

Ivybridge Medical Practice

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ivybridge Medical Practice on Wednesday 16 March 2016. Overall the practice is rated as good.

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

- The practice has gone through organisational changes in the last eighteen months. There was now one partnership practice organisation delivering service out of four sites. Staff said this transition had been handled well and had improved resources. Patients told us they had been made aware of the changes but said they had not found the changes disruptive.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Medicines were managed well at the practice. The practice actively worked with the community pharmacy to develop a model where patients with

less complex needs could access support through their high street pharmacy. Patients from the practice accessed support via the Pharmacy First scheme. The practice were working with the patient groups to increase this offer at more convenient locations with longer opening hours than the practice.

- Staff had access to a structured induction programme which was tailored to the role of each member of staff, including temporary staff. There was an encouraging culture of education and learning within the organisation which was monitored well.
- 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.
- The practice offered specialist musculoskeletal and dermatology clinics by specialist GPs whom provided additional screening and treatment plans for an increased number of patients rather than onward referral to secondary care. Feedback of this service has been positive and patients have been seen within 4-6 weeks rather than 18 weeks and received services

Summary of findings

closer to their home. The practice had found that for 80% of patients seen, care and treatment was provided locally rather than referral into secondary care.

- 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 GP, although a small number of patients said getting through on the telephone was sometimes a problem. Patients added that there was continuity of care, with urgent appointments being 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.
- There was a 'staff comms' group who met with senior managers and partners to discuss staff issues and concerns. The group consisted of 12 self-volunteered members of staff and had performed staff surveys regarding management issues, workload and pay. Staff told us that this group had encouraged them to be involved and engaged in how the practice was run.

- The provider was aware of and complied with the requirements of the Duty of Candour.
- There was an active patient participation group (PPG) which met regularly and contained representatives from all population groups. The group had been involved in the survey questionnaire, had worked with other PPGs within the organisation to improve community involvement and had recently organised a lifestyle fayre for people in the community. The PPG had also organised information evenings on topics including stroke and dementia which had been attended by the GP.

The area where the provider should make improvements are:

- Continue with the discussions and investigation into why exception reporting figures for mental health and cancer indicators are higher than expected.
- Review the need to store controlled drugs at practice taking into consideration the location of the practice and proximity of nearest pharmacy and paramedic cover.

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.
- The practice had adequate arrangements in place to respond to emergencies and major incidents and had standardised the equipment so that staff could locate equipment and medicines easily in any of the four locations.
- The environment appeared clean and tidy. Infection control processes were well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the practice showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and were shared with other clinicians and students in the organisation.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was a robust and detailed induction programme for all staff working at the practice. This was tailored to the role of the member of staff.
- 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



Summary of findings

- Data from the National GP Patient Survey July 2015 showed patients rated the practice higher than others for several aspects of care. Feedback on the day of inspection and from the comment cards we collected also aligned with these findings.
- 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



- Patients said they found it easy to make an appointment with a GP but said a longer wait was needed if they wanted to choose the GP they saw. Patients with long term conditions said 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.

Are services well-led?

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

Good



- The organisation 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 within each practice and within the organisation. 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

Summary of findings

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 proactively sought feedback from staff and had an effective 'staff comms' group which met with the management team and GP partners on behalf of staff members.
- The organisation also sought feedback from patients, which it acted on. The patient participation group was enthusiastic and active and had provided feedback for the organisation but had also organise health promotion events.
- There was a strong focus on innovation, continuous learning and improvement at all levels.

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 patients.

Good



- All patients had an allocated GP but could also have access to any GP they preferred across the four sites.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Pneumococcal vaccination, shingles and flu vaccinations are provided at the practice for older people. The practice ensured that patients in care homes or those that have problems getting to the practice are given vaccines by the practice.
- The practice staff proactively supported the most frail patients through the unplanned admissions scheme. Staff across all four practices developed and reviewed care plans, discharge records and medicines for this vulnerable group.
- The practice had effective relationships with partner agencies and ran a virtual ward engaging with social care, mental health, palliative care, district nursing and other community providers to review cases of the most vulnerable patients.
- The community nurses and matrons were co-located in Ivybridge Medical Practice and met with the GPs and staff monthly with providers to discuss the most vulnerable patients and to understand the organisational challenges.
- The practice had been building much closer links to voluntary and community groups to identify the needs of older people, in particular around isolation with an aim to increase independence.
- The practice worked hard to avoid unnecessary admissions to hospital and referred patients to the rapid response care coordination team and falls service.
- The practice had effective working relationships with local nursing and residential homes and had dedicated access to support. The larger care homes had a nominated GP link. Care home managers had access to a dedicated telephone line if there were urgent concerns.

People with long term conditions

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

Good



Summary of findings

- 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 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. For example, consultants and community workers across the area. The practice pharmacist worked alongside the organisation business intelligence team and nursing team to promote safe prescribing – highlighting national and local medicines advice.
- The practice engaged with partners in the universities and business sectors to provide innovation including research. This includes diabetes, pre-diabetes, respiratory disease, dementia, and low level mental health issues.
- The practice worked with the local pharmacist to deliver flu jabs in the community.
- The practice were constantly improving systems to support patients to get rapid access to support. The practice used electronic prescribing, the new website enabled patients to book appointments and view their summary care records.
- The practice shared information with the out of hour's service provider who were also able to input notes directly into the practice clinical system.

Families, children and young people

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

- 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 patients 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 patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had performed 80.9% of cervical screening in the last five years. This was in line with national averages of 81%.
- 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, health visitors and school nurses.

Good



Summary of findings

- Appropriate toys and books were available for families. Reception staff had been trained to support mothers who wish to breastfeed and offer a private location if needed.
- Ante-natal care was provided by a team of midwives who were located in the practice or use practice facilities for clinics.
- In Ivybridge, there were productive working relationships with the local secondary school. GPs provided sexual health outreach service and health advice within schools.
- The practice worked with local schools regularly, through competitions among students interested in medicine and picture competitions to support health education events.
- Patients had access to a full range of contraception services and sexual health screening including chlamydia testing and cervical screening. The practice had recently launched a well woman clinic at the Ivybridge and Plympton sites providing specialist contraceptive services by trained staff.
- The clinical system used at the practice could be accessed by the community health provider, Cumberland centre minor injuries service, health visitors, mental health teams and district nurses where patient gave consent.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age patients (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.
- The practice had a higher than Clinical Commissioning Group (CCG) average number of working age adults.
- The practice offered extended opening hours across all four sites between Monday and Thursday. These were popular with patients. The practice had recently extended the clinical team support to provide long term conditions and contraceptive support during these times. The patient survey highlighted that patients didn't know about what was on offer so the practice had used direct mailing to outline services that were available.
- The practice provided additional triage to patients so that the in-house pharmacist could screen minor ailments or medicine queries. This was done by telephone to support patients from any of the organisations four locations.

Good



Summary of findings

- Patients at the practice had access to the Urgent Care Team at the Plympton location which included a Practice Pharmacist, Advanced Paramedic Practitioner and Nurse Practitioner who work alongside the duty doctor each day.
- The practice had promoted additional weekend and evening vaccination access for working people which had significantly increased the proportion of the patient population accessing these types of healthcare.
- The practice offered advance appointments up to six weeks and used a text message reminder service for some patients.
- Suitable travel advice, including vaccines for yellow fever was available from GPs, the nursing team and in-house pharmacist.
- The practice offered health checks to patients aged 40-74. These were well established within Ivybridge and staff worked with medical students from the Peninsula medical school to help design the service to attract more patients. Typically the checks included smoking advice, health information and routine health checks including near patient cholesterol testing.
- The Ivybridge practice offered a minor injuries service that was open to the general public. People could turn up without pre-booking an appointment, within 48 hours of their injury.
- The practice offered out of area registrations to enable people who worked in the local area to access healthcare support and offered online consultations as well as information and guidance for most conditions.
- The practice offered new specialist musculoskeletal and dermatology clinics by specialist GPs whom provided additional screening and treatment plans for an increased number of patients rather than onward referral to secondary care. Feedback about this service had been positive and patients had been seen within 4-6 weeks rather than 18 weeks and closer to their home. The practice had found that for 80% of patients seen, care and treatment was provided locally rather than referral into secondary care.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of patients 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.
- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- 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.
- 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.
- Patients with a learning disability were offered a health check every year during which their long term care plans were discussed with the patient and their carer if appropriate. If a patient did not respond to the invitation for a health check or to reminders, staff liaised with the local service who provide community support to adults with learning difficulties to encourage access.
- One of the GPs was a named GP at a local school for children and young people with learning difficulties and visited monthly for continuity of care and communication. Another GP was the named GP for a local special needs school supporting children and young people with severe learning needs and visited weekly.
- Practice staff referred patients with alcohol addictions to a local alcohol service for support and treatment. Up to date posters were displayed in waiting areas referring patients to community support.

People experiencing poor mental health (including people with dementia)

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

- The practice had a nominated lead for dementia and mental health and referred patients to the memory café where appropriate.
- 79% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%. The practice had been proactive in identifying dementia patients and had increased awareness of dementia, with all staff trained as Dementia friends. The practice had also hosted a patient education evening highlighting dementia. Staff explained that these had given patients the opportunity to learn more about the health condition and provided links to support organisations in the community.

Good



Summary of findings

- 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 held a register that identified patients who had or previously had mental health problems. This was regularly reviewed with the mental health team. The practice provided reviews on an annual basis and each patient had a tailored care plan. 91% of patients with mental health within the organisation had been reviewed and had a care plan in place.
- Patients had access to an in house counsellor or had access to counselling. All GPs performed medicine reviews for their own patients with mental health problems to provide continuity of care. Blood tests were regularly performed on patients receiving certain mental health medicines.
- There was regular communication, referral and liaison with the local mental health team. Clinical staff referred patients to the crisis team within the mental health service where patients would benefit from rapid intervention because of deteriorating mental health. Patients usually saw a worker the same day within their own home and were offered rapid support, keeping patient safe. 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

What people who use the service say

The national GP patient survey results published in July 2015 showed results for all four practices within the Medical Group. The results showed the group were performing in line with national averages. 239 survey forms were distributed and 115 were returned. This represented 0.3% of the Medical Groups patient list.

- 67% of patients found it easy to get through to this practice by phone compared to a Clinical Commissioning Group (CCG) average of 84% and a national average of 73%. Patients we spoke with said this had improved in recent months.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 83% and national average 73%).
- 89% of patients described the overall experience of their GP practice as fairly good or very good (CCG average 90% and national average 85%).
- 85% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (CCG average 85% and national average 78%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received four comment cards which were all positive about the standard of care received. These were complimentary about the care received and the facilities. Feedback about getting through on the telephone was mixed but one commented that it was better in recent months.

We spoke with 11 patients during the inspection. All 11 patients said they were happy with the care they received and thought staff were approachable, committed and caring. Only three of the 11 patients were aware of recent organisational changes that had taken place in the last 18 months. However, patients said it was easier to make an appointment in recent months.

We looked at friends and family test results for January and February 2016. These showed that 111 of the 116 patients asked were extremely likely or likely to recommend the practice to friends and family and 108 of these patient rated their overall experience at practice as very good or good.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the need to store controlled drugs at practice taking into consideration the location of the practice and proximity of nearest pharmacy and paramedic cover.
- Continue with the discussions and investigation into why exception reporting figures for mental health and cancer indicators are higher than expected.

Ivybridge Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission Lead Inspector. The team included a GP specialist adviser, and a practice manager specialist adviser.

Background to Ivybridge Medical Practice

Ivybridge Medical Centre was inspected on Wednesday 16 March 2016. This was a comprehensive inspection.

Ivybridge Medical Centre is part of the Beacon Medical Group which on 1st April 2014 merged the then Plym River Surgery (now called Plympton Health Centre), Ivybridge Health Centre, Ridgeway Surgery, Chaddlewood Surgery and Wotter Surgery.

There is now one partnership practice organisation delivering service out of four sites, serving a total patient list of 33,000.

Ivybridge Medical Centre is located in the rural town of Ivybridge which is situated on the edge of Dartmoor National Park and nine miles from the city of Plymouth. It provides a service to approximately 11,300 of the 33,000 patient group.

The practice is a training practice for doctors who are training to become GPs, for student nurses, paramedics, pharmacists and for medical students. The practice also supports the apprentice scheme.

There is a team of 19 GP partners across the organisation. Eight of these were based at Ivybridge, five male and three

female. Partners hold managerial and financial responsibility for running the business. The team at Ivybridge are supported by a further two salaried GPs, a chief operations officer, operations managers and additional clerical and reception. There is also a team of three senior nursing staff, nine practice nurses, three health care practitioners and four phlebotomists who work across the four sites. The GPs tend to work at a named practice for patient continuity but could also cross cover in periods of staff absence.

Patients using the practice also have access to community nurses, midwives, mental health teams, counsellors, research nurses, health visitors and school nurses who were either colocated at the practice or provided services at the practice.

The practice is open from 8.15am to 6pm Monday, Wednesday and Friday and until 8pm on Tuesday and Thursdays. Telephone lines were open from 8am each day. Outside of these times patients are directed to contact the Devon doctors out of hours service by using the NHS 111 number.

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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 March 2016.

During our visit we:

- Spoke with a range of staff and spoke with 11 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 patient's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of patients 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 Care Quality Commission 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 their line manager initially and then the business manager of any incidents and used the recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

Staff explained that this process was supportive and used as an opportunity to learn from 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, a power cut had resulted in unexpected loss of power to vaccine fridges over a weekend period. Staff had followed the cold chain breach policy and had sought advice from the vaccine company. Learning had included ensuring electronic temperature probes were in place and ensuring staff moved vaccines in advance of expected power cuts.

When there were unintended or unexpected safety incidents, patients received support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

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. Flow charts were on display in all treatment rooms. 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 Safeguarding level three for children.

- A notice in treatment rooms 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. One of the practice nurses had recently been appointed as the infection control clinical lead who ensured the practice were 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 at Ivybridge took place each March and we saw evidence that action identified as a result of the audit performed earlier in the month included the addition of clinical cleaning schedules to general cleaning schedules. Several carpets had also been identified as needing replacement or deep cleaning.
- 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 Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice used computer software to capture information about prescribing which was used in medicine audits and monitoring. The staff also used local prescribing formularies to ensure prescribing was done in line with current practice guidelines. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer

Are services safe?

medicines in line with legislation. The practice had employed a prescribing pharmacist to support chronic disease management, medicine reviews and running minor illness clinics.

- Ivybridge medical centre had a small supply of controlled drugs stored at the practice. Whilst the storage of these and records kept were appropriate, they had last been used in 2012 raising the question of whether these were needed to be kept at the practice. The nursing staff stated that this was due to be discussed at a future clinical meeting.
- We reviewed four personnel files of staff who worked across all four locations and 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 and audits 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.

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 with a poster within the practice which identified local health and safety representatives. 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. This had last been checked in July 2015. 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). The last risk assessment had been carried out in August 2014

- 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. The nursing team routinely worked across all four sites and could provide cover for annual leave and unexpected sickness. The GPs tended to stay at a designated practice but also covered staff shortages at the other practices

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 organisation employed a paramedic who had standardised the emergency equipment and medicines to ensure that staff who worked across all four sites were familiar with the storage layout.
- 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 and equipment 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 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 other websites and used this information to deliver care and treatment that met patient's needs. Any changes or updates to guidelines or policies were shared by email or within staff clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results provided by the organisation showed that the four practices had achieved 489.6 of the 545 points available at the beginning of March. This practice was not an outlier for any QOF (or other national) clinical targets. Data showed that:

- Performance for diabetes prevalence was 4.8% which was similar to the Clinical Commissioning Group (CCG) average of 4.7% and national average of 5.13%. QOF data for diabetes was 68% which was lower than CCG averages of 88.3%. The practice had noted this and identified that some of this was due to poor coding by staff. We saw current figures which showed that the current figures had increased to 82%.
- Performance for high blood pressure related indicators were comparable to national averages. For example, the percentage of patients with hypertension achieving target levels of blood pressure was similar than national averages. For example, the percentage of patients with high blood pressure in whom the last blood pressure reading was within normal limits was 71.6% compared to the national average of 83%.

- Performance for mental health related indicators were better than national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented was 91.7% compared to the national average of 88.47%.

We saw that the practice had an overall clinical exception reporting rate of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). We noted that the exception reporting figures for mental health and cancer indicators were higher than expected. The practice showed document that demonstrated that this had been identified and explained that discussions were taking place and further audits planned to identify the reasons for this.

Clinical audits demonstrated quality improvement.

- We looked at 10 of the many audits carried out over the organisation. Some of these were repeated audits. For example, the effectiveness of cervical smear testing and use of emergency contraception. Other completed clinical audits completed demonstrated the improvements made were implemented and monitored. For example, an audit was performed on patients who were taking a blood thinning medicine and looked at patient compliance. The first audit cycle highlighted patients who were not taking their medicine as prescribed. These patients had their medicine changed. The second cycle of audit showed an improved rate of compliance.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings of audits were used by the practice to identify where service changes may be needed. For example, an audit of the top 100 most frequent attenders was performed to identify whether the practice were providing appropriate services. The practice were using this to consider whether social prescribing would be appropriate for some patients from this group.
- Audits were also used within the organisation to improve services.

Information about patients' outcomes was used to make improvements such as ; .

Effective staffing

Are services effective?

(for example, treatment is effective)

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 was detailed and structured depending on role and area of working. The induction programme was also provided for students and locum staff based at the practice. 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could 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. Staff explained that there was an encouraging culture of education and learning within the organisation and added the mix of classroom based study and e-learning was good and monitored well.
- Staff explained that the learning needs 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, and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Consent to care and treatment

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 patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through 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. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80.9%, which was comparable to the Clinical Commissioning Group (CCG) average and 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services effective?

(for example, treatment is effective)

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 95.41% and five year olds 90.45%.

Flu vaccination rates for the over 65s were 73%, compared to a CCG average of 70.3%. The practice had promoted additional weekend and evening vaccination access for

working people which had significantly increased the proportion of the patient population accessing vaccines. This had seen an uptake increase across the organisation of 6.7%.

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.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received four comment cards which were all positive about the standard of care received. These were complimentary about the care received and being treated respectfully by GPs and nursing staff.

We spoke with two 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.

Results from the national GP patient survey (July 2015) showed patients within the Beacon Medical Group felt they were treated with compassion, dignity and respect. The practice was in line with national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91% and national average of 89%.
- 87% of patients said the GP gave them enough time (CCG average 90%, national average 87%).
- 98% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 82% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 90%, national average 85%).

- 97% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 86% of patients said they found the receptionists at the practice helpful (CCG average 90%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey for the Beacon Medical Group showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with national averages. For example:

- 88% 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% and national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 86% and national average 82%)
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 88% and national average 85%)

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 begun working with patients to identify those who were carers and to ensure they were correctly coded on the patient record system. Current actions included reception staff opportunistically asking all patients if they had a caring role. When identified written

Are services caring?

information was available to direct carers to the various avenues of support available to them. Staff explained that they were aware of this and had started to discuss ways of identifying carers which included opportunistic moments and using reception staff to question whether patients were carers.

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.

- The practice offered evening appointments until 8pm on a Tuesday and Thursday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or for frail patients who required extra time.
- The practice provided additional triage to patients so that the in-house pharmacist could screen minor ailments or medicines queries. This was done by telephone to support patients from any of the four locations.
- Home visits were available for older patients and patients who had difficulties attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- The practice actively worked with the community pharmacy to develop a model where patients with less complex needs could access support through their high street pharmacy. Patients from the practice accessed support via the Pharmacy First scheme. The practice were working with the patient groups to increase this offer at more convenient locations with longer opening hours than the practice.
- Patients were able to receive travel vaccinations available on the NHS.
- There were no lifts within the practice but patients could be seen in the consulting rooms and treatment rooms on the ground floor. There were disabled facilities, a hearing loop and translation services available. Chairs in the waiting room were a mixture of those with and without arm rests to assist patients to stand.
- There were age appropriate toys and books available for children.

Access to the service

The practice was open from 8.15am to 6pm Monday, Wednesday and Friday and until 8pm on Tuesday and

Thursdays. Telephone lines were open from 8am each day. Outside of these times patients are directed to contact the Devon doctors out of hours service by using the NHS 111 number.

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 for the Beacon Medical group showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 78% and national average of 75%.
- 67% of patients said they could get through easily to the practice by phone (CCG average 84% and national average 73%).
- 67% of patients said they always or almost always see or speak to the GP they prefer (CCG average 72% and national average 59%).

In December the organisation audited the number of contacts clinical staff had with patients to look at ways to redesign the support provided. The audit highlighted occasions where the numbers of calls to the duty GP had been significantly higher than expected. The organisation responded by increasing the number of duty GPs and the level of informal triage done by the reception team.

Patients told us on the day of the inspection that getting through on the telephone had improved in recent months and 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 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. For example, information was displayed within the practice and on the organisations website.

Are services responsive to people's needs? (for example, to feedback?)

We looked at 78 complaints received in the last 12 months and found the practice recorded all negative feedback as complaints. All findings showed that responses had been satisfactorily handled and 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, complaints about staff attitude had resulted in an apology and appropriate action and concluding letter to patients.

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 gone through organisational changes in the last eighteen months. Four separate practices had merged to become one larger medical group. Staff said this transition had been handled well and had improved resources. Patients told us they had been made aware of the changes but said they had not found the changes disruptive.

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

- The practice had a mission statement which had been shared with staff and was displayed in the practice brochure, within the waiting areas and on the website.
- 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 spent the last eighteen months standardising many systems and processes including the 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. There had been changes to the way staff worked and were organised. Staff now worked across all practices within the organisation and said this was going well.
- There were organisational based policies which were kept under review and could be accessed on any computer within the organisation. Paper copies were available at each branch.
- 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 19 partners in the organisation had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners based at each practice were visible 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 patients 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 and organisational structure in place and staff felt supported by management.

- Staff told us the organisation held a programme of structured team meetings which were team based, practice based and organisationally based. Staff added that they thought communication was very good.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so and felt supported if they did. There was a 'staff comms' group who met with senior managers and partners to discuss staff issues and concerns. The group consisted of 12 self-volunteered members of staff and had performed staff surveys regarding management issues, workload and pay. Results were broken down to look for trends at each branch. Staff told us that this group had encouraged them to be involved and engaged in how the practice was run.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice and within the wider organisation. 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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through surveys, friends and family test results and complaints received.
- There was an active patient participation group (PPG) which met regularly and contained representatives from all population groups. The group had been invited to be involved in the questionnaire, had submitted proposals for improvements to the practice management team, which had been well received and had assisted in the introduction of automatic check in system. The group had worked with other PPGs within the organisation and had improved community involvement. For example, they had promoted the practice in local magazines, schools and local community groups. The PPG had recently organised a lifestyle fayre for people in the community. This had been supported by the GPs

and management staff within the organisation and had resulted in 30 public and voluntary organisations attending with local coverage from local media. This had resulted in better links between community groups, including dementia groups and voluntary services and the practice.

- The PPG had also organised information evenings on topics including stroke and dementia which had been attended by the GP.

Continuous improvement

There had been significant organisational changes in the last 18 months which had taken time and energy from the management team, staff and GPs. However, there continued to be a focus on continuous learning, education, improvement at all levels within the practice. The practice team was forward thinking and explained examples of innovation planned. For example research into diabetes, pre-diabetes, respiratory disease, dementia, and low level mental health issues.