

# Imperial Surgery

## Quality Report

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

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 Imperial Surgery on 20 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. The practice also recorded learning events and opportunities for shared learning took place at meetings on a monthly basis.
- The vast majority of risks to patients were assessed and well managed. However, we found that there was no current legionella risk assessment in place. The practice responded immediately to rectify this and had a risk assessment in place within 24 hours of the inspection.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had an active patient participation group (PPG) who provided us with examples of how the practice had responded positively to patient feedback.
- The practice had identified 3% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice had a carer's support officer employed by an agency who visited the practice once a month, offering 30 minute support appointments to carer's.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

# Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice consistently scored highly in all areas of the national GP patient survey and had achieved the highest results of any practice in East Devon in the July 2016 national GP patient survey.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The PPG supported the practice by fund raising to provide additional equipment.

- 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.

The areas where the provider should make improvement are:

- To review the legionella risk assessment to ensure it is fully embedded in practice governance processes.

**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.

- There was an effective system in place for reporting and recording significant events. There was also a system for shared learning to take place at dedicated meetings on a monthly basis.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a 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 with the exception of the management of legionella. When we identified the need for an updated legionella risk assessment, the practice took action within 24 hours. A risk assessment and safety processes were put in place.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- For example, the practice had achieved 98% of its QOF points in 2015-2016 which was higher than the CCG average of 95% and the national average of 94%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. We saw a range of completed two cycle audits on prescriptions, medicines and infection control.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- For example, the local newspapers had reported on the fact that the practice had achieved the highest results of any practice in East Devon in the July 2016 national GP patient survey.
- 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.
- The practice listened closely to its PPG and acted on their feedback in a caring way, for example in the provision of comfortable chairs with arm support, and in the provision of a children's corner.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, t
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had systems in place to identify military veterans and ensure their priority access to secondary care in line with the national Armed Forces Covenant. The practice had identified 41 military veterans to date.

Good



## Are services well-led?

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

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

Good



# Summary of findings

creating patient centred care at the core of its values at all times and strives to meet the patient, community, family, carer's and government's expectations with an open, caring and supportive approach.

- 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 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 patients, which it acted on.
- The practice carried out shared learning meetings every month which supported continuous improvement together with an 'ideas file' which staff were encouraged to provide suggestions to on delivering a continuously improved service. For example, in the employment of a business apprentice. The practice had deployed their business apprentice in an area relevant to their skills, the development of a practice social media page for Imperial Surgery.
- The patient participation group was active and helped the practice to organise a range of social groups designed to assist health promotion and awareness.
- There was a strong focus on 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 people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with its PPG to encourage older people to stay healthy, offering the services of a variety of social groups: a walking group, knitting group, social group and reading group.
- The practice offered online services such as appointments and prescriptions aimed at patients who were not particularly mobile, to give them another option for accessing services.
- All patients aged over 75 years had a named GP and arrangements were made to facilitate older patients who have mobility issues; the practice arranged travel to and from the practice, using community services and their own patient participation group volunteer drive service.
- The practice had appropriate facilities for older patients including a hearing aid induction loop to help patients who had a hearing impairment, a variety of chairs with arm support and accessible toilet facilities.
- The practice provided a carers clinic, aimed at this population group as carers registered with the practice were predominantly older people. A carer support worker visited the practice on a monthly basis and offered 30 minute appointments.
- A multi-disciplinary team core group met at the practice every other week to review the most elderly and vulnerable patients.

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.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 80% which was comparable with the national average of 77%.

Good



# Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held virtual diabetic clinics every six months with a diabetic consultant specialist in support of the GPs and patients managing their condition more effectively.

## 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 relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme between April 2015 to March 2016 was 78%, which was comparable with the national average of 82%.
- 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.
- The practice had several patient toilets and a baby changing facility.
- The practice had responded to PPG feedback through the creation of a children's play area in one corner of the waiting room with appropriate décor and furnishings, children's books and colourful interactive toys.

Good



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

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

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

Good





# Summary of findings

- 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.
- promotion material available through the practice.
- The practice offered an SMS text messaging service for reminders of appointments, access to online services to make appointments or order prescriptions.
- The practice offered a family planning service, including the implantation of intrauterine contraceptive devices.
- Other services relevant to this population group included a travel vaccination service, telephone consultations and both early and late appointments being pre-bookable in advance.

## 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, travellers and those with a learning disability
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals 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.
- The practice told us that homeless patients often registered at a nearby centre the 'Open Door, Exmouth', which was a dedicated homeless shelter for persons with no fixed abode. The practice maintained good liaison with this facility.

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).

- 87% of patients diagnosed with dementia had their care plan reviewed within the last 12 months which was better than the national average of 84%.

Good



# Summary of findings

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 96% which was better than the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice supported a nearby dementia care home and provided a weekly GP visit and meetings with the relevant consultant psychiatrist every month in support of effective patient care and treatment.
- The practice held multi-disciplinary core group meetings every fortnight with GPs, psychiatric nurses, social workers and other health professionals to discuss patient care relevant to this population group.
- The practice maintained close relationships and regular contact with nearby supportive accommodation for those patients with mental health problems.
- GPs at the practice were also able to make referrals to a dementia support worker who worked in the local community.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 234 survey forms were distributed and 106 were returned. This represented about 2.3% of the practice's patient list. Examples included;

- 94% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 98% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. Patients had written about a 'superb, well run and well organised service'. Patients mentioned the great service provided by the staff, in a warm, friendly and hygienic environment.

We spoke with five patients during the inspection. All five patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring.

The practice had obtained feedback using the friends and family test. During the period July to August there had been 119 respondents. Of these, 90% had indicated that they were likely or extremely likely to recommend the practice.

## Areas for improvement

### Action the service SHOULD take to improve

Review the legionella risk assessment to ensure it is fully embedded in practice governance processes.

# Imperial Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, and a second CQC Inspector.

## Background to Imperial Surgery

Imperial Surgery was inspected on Tuesday 20 September 2016. This was a comprehensive inspection.

The practice is situated in the coastal town of Exmouth, Devon. The deprivation decile rating for this area is seven (with one being the most deprived and 10 being the least deprived). The 2011 census data showed that 98% of the local population identified themselves as being white British.

The practice provides a primary medical service to 4,600 patients of a diverse age group. The practice is a teaching practice for medical students and a training practice for trainee GPs. The practice had one GP registrar working at the practice at the time of the inspection.

There is a team of five GPs partners and one GP registrar. Two GPs are female and four are male. Some worked part time and some full time. The whole time equivalent provided 24 GP sessions a week. Partners hold managerial and financial responsibility for running the business. The team were supported by a business manager, practice manager, three practice nurses, one health care assistants, one phlebotomist and additional administration staff.

Patients using the practice also have access to community nurses, mental health teams, health visitors and the district nursing team who were based next door to the practice. Counsellors and other health care professionals visit the practice on a regular basis.

The practice is open between the NHS contracted opening hours 8am - 6.30pm Monday to Friday. Appointments are offered anytime within these hours. Extended hours surgeries are offered at the following times; on Wednesdays 7.30am to 7pm and on Mondays from 7.30am.

Outside of these times patients are directed to contact the Devon doctors out of hour's service by using the NHS 111 number.

The practice offered a range of appointment types including book on the day, telephone consultations and advance appointments.

The practice has a Personal Medical Services (PMS) contract with NHS England.

The practice provides regulated activities from a single location at 45-49 Imperial Road, Exmouth EX8 1DQ. We visited this location during our inspection.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 20 September 2016. During our visit we:

- Spoke with a range of staff including five GPs, three nursing and four administrative staff and spoke with five patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 22 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 effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice maintained a shared learning significant events log. These incidents were shared with the whole practice team at every quarter. Written records showed that one incident involved a patient who had requested access to online services. They had not received their password for nine months. However, the patient's paperwork had not been signed off by the practice manager and the patient's GP. Shared learning arising from the incident included the introduction of a new protocol to avoid reoccurrence, and the need for staff to obtain GP and managerial sign off for online access.

Significant events were also discussed at every GP partner's meeting, of which there were eight a year. There were written records of these meetings which showed that significant events were included on each agenda.

### 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. These arrangements reflected relevant legislation and local requirements. 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 GP for vulnerable adult safeguarding and a lead GP for child 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were also trained to safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, most recently on 16 May 2016 and we saw evidence that action was taken to address any improvements identified as a result. For example, the installation of disposal curtains in treatment rooms in line with current practice.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient

## Are services safe?

Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed three personnel files 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.

### Monitoring risks to patients

The vast majority of 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 in the staff training room 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.
- 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. However, we found that there was no legionella risk assessment in place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice provided us with evidence that these had been put in place within 24 hours of the inspection.

- 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 enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan had been updated in June 2016 and was updated annually or following an event. The plan included emergency contact numbers for staff. The continuity plan had been put into operation on the day of the inspection as there was a problem with the local area telephone network. The practice's telephone backup system had coped successfully with the incident.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from April 2015 – March 2016 were 98.7% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2015 to March 2016 showed:

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol was 80% which was better than the national average of 78%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March period was 96% which was comparable with the national average of 95%.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

- Findings were used by the practice to improve services. For example, one audit had been completed on warfarin usage (a medicine used to thin the blood for patients with a risk of blood clotting, atrial fibrillation). The audit had examined the time and therapeutic range of patient's blood. In 2015 the audit found that 62% patients receiving this treatment were within a safe therapeutic range. Action was taken by the GPs, all of the affected patients were invited in for a review. Either medicines were changed or dosages were changed. After this intervention the audit was repeated in 2016. This audit found that improvements had been made and that 69% of patients were in a safe therapeutic range.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, practices nurses had been given the time and resources by the practice to complete COPD (Chronic Obstructive Pulmonary Disease), spirometry course. The practice health care assistant had just completed the flu vaccination training refresher course. A member of staff who had been on maternity leave had returned to work and received training on delivering childhood immunisations.
- 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,



# Are services effective?

## (for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.
- 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 professionals 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice had achieved a higher than average rate to help support patients to stop smoking. Data showed that 1.2% had stopped smoking which was higher than the national average of 1%. A practice nurse provided a stop cessation clinic twice a week.
- The practice had a well organised walking group and a knitting group to help patients avoid social isolation. The practice provided rooms for two counsellors who visited the practice twice a week. These counsellors provided cognitive behaviour therapy (talking therapy) on mental health and a range of other issues.

The practice's uptake for the cervical screening programme between April 2015 to March 2016 was 78%, which was comparable with the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 100% and five year olds from 94% to 100%. The CCG averages were 81% to 98% and 91% to 97% respectively.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the national average of 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that telephone 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.
- Information leaflets were available in easy read format.

### Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice had a carer's support officer employed by an agency who visited the practice once a month, offering 30 minute appointments to carer's. There were resources to offer respite care, financial support according to carer's need.

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.

The practice had systems in place to identify military veterans and ensure they received appropriate support to cope emotionally with their experience in the service of their country in line with the national Armed Forces Covenant 2014. The practice had so far identified 41 military veterans.

# 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. For example;

- The practice offered extended hours aimed at the working population group on a Monday morning 7.30 am, Wednesday morning from 7.30am and Wednesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- The practice also offered nurse appointments as well as GP appointments during these times.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice offered a same day sit and wait clinic from 11am every morning, five days a week.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, toilets, a hearing loop and translation services available.
- The practice had baby changing facilities, a children's play area in the waiting room and an isolation room for patients that may have had an infectious illness..
- The practice manager organised a practice walking group with approximately six regular attendees, which welcomed all patients of the practice.

### Access to the service

The practice was open between the NHS contracted opening hours of 8am until 6.30pm Monday to Friday. Appointments could be offered anytime within these hours.

Extended hours surgeries were offered at the following times; on Wednesdays 7.30am to 7pm and on Mondays from 7.30am; these included GP, nurse and phlebotomy appointments.

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

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.

- 87% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 94% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

### Listening and learning from concerns and complaints

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

- 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 Leaflets and posters were on display in the waiting area.

We looked at the six complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient had complained about the potential side effects of a medicine, their GP had investigated the matter and made a full written response to the patient. Good medical practice had been observed. The patient had been satisfied with the response.

# 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 values stated that; the practice works with the ethos of creating patient centred care at the core of its values at all times and strives to meet the patient, community, family, carer's and government's expectations with an open, caring and supportive approach.
- The practice had a robust strategy and supporting three year business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

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

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every six months. The most recent away day was in July 2016 and involved staff discussing the new management structure of the practice, setting out how best it would work for the benefit of patients and staff at the practice. The next team away day was planned for November 2016 when the focus would be on dementia awareness.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. We met with three members of the PPG, which had been established in 2006. There were

# Are services well-led?

Good 

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

ten members. The PPG was comprised of a range of different age groups and population groups which reflected local communities in Exmouth. The PPG met up every quarter and had an annual general meeting.

- Members of the PPG told us there was a constant flow of information between themselves and the practice. The practice manager and a GP often attended their meetings. The PPG had canvassed patient views and as a result had asked the practice to consider how they could become more child and family aware. In response to this the practice had created a children's play corner in the waiting area, with toys and books.
- The PPG produced a quarterly newsletter which was available in the waiting room, on the website and at flu clinics. This included information about the practice's volunteer driver patient transport service, the book stall, knitting group, reading group, social group and recent purchases for the practice by the PPG as a result of fund raising. The PPG had raised funds for the practice to provide a special head for their dermatoscope which improved GP's observations of patient's skin lesions. This device often saved patients the inconvenience of a hospital appointment.
- The PPG regularly surveyed patients and practice staff to see what equipment they needed and could help provide funding for. The PPG had also raised funds for a foetal Doppler which was a device used for pregnancy scans.
- The practice had gathered feedback from staff, through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not

hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, staff had suggested that a GP partner should attend each six weekly staff meeting in order to allow immediate staff feedback and provide leadership. The practice acted on this feedback and records showed that a different GP partner had attended staff meetings.

## Continuous improvement

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

For example, the practice was a training practice and a teaching practice. The practice supported medical students and GP trainees. One of the GPs was an accredited trainer and was the practice's lead for training. GP registrars had provided positive feedback about the support they had received at the practice.

The practice carried out shared learning meetings every month which supported continuous improvement together with an Ideas File which staff were encouraged to provide suggestions on delivering a continuously improved service. For example, in the employment of a business apprentice. The practice had deployed their business apprentice in an area relevant to their skills, the development of a practice social media page for Imperial Surgery.