Cranbrook Medical Centre

Quality Report

Cranbrook Medical Centre
Younghayes Centre
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Devon
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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cranbrook Medical Centre on 11 May 2017. 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 recording, reporting and learning from serious significant events. Lessons were shared across the organisation and with other practices within the organisation. The process for managing near misses or minor events was under review.
- The practice had clearly defined and embedded local and organisational systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- An extensive range of clinical templates were used by clinical staff to ensure patients received evidence based practice and had all health checks and reviews performed.
- There was positive feedback from the Friends and Family Test and patients told us they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The majority of patients we spoke with said they found it easy to make an appointment with a 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.
- There was a clear leadership structure and staff felt supported by management and the organisation.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. For example, in response to feedback changes had been made to the appointment system.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We saw one area of outstanding practice:

There was a higher than average number of children and babies at the practice and staff had a proactive approach to understanding and caring for the needs of those patients. The GPs and nurses all had experience, skills and additional training in the care of paediatric patients. Staff were also consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health. For example developing an information leaflet and providing an app giving advice, support and guidance for common childhood illnesses including sepsis giving patients greater control and information of when to seek advice.

The areas where the provider should make improvement are:

- Ensure all prescribers at the practice are aware of the systems and processes used in the management of high risk medicines.
- Review processes, systems and records both at practice level and organisational level to ensure comprehensive records and audit trails are in place to reflect the actions and decision making process fully for minor events and near misses.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system for reporting and recording serious significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients were informed as soon as practicable, 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Systems were in place for the recruitment of staff.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance. An extensive range of clinical templates were used by clinical staff to ensure patients received evidence based practice and had all health checks and reviews performed.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment. For example, practice staff had experience and additional education in the care of children and babies.
- 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.
- The organisation had developed a leaflet and provided an app called HANDi which provided advice, support and guidance for common childhood illnesses. For example, what to do if a child has a temperature and guidance of when to contact a GP, call NHS 111 or 999.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Friends and family results and patient feedback showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, working closely with health visitors and safeguarding teams.
- The practice took account of the needs and preferences of patients with life-limiting conditions and long term conditions.
- The majority of patients we spoke with said they found it easy to make an appointment with a 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 evidence from showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by the organisation and practice management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. For example, in response to feedback changes had been made to the appointment system.
- The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients. For example both GPs had experience of working with paediatric patients.

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

Good

The practice is rated as good for the care of older people.

- The practice supported a smaller than national average of older patients due to the demographic of the new town it was located in. For example, approximately 40 patients were aged between 55 and 75 years and 12 patients were 76 years and over.
- The practice provided new patient checks and the lead GP carried out regular medication reviews for older people and worked closely with the complex care team and community nursing teams assigned to the practice.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

People with long term conditions

Good

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

- The practice provided regular specialist diabetic clinics with a specialist nurse who worked alongside the practice nursing team.
- The practice completed an annual virtual diabetic clinic with a consultant from the Royal Devon and Exeter Hospital (RD&E).
- The practice offered regular asthmatic reviews with the asthma nurse.
- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Summary of findings

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.
- Staff referred patients with long term conditions and depression and anxiety (DAS) to a partnering GP practice who hosted a specific DAS service.

Families, children and young people

Good

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

- There was a higher than average number of younger patients. For example, 700 of the 1900 patients were under the age of 18. The GPs and nurses all had experience, skills and additional training in the care of paediatric patients. For example, paediatric dermatology.
- There were systems 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 accident and emergency (A&E) attendances.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.

  Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, there were clinics with the Midwives on Tuesday and Fridays and Health Visitor clinics were held every Tuesday, Wednesday, Thursday and Friday.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The organisation had developed a leaflet and provided an app called HANDi which provided advice, support and guidance for common childhood illnesses. For example, what to do if a child has a temperature and guidance of when to contact a GP, call NHS 111 or 999.

Summary of findings

Working age people (including those recently retired and students)

Good

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients were able to book appointments online and could access appointments from 8am and the practice were in the process of commencing monthly Saturday morning clinics.
- 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.

People whose circumstances may make them vulnerable

Good

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 those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients who needed them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example health visitors and safeguarding teams.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

People experiencing poor mental health (including people with dementia)

Good

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

- There was a lower than average older patient population at the practice.

Summary of findings

- The practice carried out advance care planning for patients living with dementia.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health.
- Patients with depression and anxiety (DAS) were referred to the local DAS service.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing mental health crises.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

There were no results available from the national GP patient survey because the practice was newly registered with a new provider. However, 26 of the 27 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. The one less positive card referred to problems getting through to the practice on the telephone and difficulty getting an appointment.

We spoke with three patients and one member of the patient participation group who said they were pleased with the service and found all staff friendly, helpful and professional. Individual staff were named for providing a positive service. These patients said they found it easy to get an appointment.

We looked at the friends and family test results collected between November 2016 and March 2017. Of the 240 results 230 said they would be likely or extremely likely to recommend the practice to friends and family. Nine patients gave a neutral response and one was unlikely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Ensure all prescribers at the practice are aware of the systems and processes used in the management of high risk medicines.
- Review processes, systems and records both at practice level and organisational level to ensure comprehensive records and audit trails are in place to reflect the actions and decision making process fully for minor events and near misses.

Outstanding practice

There was a higher than average number of children and babies at the practice and staff had a proactive approach to understanding and caring for the needs of those patients. The GPs and nurses all had experience, skills and additional training in the care of paediatric patients. Staff were also consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health. For example developing an information leaflet and providing an app giving advice, support and guidance for common childhood illnesses including sepsis giving patients greater control and information of when to seek advice.

Cranbrook Medical Centre

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 an assistant Inspector.

Background to Cranbrook Medical Centre

Cranbrook Medical Centre is a GP practice for approximately 1900 patients of the newly formed town. The specification for the new service was produced with the help of local residents.

The new service had been commissioned by NHS England and included an Alternative Provider Medical Services (APMS) contract for the first two years of operation.

The numbers of patients has increased since opening. There were 600 patients registered in the first two months and now average 10 new patients per week.

The practice is operated by Access Health Care, a social enterprise organisation owned by Exeter based Devon Doctors.

The practice has three part time GPs who in total equal just over one whole time equivalent. They are supported by two practice nurses, a practice manager and four administration staff. Practice staff are supported by central board members, medical directors, a governance team and human resources department.

The practice is open Monday to Friday between 8.30pm until 12pm and between 2pm until 6pm. Patients are encouraged to access the local walk in centre and out of hours service when the practice is not open. There is a contracted agreement that the out of hours provider responded to calls between 12pm and 2pm and between 6pm and 8.30am.

There was no information regarding the demographics of the practice. However we were told that the majority of patients were white British with a very small number of European, Chinese and African patients. The practice had a lower than national average age group. For example, of the 1900 patients 713 were between the ages of birth and 18, 1013 were between the ages of 19 and 49 and only 87 were between the ages of 60 and 90.

The practice is registered to provide regulated activities which include:

Treatment of disease, disorder or injury, surgical procedures, maternity and midwifery services and Diagnostic and screening procedures and operate from:

Cranbrook Medical Centre

Younghayes Centre

169 Younghayes Road

Cranbrook

Exeter

EX5 7DR

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.

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 on11 May 2017. During our visit we:

- Spoke with a range of staff including two GPs, the practice manager, two administration staff and a practice nurse and spoke with three patients and a patient participation group member who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed 27 comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was a system 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).
- The management of significant event process was managed centrally at the Access Healthcare headquarters. The governance team followed a standardised process. Any event came to the team for classification into significant or serious events and incidents. Not all staff were aware of the threshold of these classifications. Although we were able to review records, meeting minutes and the data base, the level of documentation for some less significant events were not maintained fully at headquarters and did not provide opportunities to clearly audit the process followed and action taken. We were told that this process was under review to ensure a more failsafe process was in place for the management of lower level events and near misses. We looked at one significant event and staff were able to produce minutes of meetings and records to show the discussion that had taken place. We looked at one serious incident report held on the data base from Access Healthcare. This showed that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Serious incidents were reported externally to the CCG and NHS England where appropriate. Clinical decisions were discussed externally by a peer group and appropriate actions taken.
- We saw evidence that lessons had been shared and action taken to improve safety in the practice. For example, a delay in hospital referral led to investigation and reminder to staff to ensure correct processes were followed.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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 member of staff for safeguarding.
- We were given examples to demonstrate staff understood their responsibilities regarding safeguarding and how to escalate child and adult safeguarding concerns locally. All staff spoken with 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 trained to child protection or child safeguarding level two.
- 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. There were cleaning schedules and monitoring systems in place, for example the practice manager audited cleaning schedules every month.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date on line training. Monthly room check

IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the last audit had prompted a further check of sharps bins.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. The lead GP was able to provide evidence of the system followed for these reviews and was able to produce a report detailing the actions. However, there was no protocol for locum GPs to follow. However, this was provided within 24 hours of the inspection.
- The lead prescriber attended prescribing lead meetings in the locality. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- A recent review had improved the records kept regarding the distribution of blank prescriptions to the GPs. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. 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 medicines in line with legislation.

We reviewed eight personnel files for staff within the Access Health Care organisation. Two of these were for staff at Cranbrook surgery. We found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment which had last been reviewed in February 2017 and carried out regular fire drills. The last drill had been carried out in February 2017. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical equipment had been tested in December 2016 and all clinical equipment was checked and calibrated in February 2017 to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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). Tests for Legionella had last been completed in May 2017.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice used a small number of locum GPs and were in the process of recruiting additional nursing staff to ensure there were sufficient numbers of staff.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.

Good

Are services safe?

- 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 for major incidents such as power failure or building damage which had been reviewed in January 2017. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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. These guidelines were embedded within the extensive range of templates used by the practice staff. Any changes in guidelines were communicated within the regular clinical update newsletters and by email to individual staff.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. The practice was also in the process of adopting computer software which would provide additional guidelines and data capture.

Management, monitoring and improving outcomes for people

The practice had opened in 2015 and had increased patient numbers from this time. The CCG had not initially rewarded the practice financially for obtaining Quality and Outcomes Framework (QOF) data as patient numbers were not stable. However, the practice were collecting information as patient numbers grew so they could begin ensuring they were providing a quality service and were in the process of introducing systems to more accurately record figures.

Of the data collected, the most recent results showed that from April 2016 to March 2017 the practice had been collecting the data needed from new patients and so far had achieved 64% of the total number of points available. We were informed that staff training in coding and a stabilising patient group was anticipated to increase this figure. When we looked at patients individual care needs and records we saw individual care needs were being met.

The data available showed this practice was not an outlier for any QOF (or other national) clinical targets. Data provided by the practice from 2015 to 2016 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. Results showed the practice had achieved 80% of the total number of points available.
- Performance for mental health related indicators was lower than the CCG and national averages. Results showed the practice had achieved 72% of the total number of points available.
- Performance for Atrial Fibrillation related indicators were higher than the CCG and national averages. Results showed the practice had achieved 100% of the total number of points available.
- Performance for chronic obstructive pulmonary disease indicators were higher than the CCG and national average. Results showed the practice had achieved 100% of the total number of points available.

There was evidence of quality improvement including clinical audit:

We looked at the five clinical audits commenced in the last two years; two of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, a significant event involving a blood thinning medicine error had led to an audit of all patients taking these medicines. The initial audit aimed to confirm that the practice complied with NICE guidelines regarding the prescription of these medicines. The audit confirmed that all patients receiving these medicines had a clear diagnosis recorded in the clinical notes and treatment was initiated according to NICE guidelines and local Joint formulary guidelines. Actions taken included adding new information to the locum file highlighting the need for accurate notes keeping when initiating the medicine and re audit within three months because of rapid increase in new patient numbers. The re audit three months later confirmed that there had been no new patients on this list and the notes for the existing patients remained in order and contained accurate information and also complied with NICE and local guidelines.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. Staff undertook a corporate induction from Access Health, Devon Doctors which covered such

topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The Induction also included training at the practice which covered tasks specific to staff roles and responsibilities.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The new practice nurse had been able to access additional training and updates for her role, including the practice nurse education.
- Staff administering vaccines 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. All staff working at the practice for more than one year had received an appraisal within the last 12 months. Other staff said they had received additional support and appreciated that the practice manager was now attending the practice on a more regular basis.
- 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 and had protected time to complete this.
- There was a higher than average number of children and babies at the practice and staff had a proactive approach to understanding and caring for the needs of these patients. The GPs and nurses all had experience, skills and additional experience in the care of paediatric patients. For example, both GPs had additional experience of working with paediatrics (dermatology) and the practice nurse had previously worked as a health visitor.

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. Some clinical correspondence and reports were triaged and managed by non-clinical staff, usually the practice manager. A new protocol and guidance document regarding this process had recently been introduced.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services and to emergency and out of hours services. We heard an example where a patient had revisited the practice to thank staff for sharing information about their relative with out of hours providers. The sharing of information meant that the patient had received prompt attention.

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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly or more frequent basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 recorded using an integrated clinical templates and free text within the computer patient record.

Good

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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 and smoking. Patient leaflets were available.
- The organisation had developed a leaflet and provided an app called HANDi which provided advice, support and guidance for common childhood illnesses. For example, what to do if a child has a temperature and guidance of when to contact a GP, call NHS 111 or 999.
- The practice's uptake for the cervical screening programme was 80%, which was comparable with the national average of 81%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. There were failsafe systems 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 immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/ national averages. For example, data provided by the practice showed that rates for the vaccines given to under two year olds ranged from 82% to 92% compared to 95% to 96%.

Patients had access to appropriate health assessments and checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

26 of the 27 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 patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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.

Children and young people were treated in an age-appropriate way and recognised as individuals by staff who were experienced in caring for children and babies.

There were no results available from the national GP patient survey. However, comments from the friends and family test included positive results about the care and treatment received.

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

- Interpretation services were available for patients who did not have English as a first language and hearing loop facilities were available.

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.

Data showed that the practice had a younger than national average patient population age group. For example, less than 5% of patients were over the age of 60 years and less than 10% of patents were under the age of 50. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 13 patients as carers (just under one percent of the patient group). However, once identified carers were provided with written information on how to access support from the local carers group. The GP was able to highlight patients being cared for and carers.

Staff told us that if families had experienced bereavement, their usual GP contacted them to offer support.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- There were longer appointments available for patients who needed them.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice, however, due to the young population of the patient list and the accessibility of the practice the need for home visits were minimal.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments 24 hours prior to the appointment time.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

Access to the service

The practice was open Monday to Friday between 8.30pm until 12pm and between 2pm until 6pm with appointments available during these times. The practice were in the process of planning extended hours appointments between 8am and 12pm for one Saturday each month starting in June 2017. 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. There is a contracted agreement that the out of hours provider responded to calls between 12pm and 2pm and between 6pm and 8.30am.

26 of the 27 of the patient comment cards and the three patients we spoke with told us they could get an appointment when they needed one. One of the 27 patient comment cards said they had problems getting through on the telephone and often experienced delays in getting an appointment. The practice had recognised there had been many occasions where patients had not attended booked appointments (DNA) and asked the patient participation group to help address this. The practice were also recruiting additional staff as patient numbers increased.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

We looked at five complaints received in the last 12 months regarding the Access Health Care group. All complaints had been managed centrally at the Access Health Care headquarters. All had been dealt with in a timely way, with openness and transparency. Lessons were learned 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 complaint about patient access had resulted in a patient apology. The practice had also:

- Worked with the PPG to address the numbers of appointments missed by patients.
- Had started the process of employing an additional GP.
- Amended the clinical sessions so that patients had access to dedicated same day and 48 hour appointment availability.
- Increased the number of appointments available for patients to book online in advance.

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 staff and wider organisation had a clear vision to deliver high quality care and promote good outcomes for patients.

- The organisation had a mission statement and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. GPs and nursing staff working at the practice had experience in the treatment of children and babies.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- There was a small team of staff who met informally daily. Practice meetings were held weekly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

Staff explained that the organisation provided clear leadership and were accessible when needed. On the day of inspection the practice leadership demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us they prioritised safe, high quality and compassionate care and told us the GPs and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The organisation encouraged a culture of openness and honesty. For example, complaints documents demonstrated that the practice had systems to ensure that when things went wrong with care and treatment the practice gave affected patients reasonable support, truthful information and a verbal and written apology.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with community nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings although also communicated informally on a daily basis.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues.
- Staff said they felt respected, valued and supported, particularly by the practice manager and wider organisation.

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

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

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had officially launched in November 2016, since then we saw that they met regularly and submitted proposals for improvements to the practice management team. For example, in response to feedback from patients and in the number of patients who did not attend

Are services well-led?

Good

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

appointments, the PPG had implemented a Did Not Attend (DNA) policy which was communicated to patients through local media. As a result the number of patients who did not attend appointments had been reduced. The PPG and practice staff had also attended a local event to promote the practice and role of the PPG. Practice staff had completed simple health checks to promote the services offered at the practice and engage with local residents.

- the NHS Friends and Family test, complaints and compliments received
- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had been formed to deliver improve outcomes for patients in the area.