Glendevon Medical Centre

Quality Report

3 Carlton Place
Teignmouth
Devon
TQ14 8AB
Tel: Tel: 01626 770955
Website: www.teignestuarymedical.co.uk

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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 Glendevon Medical Centre on Tuesday 24 November 2015. 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. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found the telephone call back service useful and said there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

We saw an area of outstanding practice:

- The practice worked closely with other organisations and the local community to plan and improve services. GPs had provided health education sessions in local schools. The practice also provided carers checks, not only from their own patient list, but also on behalf of other practices. A second member of staff had been appointed to carry out

Summary of findings

carer checks using a flexible approach, which gave people the choice of being seen at the practice, or at home during the evening or weekend. This had resulted in a significant rise in the numbers of carers seen, for whom health and wellbeing had improved.

The areas where the provider should make improvement are:

- Systems should be introduced to ensure that all equipment in doctor's bags is included in the scheduled programme of checks.

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 in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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

Good

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.
- One of the GPs had a diploma in geriatric medicine and this had promoted expertise within the team which was particularly relevant given the high number ofolder patients registered at the practice..
- The practice had designated care homes who they provided a primary medical service to. For example, weekly homes visits.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked with other health and social care professionals and held monthly multidisciplinary meetings to coordinate care and reduce risk of hospital admission.
- End of life care was coordinated with community nurses, hospice care staff and the local community hospital.
- The practice worked with and referred patients to a Volunteering in Health' (VIH) group for befriending, sitting, transport and shopping service.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had participated in a pilot scheme where a practice pharmacist was employed for four sessions a week to undertake medicine reviews, optimisation and reconciliation. The pharmacist had also managed medicine queries from patients and had facilitated communication between the clinical commissioning group and practice.

Summary of findings

- The practice were a named hearing aid battery centre and offered this service to other practices in the town.
- Falls risks were proactively managed and included in-depth assessment, GPs had expertise in joint injections, osteoporosis assessments and rapid access to physiotherapy services.

Families, children and young people

Good

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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Preconception advice was offered and screening for perinatal mental health performed. Also postnatal checks and depression screening was offered at six weeks after birth.
- We saw good examples of joint working with midwives, health visitors and school nurses. For example, one of the GPs had attended meetings at the local school and had undertaken health promotion talks for the pupils.Two GPs had diplomas in family planning and reproductive health.
- Sexual health promotion was offered to young people and included chlamydia screening and smoking cessation advice.
- The practice offered a full range of contraceptive services

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 the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours appointments with the GPs at the practice and branch surgery.
- Telephone calls were offered at a time which suited the patient including during work coffee and lunch breaks.

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. Prescriptions could be sent to a pharmacy of the patients choice and could be out of the area if this suited their work location.
- Communication to patients included the use of a social media site, newsletter and on the practice website.

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 homeless people, fairground staff and travellers.
- The practices cared for patients with unconventional addresses. For example, riverboats, and other premises with no postcode.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Learning disability patients were offered an annual check and they had personalised care plans. The practice had special easy read documents for patients with a learning disability or patients who lacked the capacity to fully understand. For example easy reading material available for cervical screening.

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).

- The practice maintained a register of those with severe mental ill health. All of these patients were offered an annual physical health review and had a personalised care plan.
- Patients had access to an in house counsellor – who worked in the practice every week.

Summary of findings

- 90% of people diagnosed with dementia in the last year had received a review of their care reviewed in a face to face meeting.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2015. The results showed the practice was performing in line with local and national averages. 238 survey forms were distributed and 112 were returned. This was a 47.1% response rate.

- 71.9% found it easy to get through to this practice by phone compared to a CCG average of 79.7% and a national average of 73.3%.
- 89.2% found the receptionists at this practice helpful (CCG average 89.6%, national average 86.8%).
- 93.8% were able to get an appointment to see or speak to someone the last time they tried (CCG average 90.2%, national average 85.2%).
- 83.9% said the last appointment they got was convenient (CCG average 94.8%, national average 91.8%).
- 73.3% described their experience of making an appointment as good (CCG average 81.3%, national average 73.3%).
- 80.3% patients said they usually waited 15 minutes or less after their appointment time (CCG average 71.7%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received. Comment cards referred to the excellent and good treatment and of the kind, caring and helpful staff.

We spoke with 15 patients and five representatives from the patient participation group during the inspection. All 20 patients described care as excellent and extremely good and thought that staff were friendly, helpful, considerate and accommodating.

Areas for improvement

Action the service SHOULD take to improve

- Systems should be introduced to ensure that all equipment in doctor's bags is included in the scheduled programme of checks.

Outstanding practice

The practice worked closely with other organisations and the local community to plan and improve services.GPs had provided health education sessions in local schools. The practice also provided carers checks, not only from their own patient list, but also on behalf of other practices.A second member of staff had been appointed to carry out carer checks using a flexible approach, which gave people the choice of being seen at the practice, or at home during the evening or weekend. This had resulted in a significant rise in the numbers of carers seen, for whom health and wellbeing had improved.

Glendevon Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector**.** The team included a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Glendevon Medical Centre

The Teign Estuary Medical Group) was inspected on Tuesday 24 November 2015. This was a comprehensive inspection.

The main practice (Glendevon Medical Centre) is situated in the Devon town of Teignbridge and the branch surgery (Riverside Surgery) is situated in the small town of Shaldon. Patients are able to have appointments at either practice. The Teign Estuary Medical group provides a primary medical service to approximately 4000 patients of a diverse age group. We did not inspect Riverside Surgery on this visit.

There were three GP partners who held managerial and financial responsibility for running the practice. They were supported by two salaried GPs. There were two male and three female GPs at the practice. The team were supported by a practice nurse, nurse practitioner, practice nurse, a trainee assistant practitioner, two health care assistants, a phlebotomist and additional administration staff. Patients also had access to community nurses, health visitors and midwives.

The practice was a training practice for medical students and GP trainees.

The practice is routinely open from Monday to Friday – 8.30am to 6pm. The practice offer a 'Dr First' telephone system, which means all patients who contact the practice are then phoned back the same day by the GPs who then either provides consultation over the phone, or if the patient prefers or needs to be seen, an appointment is made for the patient to come into the practice at a time to suit them. There are two late evening appointment sessions for people who work full-time - these are on Tuesday and Wednesday, one at each site and the practice offer early morning appointments on a Tuesday morning from 7.30 – 8.30 at Glendevon.

Outside of these times there is a local agreement that directs patients to contact the out of hours service (Devon Doctors) by using the NHS 111 number.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 November 2015. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

Good

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 also a recording form available on the practice's computer system. For example, one staff member explained an event that had occurred and described the appropriate action taken to escalate the incident and involve external organisations. Another example included a vaccination being stored in the wrong fridge. This was raised at the team meeting, the process was changed and a new sign-in process introduced.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. One of the GPs was the lead for the management of these and would facilitate any action. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a prescribing error, due to patients sharing the same name, had resulted in additional software being used on the computer system and reminding staff about procedures for checking prescriptions. Staff said the whole team were included when actions were discussed so that all staff were aware of learning from the significant event.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding level 3.
- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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 and we saw evidence that action was taken to address any improvements identified as a result. For example, the last audit in December 2015 had resulted in new chairs being ordered and additional cleaning schedules being introduced. Personal protective equipment, handwashing posters, soap dispensers and paper towels were available. Needlestick policies and posters were also available for staff guidance.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of

Good

Are services safe?

identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. 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. The majority of clinical equipment had been checked in September 2015 although two items of equipment in doctors bags had missed this scheduled programme of checks. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff explained they provided annual leave cover within the team to provide patient continuity but had used locum staff in the past If necessary.

Arrangements to deal with emergencies and major incidents

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

- There was a system 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. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92.8% of the total number of points available, with 4% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from NHS England 2013-14 showed;

- Performance for diabetes related indicators were similar to the CCG and national average. For example, the practice scored 94.74% in patients with diabetes who had a record of a particular blood test result compared to the national average of 85.94%
- The percentage of patients with hypertension having regular blood pressure tests was 66% similar to the CCG average.
- Performance for mental health related indicators were comparable to other practices. For example indicators for patients with mental health who had a written care plan in place were 100% which was better than the national average of 86.04% and the percentage of patients with dementia who had had a face to face review was 72.73% compared to the national average of 83.2%.

There was a programme of weekly audit and monitoring performed by one of the GPs. Recent projects included monitoring calcium levels and checking to see whether patients had received bone density scans. Other weekly audits included ensuring blood tests were performed on patients with hypothyroidism and ensuring MHRA alerts had been actioned.

The practice had participated in a pilot where a practice pharmacist was employed for four sessions a week to undertake medicine reviews, optimisation and reconciliation. The pharmacist had also managed medicine queries from patients and had facilitated communication between the clinical commissioning group and practice. The results of this had been highly successful and had resulted in reduced medicine costs and more effective prescribing compared to other practices in the CCG. For example, there had been a 15% decrease in medicine costs and the practice had been rated the second lowest for hypnotic prescribing.

Clinical audits demonstrated quality improvement.

- We looked at six clinical audits completed in the last year. Three of these were completed audits where the improvements made were implemented and monitored. For example repeated audits had been carried out about poorly controlled asthma in September 2014 and had been reviewed in September 2015 to ensure patients were receiving the correct inhaler and were using the inhalers correctly.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an incident included purchasing software to analyse results from blood clotting tests. The equipment had helped identify patients who were still outside of the therapuetic range and might benefit from alternative medicines to thin blood.
- Minor surgery audits were performed to monitor the procedures, any complications and to ensure any histology results had been received and acted upon.

The practice had participated in research and had been collaborating with other practices in the locality. The practice had been registered with the Medical Research Council (MRC) since 1995 and had participated in three recent pieces of research. These had included collecting real time patient feedback, the study into the early

Good

Are services effective?

(for example, treatment is effective)

diagnosis and recognition of cancer symptoms and tackling antimicrobial resistance. The practice had worked with Exeter University, National Institute of Health Research and Public Health England.

Effective staffing

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

- The practice had an induction programme for newly appointed clinical, locum and non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support, Mental Capacity Act and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

The practice were a training practice and had been educating medical students since 2004. One of the GPs has a masters degree in Clinical Education, was an academic tutor and examiner and was a sub dean until 2014, and is a Fellow of the Higher Education Academy (HEA). This is a British professional institution promoting excellence in higher education and is publicly funded. The HEA awards fellowships as a method of professional recognition for university teachers. Another GP had a post graduate diploma in Clinical Education, and was also a fellow of the HEA and lead for Medical Ethics & Law at Peninsula Medical College of Medicine & Dentistry and is also an academic tutor.

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. Information about patients' medicines and allergies was also available to the out of hours provider using a specific out of hours messaging service.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team (MDT) meetings took place on a monthly basis or more often when required and that care plans were routinely reviewed and updated. We spoke with two health care professionals who said communication was effective and said the MDT meetings were well managed.

The practice worked with other organisations effectively. For example, the practice provided services for patients from other practices in the town. These services included offering carers checks and a hearing aid battery service. The GPs also worked with local schools providing health promotion talks and worked effectively with named care homes in the town to improve patient care.

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.

Good

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through use of templates on the clinical system. However, we noted that the consent form used for minor surgery did not include evidence to show that risks were explained. The GPs explained this was done verbally at the time of the procedure and recorded in the medical records.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 83.76%, which was comparable to the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 90% and five year olds from 70% to 90%. Flu vaccination rates for the over 65s were 69.54%, and at risk groups 42.32%. These were also comparable to CCG and national averages.

- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. The practice sent letters on key birthdays such as 18, 40 and 65, wishing them well and had used the opportunity to inform them of services available from both the practice and other services. For example, aortic aneurysm screening. This initiative had resulted in the practice offering more NHS checks compared with other practices in the area. For example, 54.06% of checks had been offered and 29.20% had been taken up. This compares with between 5% and 27% in other practices.

Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

All of the 18 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey published in July 2015 showed patients felt they were generally treated with compassion, dignity and respect. The practice was mostly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 81.9% said the GP was good at listening to them compared to the CCG average of 93.2%% and national average of 88.6%. All of the 20 patients we spoke with at the inspection said the GP was good at listening to them.
- 80.7% said the GP gave them enough time (CCG average 91.4%, national average 86.6%).
- 98.8% said they had confidence and trust in the last GP they saw (CCG average 98%, national average 97.1%)
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 91.7%, national average 90.4%).
- 89.2% said they found the receptionists at the practice helpful (CCG average 89.6%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey did not show patients always responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 85.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.3% and national average of 86.0%.
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 86.3%, national average 81.4%)

However, all 20 patients we spoke with, the four emails received from patient participation group members and all 18 comment cards stated that patients were able to make decisions about their care and were happy with their involvement.

Translation services were available for patients who did not have English as a first language. Patients with hearing impairement had been identified and automatically offered a face to face appointment.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2.9% of the practice list as carers and appointed another member of staff to help with carers checks. GPs explained that the practice were flexible in how they delivered these checks. For example, visiting the carers at home and visiting at weekends or in the evenings to suit the carer. Written information was available to direct carers to the various

Good

Are services caring?

avenues of support available to them. The practice performed carers checks for other practices in the town and had done 24 checks for other practices in two and a half years.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered early morning and evening appointments for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with complex needs or those with a learning disability. The GPs were able to adapt appointments through the 'doctor first' telephone triage system.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available. Patients who were hearing impaired were automatically offered a face to face appointment.
- The practice offered appointments to homeless patients, those with unconventional addresses, the travelling community and to temporary residents from a nearby fairground.
- The practice was arranged over three floors of an older style property. Patients who were unable to negotiate stairs were seen within ground floor treatment rooms.

Access to the service

The practice was routinely open from Monday to Friday – 8.30am to 6pm. The practice offered a 'Dr First' telephone system, which meant all patients who contacted the practice were then phoned back the same day by the GPs who then either provided consultation over the phone, or if the patient preferred or needed would have an appointment made. There were two late evening appointment sessions for people who work full-time - these were on Tuesday and Wednesday, one at each site and the practice offered early morning appointments on a Tuesday morning between 7.30 and 8.30 at Glendevon.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them. For example;

- 67.3% of patients were satisfied with the practice's opening hours compared to the national average of 34.5%.
- 71.9% patients said they could get through easily to the practice by phone (CCG average 79.7%, national average 73.3%).
- 73.3% patients described their experience of making an appointment as good (CCG average 81.3%, national average 73.3%.
- 80.3% patients said they usually waited 15 minutes or less after their appointment time (CCG average 71.7%, national average 64.8%).

We were given examples of when patients had received prompt treatment. For example, seeing the GP within hours of phoning the practice and examples where the GPs had spoken with patients whilst they had been on holiday both in the UK and abroad.

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. For example, posters, information on website and in the practice newsletter.

We looked at seven complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely, transparent way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, one complaint related to a patient who had not received a call back as promised. This was identified as an administration error. The patient was contacted and given an apology and explanation of how learning had been shared and processes improved.

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 which stated 'embrace the future, with the wisdom of the past with an aim to be patient-centred, friendly, caring, adaptable and safe whilst continually learning, reflecting and changing'.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said morale was high and that 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 virtual patient participation group (PPG) and through surveys and complaints received. The PPG had been consulted and had submitted proposals for improvements to the practice management team. For example, one PPG member had raised an issue about privacy at the reception desk. This had resulted in additional signage being introduced.
- 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 strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had worked with other

Are services well-led?

Good

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

practices in the area and offered carers checks for other practices patients. The practice had also participated in a pilot where a practice pharmacist was employed for four sessions a week to undertake medicine reviews, optimisation and reconciliation.

- The practice had also recently researched and started to use a software frailty assessment tool which would help in the early detection of those older people who would benefit from a more holistic and proactive model of care.