

# Pinhoe Surgery

## Quality Report

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Date of inspection visit: 24/11/2015

Date of publication: 03/03/2016

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?

Requires improvement 

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 The Pinhoe and Broadclyst surgery on 24 November 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. All opportunities for learning from internal and external incidents were maximised.
- 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.
- Risks to patients were assessed and well managed, with the exception to the storage of vaccinations, the security of blank prescriptions and the appropriate use of patient group directives by nurses.
- 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 proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour

# Summary of findings

We saw several areas of outstanding practice - The practice was well led and responded to patient need and feedback. Innovative and proactive methods were used to improve patient outcomes even where no financial incentives or contractual agreements were expected:

- The practice nurses performed complex leg ulcer dressings in the practice following extended training at the local hospital with community nurses specialising in tissue viability. The practice nurses had also worked with the dermatology department at the local acute trust to obtain training and advice. Pinhoe Surgery staff input meant patients were able to receive this complex treatment at the practice avoiding the need to attend the community leg ulcer clinic on the other side of the city.
- An additional service was provided by staff at the practice for patients with indwelling intravenous lines used for prolonged treatments such as chemotherapy, long term antibiotics and intravenous feeding. Patients were normally required to go to hospital for management of this intravenous line. However, staff at the practice had completed extended training to enable patients to receive care locally, at the practice.

However there were areas of practice where the provider must make improvements:

- Urgently review the arrangements for the storage of vaccines in the practice
- Review arrangements for prescribing under Patient Group Directions to ensure all meet current legislation and are authorised for use in the practice
- Review procedures for storing and recording blank prescriptions to ensure national guidance is followed

Complete a risk assessment re vaccine storage fridges and reduce or remove the risk of storage at temperatures outside of the safe range.

- Improve infection control procedures including an audit of all areas, infection control policy and protocol updates and all required staff to be trained to an appropriate level.

In addition the provider should

- Ensure all appraisals are up to date.

**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 requires improvement for providing safe services as there are areas where it should make improvements.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong, reviews and investigations were thorough and lessons learned were communicated widely enough to support improvement.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. This included infection controls, vaccination storage and procedures for storing and recording blank prescriptions and the use of Patient Group Directives (PGD).
- The practice had clearly defined and embedded systems, processes and practices in place relating to keeping people safe and safeguarded from abuse.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- 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.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- The practice nurses performed complex leg ulcer dressings in the practice following extended training at the local hospital with community nurses who specialised in tissue viability.
- An additional service was provided by staff at the practice for patients with indwelling intravenous lines used for prolonged treatments. For example, chemotherapy, long term antibiotics

Good



# Summary of findings

and intravenous feeding. Patients were normally required to go to hospital for management of this intravenous line. However, staff at the practice had completed extended training to enable patients to receive care locally, at the practice.

## Are services caring?

The practice is rated as good for providing caring services.

- The practice was caring and had an active carer and patient support network which had identified lonely, isolated or vulnerable patients. Clyst Caring Friends was a group based at the practice that provided voluntary services and support, which promoted well-being and reduce isolation
- Patients said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect, and maintained privacy and confidentiality.
- The practice scored highly on the National GP Patient Survey from July 2015. Results showed patients were happy with the care received. 92% of patients said their GP treated them with care and concern (compared to 82% nationally). 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 81.9%, national average 78%).

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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 the practice had previously offered extended hours and, early morning and evening appointments. However, take-up had been poor so this had been stopped. The practice was keeping this under review.
- 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.
- The practice nurses performed complex leg ulcer dressings in the practice following extended training at the local hospital with community nurses specialising in tissue viability. The practice nurses had also worked with the dermatology department at the local acute trust to obtain training and

Good



# Summary of findings

advice. Pinhoe Surgery staff input meant patients were able to receive this complex treatment at the practice avoiding the need to attend the community leg ulcer clinic on the other side of the city.

- An additional service was provided by staff at the practice for patients with indwelling intravenous lines used for prolonged treatments such as chemotherapy, long term antibiotics and intravenous feeding. Patients were normally required to go to hospital for management of this intravenous line. However, staff at the practice had completed extended training to enable patients to receive care locally, at the practice.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- It 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
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group had just become a face to face group with the first meeting planned for January 2016.
- 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.

- 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.
- Comprehensive support was available for older people aimed at reducing the risks associated with social isolation and lowering unplanned hospital admissions. Home visits, if necessary were provided for frail people as well as rapid access appointments for those with enhanced needs. Named staff had link roles to adult social care homes to provide continuity of care and treatment for patients living there. The practice had frequent contact with community teams and participated in weekly meetings with other healthcare professionals to discuss any concerns. Innovative support systems were in place run through a charity set up and chaired by a senior GP at the practice. These included a befriending service, patient transport and access to the local day centre.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. 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 people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



# Summary of findings

- The practice employed experienced nurse practitioners who ran chronic disease clinics. The Practice nurses had completed all levels of leg ulcer dressings and had good access to tissue viability specialists for support and guidance.
- The practice provided enhanced services for near patient testing including in-house International Normalised Ratio monitoring (INR). This reduced the burden on hospital clinic waiting times and providing a more cost-effective and convenient service for patients in their local health communities. This had proved very popular with patients prescribed warfarin as they could be tested and received their ongoing dose regime at the same appointment.
- Nurses were trained in the care of patients with indwelling intravenous lines used for prolonged treatments. For example, chemotherapy, long term antibiotics and intravenous feeding. Patients were normally required to go to hospital for management of this intravenous line. However, staff at the practice had completed extended training to enable patients to receive care locally, at the practice.

## 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 living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were good 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. However, there was minimal health promotion information available for younger people to signpost them to support groups or provide them with information in areas that maybe specific to them. For example sexual health or chlamydia testing.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice always offered same day GP appointments to children when requested. There were after school appointments with a nurse for children and young people who need immunisations or asthma reviews.
- We saw good examples of joint working with midwives, health visitors and school nurses. A community midwife ran a weekly clinic from the practice. They had access to the clinical system and was able to liaise with GPs as required.

Good



# Summary of findings

- Meetings were held with health visitors and school nurses every 6 months to ensure that information was appropriately shared and that any families at risk were identified and supported.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability. It offered longer appointments for people with a learning disability. There was a person centred approach, which ensured people with communication needs received information in a format that was most appropriate for them. The practice had completed 93% of annual health checks for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



## **People experiencing poor mental health (including people with dementia)**

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

Good



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- Two depression and anxiety counsellors visited the practice weekly so that patients could get rapid access in a more convenient location.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 8 July 2015. The results showed the practice was performing in line with local and national averages. 247 survey forms were distributed and 127 were returned showing a response rate of 51%.

- 84% found it easy to get through to this practice by phone compared to a CCG average of 81% and a national average of 71.8%.
- 83% found the receptionists at this practice helpful (CCG average 89.9% national average 86.9%).
- 72% were able to get an appointment to see or speak to someone the last time they tried (CCG average 90.1%, national average 85.4%).
- 96% said the last appointment they got was convenient (CCG average 94.3%, national average 91.8%).
- 73% described their experience of making an appointment as good (CCG average 76.8%, national average 85.2%).

- 84% usually waited 15 minutes or less after their appointment time to be seen (CCG average 71.4%, national average 65.2%).

The practice responded to the issue regarding patients being unable to get an appointment by adding another half an hour surgery (per GP, per day) to meet demand. This was being kept under review.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received. Reception staff, nurses and GPs were praised for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with compassion and that GPs went the extra mile to provide care when patients required more support. We also spoke with 14 patients and a member of the PPG who all told us they could not fault the care they had received.

## Areas for improvement

### Action the service MUST take to improve

- Urgently review the arrangements for the storage of vaccines in the practice
- Review arrangements for prescribing under Patient Group Directions to ensure all meet current legislation and are authorised for use in the practice
- Review procedures for storing and recording blank prescriptions to ensure national guidance is followed

Complete a risk assessment re vaccine storage fridges and reduce or remove the risk of storage at temperatures outside of the safe range.

- Improve infection control procedures including an audit of all areas, infection control policy and protocol updates and all required staff to be trained to an appropriate level.

### Action the service SHOULD take to improve

- Ensure all appraisals are up to date.

## Outstanding practice

The practice was well led and responded to patient need and feedback. Innovative and proactive methods were used to improve patient outcomes even where no financial incentives or contractual agreements were expected:

- The practice nurses performed complex leg ulcer dressings in the practice following extended training at the local hospital with community nurses specialising in tissue viability. The practice nurses had also worked with the dermatology department

# Summary of findings

at the local acute trust to obtain training and advice. Pinhoe Surgery staff input meant patients were able to receive this complex treatment at the practice avoiding the need to attend the community leg ulcer clinic on the other side of the city.

- An additional service was provided by staff at the practice for patients with indwelling intravenous

lines used for prolonged treatments such as chemotherapy, long term antibiotics and intravenous feeding. Patients were normally required to go to hospital for management of this intravenous line. However, staff at the practice had completed extended training to enable patients to receive care locally, at the practice.

# Pinhoe Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a CQC pharmacist, GP specialist advisor, a nurse specialist advisor, a practice manager specialist advisor and an expert by experience. Experts by Experience are people who have experience of using care services.

## Background to Pinhoe Surgery

The Pinhoe and Broadclyst Medical Practice was inspected on Tuesday 25 November 2015. This was a comprehensive inspection. The practice operates across two sites, the main site being located in Pinhoe and the branch surgery being in The Hellings, Broadclyst.

The practice provided GP primary care services to approximately 11000 people living in and around the area of Pinhoe on the outskirts of the city of Exeter.

The practice has a Primary Medical Service (PMS) contract and also offers Directed Enhanced Services, for example the provision of minor surgical procedures for patients and also offered local enhanced services which included full family planning for its patients.

There are seven GP partners, three male and four female. The practice is registered as a GP teaching practice for under graduate medical student's education. Partners hold managerial and financial responsibility for running the

business. The team are supported by a practice manager, a nurse manager, one nurse practitioner, three practice nurses, four health care assistants, a dispensary team and additional administration staff.

The practice has a dispensary at the Broadclyst surgery. A dispensing practice is where GPs are able to prescribe and dispense medicines directly to patients who live in a rural setting. The Broadclyst practice dispensed to patients who did not have a pharmacy within a mile radius of where they lived.

Patients using the practice also had access to community nurses, midwives, community mental health teams and health visitors who visit the practice.

The practice is open from Monday to Friday 8am to 6pm. Appointments are available between 8am and 5.30pm Monday to Friday. Outside of these times there is a local agreement that the out of hours service (Devon Doctors Out of Hours Service) take phone calls and provide an out-of-hours service.

## 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.

# Detailed findings

## How we carried out this inspection

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 24 November 2015. During our visit we

:

- Spoke with a range of staff (insert job roles of staff) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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 are provided for specific groups of people and what good care looks 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 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. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. Records and discussions with GPs identified that there was consistency in how significant events were recorded, analysed, reflected on and actions taken to improve the quality and safety of the service provided. All complaints received by the practice were entered onto the system and were treated as a significant event if necessary.

We reviewed safety records, incident reports 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, a patient with anaemia was due to have a follow up blood test with the community nurse but this appointment was lost and missed. As a result the patient was admitted to hospital. Following this, the practice initiated a new protocol to trigger reminders for future blood test and this had been shared with all staff.

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.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation. 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 either qualified to safeguarding adults level 3 or were at level 2 and working towards it.
- We reviewed four personnel files and found 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.
- A notice in the waiting room advised 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 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).
- We observed the premises to be clean and tidy. The nurse manager nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with current practice. There was an infection control protocol in place but this had not been reviewed since 2004. The infection control lead attended training when updates were available. They then disseminated the information to other clinical staff. There was no infection control audit in place.
- The practice was able to provide dispensary services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy premises. The practice had arranged a volunteer led service for some patients to have their dispensed prescriptions delivered to their homes, or other local collection points.
- Arrangements were in place to ensure that patients were given all the relevant information they required. The arrangements for managing medicines, including controlled drugs, in the dispensary kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- The practice had appropriate written procedures in place for the production of prescriptions and dispensing

## Are services safe?

of medicines that were regularly reviewed and accurately reflected current practice. Medicines were scanned using a barcode system, and checked by a second dispenser, to help reduce the risk of any errors.

- The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency annually reviewed.
- Blank prescription forms for use in printers, and also pre-printed forms, were not handled in accordance with national guidance as these were not tracked through the practice and kept securely at all times.
- Emergency medicines were available in the practice, and those held on the emergency trolley were found to be in date and checked regularly. GPs were responsible for any medicines in their bags and were reminded to check contents and expiry dates monthly.
- Vaccines were not being kept in line with guidance from Public Health England on the storage of vaccines. The temperature range in the vaccines refrigerators were monitored daily, however readings were regularly recorded that were outside of the recommended range for storing vaccines. The refrigerator at Broadclyst was over-filled and not suitable for the number of products being stored in it. The practice told us that they would immediately check the suitability for use of current stocks of vaccines, and seek advice on the administration of vaccines already given. Following the inspection the practice advised us that they had purchased a new refrigerator which had twice the capacity as the old unit and that it was in place and working well.
- The Patient Group Directions in use by the nurses in the practice had not been approved for use in the local CCG area, (instead they were ones adopted by other CCGs, for example Bristol) or authorised for use by the practice, to allow nurses to administer particular medicines (for example vaccines) in line with legislation.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. 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 also 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.

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 clinical staff received annual basic life support training and there were emergency medicines available in the treatment room. All non clinical staff received life support training every three years.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Patients' consent to care and treatment was sought 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 (MCA). When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to the medical records. These showed that discussions with patients covered the risks, benefits and after care arrangements following a procedure.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available, with 10.8 exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from The Health and Social care Information Centre showed;

- Performance for diabetes related indicators was 95.6%, 7% above the CCG average and 7.3% above the national average.

- The percentage of patients with hypertension having regular blood pressure tests was 100%. This was 1.7% above the CCG average and 2.2% above the national average
- Performance for dementia related indicators was 100% which was 4.8% above the CCG average and 5.5% above the national average.

Clinical audits demonstrated quality improvement.

- There had been 12 clinical audits completed in the last two years. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a recent audit was undertaken on prescribing morphine patches. Following the initial audit a meeting was held with all the GPs at the practice and the audit findings were shared and best practice discussed. A re audit showed that following improved prescribing the number of patients who were prescribed morphine patches had halved. This was beneficial because it was more cost effective and a better use of resources for patients.
- The practice also undertook an audit on the use of antibiotics in November 2015. The audit showed that Pinhoe surgery prescribing rates were lower than local and national levels. There was some variation between individual prescribers. Although the prescribing rate was good the practice realised the importance of continual improvement within this area. Actions were taken to ensure good prescribing rates were maintained. This was done by further education sessions within the practice, the use of consultation tools to engage patients in self-care, by raising patient awareness with notices in the waiting room and by continual review.

### 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 that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Staff received training that included: safeguarding, fire procedures, basic life support and information governance

# Are services effective?

## (for example, treatment is effective)

awareness. Staff had access to and made use of e-learning training modules and in-house training. The practice closed for half day training four times yearly, during this time all staff had training together and also within separate groups to update on various topics. For example during the most recent closure all staff had an update on patient confidentiality. Other staff groups such as the practice nurses had received a tutorial on Electrocardiogram (ECG).

The learning needs of staff had previously been identified through a system of appraisals, meetings and reviews of practice development needs. However, appraisals for the practice manager, health care assistants, clinical (nurses) and non-clinical staff had not been completed since January and February 2014. The practice manager informed us that this was planned within the next three months

### 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 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 on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that the practice held a range of meetings to discuss patients. These included structured multidisciplinary team (MDT) meetings with the mental health team, child health team, and cancer and complex care team. There were structured meetings to discuss patients who had been discharged from hospital, patients considered to be frail and those who had died.

### 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practice responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

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

These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. As of 1st April 2014 some 1215 patients were identified as smokers. Over the year 2014/15 some 966 were recorded as having been given smoking cessation advice (80%) of whom 147 were recorded as having stopped smoking (15%).

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 78%, which was comparable to the national average of 81%. 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. The practice offered a full range of immunisations including travel vaccines and flu vaccinations in line with current national guidance. There was a clear policy for following up non-attenders by the practice nurse.

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 89% to 94% and five year olds at 78%.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 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 room to discuss their needs.

All of the 38 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 helpful, caring and treated them with dignity and respect.

We also spoke with four members of the patient participation group. 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 doctors and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 90.5% and national average of 87.2%.
- 90% said the GP gave them enough time (CCG average 84.4%, national average 80.2%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 94.6%, national average 92.2%)

- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 86.8%, national average 82.7%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 81.9%, national average 78%).

### Care planning and involvement in decisions about care and treatment

Patients told us that 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 in line with local and national averages. For example:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85.7% and national average of 82%.
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 79.4%, national average 74.6%)

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.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# 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.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Unrestricted same day access for patients to speak with the GPs
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- An extra half an hour surgery, per GP, has been added to the afternoon appointments following a rise in demand.
- The practice nurses performed complex leg ulcer dressings in the practice following extended training at the local hospital with community nurses specialising in tissue viability. The practice nurses had also worked with the dermatology department at the local acute trust to obtain training and advice. Pinhoe Surgery staff input meant patients were able to receive this complex treatment at the practice avoiding the need to attend the community leg ulcer clinic on the other side of the city.
- An additional service was provided by staff at the practice for patients with indwelling intravenous lines used for prolonged treatments such as chemotherapy, long term antibiotics and intravenous feeding. Patients were normally required to go to hospital for management of this intravenous line. However, staff at the practice had completed extended training to enable patients to receive care locally, at the practice.

### Access to the service

The practice was open from Monday to Friday 8am to 6pm. Appointments were available between 8am and 5.45pm Monday to Friday. Outside of these times there is a local agreement that the out of hours service (Devon Doctors Out of Hours Service) take phone calls and provide an out-of-hours service.

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

Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system.

We looked at 18 complaints received in the last 12 months and found these had been satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice were made aware of a patient receiving palliative care who would be needing their death certified within 24 hours following their death so that their religious beliefs could be complied with. A GP immediately made arrangements so that they were available day or night to ensure the certificate could be issued in a timely way. Following this the GP began working with a Macmillan GP, Devon Doctors and other relevant parties to ensure a Devon wide policy was developed and in place for the future.

# 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 and staff knew and understood the values.
- 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
- A programme of continuous clinical and internal audit which is 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 partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty. Staff told us that regular team meetings were held. 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 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.

When there were unexpected or unintended safety incidents the practice gives 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 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 said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. It had gathered feedback from patients through surveys and complaints received. There was a PPG in place which previously was virtual and had limited input to the practice. However, the group was now active with 15 members and had the first meeting planned for January 2016. The group have many ideas they wished to implement including how they were going to engage with younger people through social media sites.

### Continuous improvement

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. The practice site was RCGP (Royal College of General Practitioners) accredited as 'Research Ready'.

The practice was registered as a GP teaching and training practice for under and post graduate education. We saw reports that showed that students and registrars had enjoyed their placements and valued their time at the practice. The feedback had been consistently very good.

The practice had completed reviews of significant events and other incidents and shared findings with staff both informally and formally at meetings to ensure the practice

# Are services well-led?

Good 

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

improved outcomes for patients. Records showed that regular clinical audits were carried out as part of their quality improvement process to improve the service and

patient care. The results of feedback from patients, through the patient participation group, patient feedback board, family and friends test, were also used to improve the quality of services.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>12 (2) (g) the proper and safe management of medicines</b></p> <p>The practice did not effectively and safely manage medicines. This included</p> <ul style="list-style-type: none"><li>• the refridgerator used for the storage of vaccines had been recorded as outside the required temperature range, but no action had been taken</li><li>• the arrangements for prescribing under Patient Group Directions did not meet current legislation and had not been authorised for use in the practice</li><li>• the procedures for storing and recording blank prescriptions did not follow national guidance</li></ul> <p><b>12 (2)(h) assessing the risk of, and preventing, detecting and controlling the spread of infection</b></p> <p>The practice did not have effective infection prevention and control arrangements in place. This included</p> <ul style="list-style-type: none"><li>• infection control policies and protocols had not been reviewed</li><li>• Staff had not received updated infection control training</li><li>• a full infection control annual audit had not taken place.</li></ul>