

# Chelston Hall 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 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 Chelston Hall Surgery on 3 June 2015. At that inspection the overall rating for the practice was good. The five domains of safe, responsive, caring, effective and well led were rated as good. All inspection reports for Chelston Hall Surgery can be found by selecting the 'all reports' link for Chelston Hall Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 17 October 2017 to confirm that the practice had continued to meet legal requirements and to identify additional improvements made since our last inspection.

Overall the practice is rated as good.

Our key findings across the Well Led domain we inspected were as follows:

- The practice maintained an open and transparent approach and systems were in place for reporting and recording significant events.

- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had introduced innovations and pilot schemes with a view to improving the way care and treatment was delivered to patients, such as the introduction of a GP Unit at Torbay Hospital.
- The practice had introduced e-consultation which enabled patients to contact GPs online via email and receive a response from a GP within 48 hours.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

### 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 well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. The practice had considered NHS England's Five Year Forward View and incorporated this into their strategy.
- There was a clear leadership structure set out in charts which were on display for all staff, together with photographs of staff. Staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider had a system to handle complaints appropriately and was aware of the requirements of the duty of candour. The practice had received 58 complaints in the last 12 months.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- The practice had introduced a health navigation service which directed patients to the most appropriate clinical treatment for their condition.
- The practice had launched an "On the Day" team to provide treatment for any patient who needed immediate attention.
- The practice had introduced e-consultation which enabled patients to contact GPs online via email and receive a response from a GP within 48 hours.

Good



# Chelston Hall Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was carried out by a CQC Inspector.

## Background to Chelston Hall Surgery

Chelston Hall Surgery is situated in the coastal town of Torquay. Chelston Hall is comprised of three sites; Chelston Hall Surgery, Barton Surgery and a GP unit within Torbay Hospital. Chelston Hall Surgery is also the lead practice for Harbour Medical Group federation which includes Chelston Hall Surgery and Croft Hall Surgery.

The deprivation decile rating for this area is four (with one being the most deprived and 10 being the least deprived). The practice provides a primary medical service to approximately 22,747 patients of a diverse age group. The 2011 census data showed that majority of the local population identified themselves as being White British.

There is a team of six GP partners, three female and three male; the partners are supported by four salaried GPs and two GP registrar. The whole time equivalent is eight. The GP team were supported by a managing practice manager, two deputy practice managers, a patient communications manager, a reception manager, a health navigation manager, a prescribing team leader, 15 practice nurses, six advanced nurse practitioners, a paramedic, two pharmacists, three health care assistants, two phlebotomists, and additional administration staff.

Patients using the practice also have access to health visitors, DAS counsellors, carer support workers, district

nurses, and midwives who are co-located on the same site as the practice. Torbay hospital was also on the same site as one of Chelston Hall's locations. Other health care professionals visited the practice on a regular basis.

The practice is open from 8.30am to 6pm Monday to Friday. Appointments are offered between those times. Extended hours are worked on Saturday from 8am until 4pm. Outside of these times including from 8am to 8.30am and 6 to 6:30pm, patients are directed to contact the out of hour's service and the NHS 111 number. This is in line with local contract arrangements.

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

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

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

Chelston Hall Surgery

Old Mill Road

Torquay TQ2 6HW

Barton Surgery

Lymington House

Barton Hill Way

Barton

Torquay TQ2 8JG

GP Unit at Torbay Hospital

Torbay Hospital

# Detailed findings

Lowes Bridge

Torquay TQ2 7AA

We visited the main location at Chelston Hall Surgery during our inspection. We did not visit the other locations.

## Why we carried out this inspection

We carried out this inspection 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, and 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 including Healthwatch, to share what they knew. We carried out an announced visit on 17 October 2017. During our visit we:

- Spoke with a range of staff (the practice manager, deputy manager, the lead nurse, a GP partner) and spoke with four patients who used the service.
- We received 30 comment cards, all of which contained positive feedback about the service. Patients described a well organised service with caring staff. Some patients wrote about how staff had treated them individually, with kindness and friendly professionalism.

- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

# Are services well-led?

Good 

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

## Our findings

At our comprehensive inspection on 3 June 2015 we rated the practice as good for providing well led services. During our focused inspection of 17 October 2017 we found that the practice had continued to sustain and embed their well led services, whilst seeking to make additional improvements.

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The mission statement included an emphasis on innovative practice which embraced new models of care with an emphasis on improving patient care. It also took into account the ongoing need to reduce the pressure on the GP workforce.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. Chelston Hall Surgery was the lead practice for the Harbour Medical Group which was an informal federation comprised of Chelston Hall Surgery and Croft Hall Surgery.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Members of the management team visited satellite locations on a regular basis several times a week. GPs and nurses had lead roles in key areas. For example, there were lead GPs for safeguarding, CQC, buildings and facilities and human resources.
- Practice specific policies were implemented and were available to all staff on a shared drive computer system. These were updated and reviewed regularly. We saw evidence that policies had been reviewed on an annual basis or more frequently if required.

- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. In the last 12 months the practice had completed 16 complete cycle clinical audits. These included a COPD (chronic obstructive pulmonary disorder) audit the findings of which had improved patient care through developing a self-education video for patients. Another audit had examined whether patient's long term conditions had been correctly identified. This had reduced the risk of patients not receiving appropriate treatment.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. On the final Friday of each month an education meeting took place the agenda of which included significant events and incidents. This prioritised risks at the practice and showed agreed actions. In addition to this, GPs met every Friday morning to discuss risks for individual patients and agree appropriate actions.
- Minutes of meetings provided a structure that allowed for lessons to be learned and shared following significant events and complaints. For example, an incident had occurred where a patient had attended Torbay A&E with abdominal pain. The hospital had sent the patient home. The patient had continued discomfort and contact GPs at Chelston Hall Surgery during the next day. A paramedic (a person trained to give emergency medical care to seriously ill patients with the aim of stabilising them before they are taken to hospital) from Chelston Hall Surgery carried out a home visit and found that the patient needed to be immediately admitted to hospital. This was carried out and the patient made a full recovery. The practice carried out a review of the event and shared learning took place. Learning points were shared with the hospital to avoid any possible reoccurrence in the future.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and

# Are services well-led?

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compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. The leadership team carried out visits to their other sites several times a week.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. We reviewed a sample of 58 documented examples of complaints received over the last 12 months. We found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. We saw evidence of meetings with community matrons once a month and GP meetings on a weekly basis. A midwife, health visitor and GP minuted meeting was held once a month to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings. Management meetings were held weekly, as were leadership meetings. Practice nurse meetings were held weekly (GPs also attended these, and included all nurses from all locations).
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The practice had held a leadership team away day in the last 12 months to discuss future strategy. Minutes were comprehensive and were available for practice staff to view.
- 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. For example, staff had suggested that the health navigation team (which directed patients to the most appropriate clinical treatment for their condition) be based together in the same building to enable better communication, this had been adopted by the practice. The prescribing team had suggested a new protocol for safer and more secure of controlled drug (high risk medicines) which had been adopted.

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

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

- patients through the patient participation group (PPG) and through surveys and complaints received. The practice had five members of its PPG. The PPG met regularly and submitted proposals for improvements to the practice management team. The PPG had recently met and provided feedback to the management team about patient views. The PPG views were displayed in the practice newsletter every quarter which was published on paper and on the practice website.
- patients via the NHS Friends and Family test, complaints and compliments received. Data from July 2017 showed that 125 responses had been made. Of these, 108 were likely or extremely likely to recommend the practice.
- a patient experience questionnaire, getting feedback from patients attending the GP Unit at Torbay Hospital during October 2017 which was still ongoing at the time of inspection. There had been 158 responses of which 154 were positive or extremely positive about the new service.
- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, staff had suggested a change to the telephone line for prescriptions to expand the service. This had simplified contact with the patient and decreased GP work load.

## Continuous improvement

# Are services well-led?

Good 

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

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice had introduced a health navigation service which directed patients to the most appropriate clinical treatment for their condition. Staff had been trained and accredited to act as Health Navigators to facilitate this. Their work was overseen by clinical staff. This made it easier for patients to receive the right treatment quickly. This included seeing a GP, a nurse, a paramedic, a pharmacist, a health care assistant, counsellor, or other health professional. This service had increased available time for GPs enabling them to see more patients and prioritise those most at risk.

The practice had launched an “On the Day” team in October 2016 that included a nurse triage specialist, a

paramedic and five ANPs (advanced nurse practitioners). This team saw any patient needing immediate attention. The health navigation team triaged patients and allocated them as appropriate to the “On the Day” team. Other patients were allocated a later appointment or telephone consultation on another date.

The practice had introduced e-consultation which enabled patients to contact GPs online and receive a response within 48 hours. We were provided with examples of how this had benefitted patients. For example, a patient was monitoring their own blood pressure and sought reassurance their readings were within a safe range. This system enabled a GP to provide the patient with appropriate advice and guidance without the inconvenience of attending the practice.