journey to the district hospital 25 miles away for phlebotomy.

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).

- 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.
- Extended surgery hours were offered until 7pm on Wednesday evenings to help meet the needs of working patients.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Telephone appointments were available.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including patients with dementia and mental health problems, a historical lack of education, those who were socially and geographically isolated and those with social problems including, alcohol and drug misuse and a history of domestic abuse.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations such as the citizen's advice bureau, RISE (Recovery and Integration Service for drug and alcohol problems) and the depression and anxiety service.
- 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 worked closely with a named police community support officer to identify and reach out to people in vulnerable or isolated circumstances to coordinate and offer support services.

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).

Good



- 100% of patients on the register with psychoses had a care plan, which compared favourably with the national average of 88.47%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The depression and anxiety service provided appointments at the practice every Friday.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing above local and national averages. 237 survey forms were distributed and 118 were returned. This represented approximately 4.5% of the practice's patient list.

- 97.4% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group average of 84.4% and a national average of 73.3%.
- 95.2% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 91.0% and national average 85.2%).
- 95.3% of patients described the overall experience of their GP surgery as good (CCG average 83.3% and national average 73.3%).
- 94.1% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 85.6% and national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards which were all positive about the standard of care received. Patients told us that appointments were readily available and when seen patients were treated with compassion and empathy.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients told us they felt welcomed and supported by staff at the practice.

Latest friends and family tests posted on the practice website showed of the eight responses received that seven patients were extremely likely to recommend the practice and one patient was unlikely to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Review the recording system to identify unused prescription pads stored in the safe for auditing purposes.
- Review medicines fridge security to prevent it from being inadvertently switched off.
- Review how siblings and other family members are highlighted on the practice computer system in relation to any child on the at risk register.

Outstanding practice

We saw three areas of outstanding practice:

- The depression and anxiety service offered appointments at the practice every Friday. Patients benefitted from this service through reduced stress and familiarity with local surroundings. Patients

would otherwise have to travel to Barnstaple, 25 miles away, for this. The practice told us they had received excellent feedback from patients about this service.

Summary of findings

- The practice offered blood tests for children by one of the GPs. This helped families avoid unnecessary anxiety in children attending hospital, and avoid a lengthy journey to the district hospital 25 miles away for phlebotomy.
- The practice worked closely with a named police community support officer to identify and reach out to people in vulnerable or isolated circumstances to coordinate and offer support services.

Hartland 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 practice manager specialist adviser and an Expert by Experience.

Background to Hartland Surgery

Hartland Surgery is located in Hartland, North Devon. It is a small rural practice caring for approximately 2,600 patients in an area covering 250 square miles, located 25 miles from the district general hospital. Bus services serving the community are infrequently scheduled.

The population is diverse and includes a large retired population, families who have been in farming for generations, young families and working age adults. There is a broad socioeconomic mix including a number of vulnerable children and adults. There are also a significant number of temporary residents, particularly during the summer months, due to the location in a popular holiday destination.

The practice has a dispensary. A dispensing practice is where GPs are able to prescribe and dispense medicines directly to patients who live in a rural setting which is a set distance from a pharmacy.

There are two full time GPs (one male and one female) and one practice nurse and two health care assistants. There are dispensing staff at the practice dispensary, a team of administrative staff and a practice manager.

The practice is a teaching practice offering placements to medical students.

The practice is open and appointments are available between 9am – 1pm and 2pm – 6pm Monday to Friday. (The practice is closed on Tuesday afternoons). Extended surgery hours are offered until 7pm on Wednesday evenings.

When the practice is closed on Tuesday afternoons there is an arrangement that patients can be seen at another GP practice in the area. Outside of opening hours patients are directed to the 111 telephone service.

The practice provides regulated activities from Hartland Surgery. We visited this location during our inspection.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 January 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (two GPs, one practice nurse, the practice manager, two dispensary staff and one receptionist) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, systems were changed at the practice to alert GPs if patients did not attend follow up test appointments to ensure patients received appropriate follow up assessments, such as repeat x-rays.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, when after discharge from hospital instructions were not sent promptly to the practice for a wound dressing, causing delay to the patient treatment until the hospital wound dressing instructions were sourced.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse 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. GPs were trained to child safeguarding level three.
- The practice maintained a record of identified at risk children registered at the practice. However, siblings and other family members were not highlighted on the practice computer system as related to a child on this register. We brought this to the attention of the practice, who told us they would take steps to ensure relevant records were coded accordingly.
- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The practice was a dispensing practice. Repeat prescriptions were available to request on-line, by post or in person. Repeat prescriptions were completed within two working days of requests. The dispensing team had a system for identifying patients who were not ordering or using their medication, or ordering overly frequently and highlighted this to the usual GP.
- Prescription pads held by GPs were securely stored and there were systems in place to monitor their use. However, there was no record of prescription pads stored in the safe. Staff told us they would ensure a recording system was implemented.
- Dispensary staff held the appropriate qualifications.

Are services safe?

- Controlled medicines were stored securely and appropriate records of ordering and dispensing and where necessary destroying of medicines, were maintained.
- A record was maintained of cold storage of vaccines and medicines required to be stored in a fridge. The fridge in the dispensary was not hard wired and therefore was at risk of inadvertently being switched off. The practice manager told us they would arrange for the electrical socket for the fridge to be moved to reduce this risk.
- The practice had an arrangement for medicines to be dropped at a local shop for patients to collect. There was a system in place to monitor that medicines had been collected.
- The practice dispensary had a system for recording significant events, such as prescribing errors, including near misses. These were discussed between the dispensary team and escalated for circulation and discussion with the practice staff, to prevent re-occurrences.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a GP or nurse were on the premises.
- We reviewed one personnel file of a permanent staff member employed in 2015 and recruitment records for the use of locum GPs. We found 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.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had an up to date fire risk assessments. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patient's 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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, who had their total cholesterol measured within the preceding 12 months, was 84.75%, compared with the national average of 80.53%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 92.5%, compared with the national average of 88.3%.
- The percentage of patients with hypertension having regular blood pressure tests was 83.42%. This was similar to the national average of 83.65%.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 83.33%. This was similar to the national average of 84.01%.

Clinical audits demonstrated quality improvement.

- We saw examples of three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits and national benchmarking.
- Findings were used by the practice to improve services. For example, the practice recently purchased a 'cardio memo' to help to diagnose cardiac arrhythmias, (abnormalities in the heart beat). This was in response to an audit which highlighted cardiology as an area of high referral. It was anticipated that the 'cardio memo' would help to reduce referrals to exclude arrhythmia and would save the patients the inconvenience of travelling the considerable distance to the district hospital, which we were told could be difficult for many.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

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

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services 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. For example, When patients were discharged from hospital, the GP reviewed the discharge summaries and made arrangements to follow the patient up as appropriate. They also ensured that changes to medications are updated on their patient record.

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

The practice had regular meetings with the midwives and health visitors to discuss families identified as having problems or being vulnerable in some way. The midwife ran antenatal clinic from the practice every fortnight, which provided the practice with the opportunity to catch up in an informal way in addition to scheduled meetings. The midwife had access to, and made entries into, the patients' records on the practice clinical system which enabled efficient information sharing and promoted continuity of care.

The depression and anxiety service offered appointments at the practice every Friday. Patients would otherwise have to travel to Barnstaple, 25 miles away, for this. The practice told us they had received excellent feedback from patients about this service.

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. We saw evidence of best interest meetings being held between patients and the wider community health teams to improve the recording of patients' wishes regarding on-going treatment where they lacked the capacity to consent to treatment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice nurses provided chronic disease clinics and, as appropriate, referred patients for services such as podiatry, retinal screening, structured lifestyle education and weight management. The practice provided in-house smoking cessation clinics, weight management support, alcohol screening and intervention, wound management, phlebotomy, spirometry and electrocardiograms.
- The practice had worked in liaison with the Farming Community Network, an organisation run by volunteers that supported farming families. Conversations took place with regard to how to better support farmers and farm workers to access GP and health services.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 82.49%, which was comparable to the national average of 81.83%. There was a policy to offer telephone 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 screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was ranged from 83.3% - 100%. The CCG averages

ranged from 81.6% - 98.2%. The practice childhood immunisation rates for five year olds ranged from 92.3% - 96.2%, compared with the CCG average ranges from 93.2% - 97.1%.

Flu vaccination rates for the over 65s were 67.12%, and at risk groups 46.01%. These were also comparable to national averages of 73.24% and 49.19%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

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

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:

- 92.6% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92.0% and national average of 88.6%.
- 97.2% of patients said the GP gave them enough time (CCG average 90.9% and national average 86.6%).
- 98.4% of patients said they had confidence and trust in the last GP they saw (CCG average 97.2% and national average 95.2%).
- 92.2% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89.7% and national average 85.1%).

- 96.5% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.4% and national average 90.4%).
- 91.7% of patients said they found the receptionists at the practice helpful (CCG average 90.5% and national average 86.8%).

The practice worked in partnership with a named Police Community Support Officer (PCSO), who highlighted to the practice patients whom the police consider to be potentially vulnerable. For example, the PCSO identified a vulnerable patient becoming a victim of fraud. The practice reviewed the patient's notes and found that they had not been seen by the practice team for many years and had declined all invitations to attend the practice in recent years. The practice then contacted the patient again to offer an appointment/visit with the GP or district nurse. This episode triggered the practice to look for any other patients who may have "dropped off the radar," perhaps due to mental illness or social barriers. The practice conducted two searches of patients over the age of 80 who had not been seen by the practice team in the last two or three years and found that this patient was the only one.

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 on the comment cards we received was also positive and aligned with these views.

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

- 95.6% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 90.4% and national average of 86.0%.
- 93.1% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 87.3% and national average 81.4%).

Are services caring?

- 93.2% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 88.0% and national average 84.8%).

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2.6% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended opening hours with GP and nurse clinics until 7pm on Wednesdays for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a complex needs.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccinations available privately.
- The practice provided wheelchair access to the ground floor and there was a chair lift for access to the consulting and treatment rooms on the first floor.
- Patients who were unable to use the chair lift were seen in the ground floors consulting room.
- Housebound patients were provided care through a combination of home visits, telephone assessments and, as necessary, the district nursing team, complex care team, community matron and hospice nurse.
- The practice offered blood tests for children by one of the GPs. This helped families avoid an unnecessary and lengthy journey to the district hospital 25 miles away for phlebotomy.

Access to the service

The practice was open and appointments were available between 9am – 1pm and 2pm – 6pm Monday to Friday. (The practice was closed on Tuesday afternoons). Extended surgery hours were offered until 7pm on Wednesday evenings.

When the practice was closed on Tuesday afternoons there was an arrangement that patients could be seen at another GP practice in the area. Outside of opening hours patients were directed to the 111 telephone service.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly better than local and national averages.

- 96.0% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 77.6% and national average of 74.9%.
- 97.4% of patients said they could get through easily to the surgery by phone (CCG average 84.4% and national average 73.3%).
- 92.8% of patients said they usually get to see or speak to the GP they prefer (CCG average 71.6% and national average 60.0%).

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

Listening and learning from concerns and complaints

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

- The complaint 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 in the form of a leaflet and information on the practice website.

There had been one verbal complaint received in the last two years regarding the upkeep of the front of the practice premises. The practice had a plan for maintenance and upgrade of the premises.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice mission statement was: 'To have a happy, motivated, healthy, and competent team that understands the need to support each other to deliver excellent patient care in a profitable practice, but not at the cost of our emotional wellbeing'.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit 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 and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings. For example, multi-disciplinary team meetings every two months to discuss the needs and plans of care for the most vulnerable patients at the practice.
- 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 in doing so and felt supported if they did. Staff told us there were staff social events held to foster team building.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, in analysing patient survey results, including friend and family test responses and liaising with the practice in the purchasing of clinical equipment to benefit patients.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through team meetings, appraisal and discussion. Staff told us they would not hesitate to give feedback and discuss

any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, in staff succession planning.