

Channel View Medical Practice

Quality Report

3 Courtenay Place
Teignmouth
TQ14 8AY

Tel: 01626 774656

Website: www.channelviewmedicalpractice.com

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Channel View Medical Practice on 8 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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 it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The prevalence of dementia in the practice population was three times higher than the national average. The practice had responded to this demand through the employment of a specialist mental health nurse on a part time basis. This member of staff also worked part time at the local mental health NHS Trust, which ensured that their skills were kept up to date. The mental health nurse carried out

Summary of findings

reviews at the practice and in patient's homes for those patients experiencing mental health issues and patients with dementia. These were comprehensive written reviews which were in line with best practice and helped inform how GPs supported their patients.

The areas where the provider should make improvement are:

- There was no hearing aid induction loop at reception. The practice should review its arrangements for ensuring effective communication with patients who have experienced hearing loss.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



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

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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 patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey January 2016 showed 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.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. 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 and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of patients 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.
- Quality outcome framework (QOF) data for 2014-15 showed that the percentage of patients with asthma who had received a review in the last 12 months was 96.5% which was higher than the national average of 87%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had achieved a cervical screening rate of 80% which was in line with the national average of 81%.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice smoking cessation statistics showed that of 35 patients registered as smokers who had been offered support, 13 had successfully stopped smoking.
- The practice was in the process of introducing systems to identify military veterans and ensure their priority access to secondary care in line with the national Armed Forces Covenant.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Letters sent to patients with learning disabilities informing them of the time and date of their annual health reviews included a photograph of the visiting nurse.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- The prevalence of dementia in the practice population was three times higher than the national average. The practice had responded to this demand through the employment of a specialist mental health nurse on a part time basis. This member of staff also worked part time at the local mental health NHS Trust, which ensured that their skills were kept up to date. The mental health nurse carried out reviews at the practice and in patient's homes for those patients experiencing mental health issues and patients with dementia. These were comprehensive written reviews which were in line with best practice and helped inform how GPs supported their patients.
- The percentage of patients with a diagnosed mental health condition who had received a review was 84% which was higher than the national average of 82%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Outstanding



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 236 survey forms were distributed and 126 were returned. This represented 1.5% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to a Clinical Commissioning Group (CCG) average of 79% and a national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89% and national average 85%).
- 88% of patients described the overall experience of their GP practice as fairly good or very good (CCG average 89% and national average 85%).
- 85% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (CCG average 82% and national average 78%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all positive about the standard of care received. Patients described the high standards of care and treatment provided by the practice, the friendly and approachable staff and the professionalism of the GPs and nurses.

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

The results of the friends and family survey results showed that 84% of patients were likely or extremely likely to recommend the practice to their friends and family.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- There was no hearing aid induction loop at reception. The practice should review its arrangements for ensuring effective communication with patients who have experienced hearing loss.

Outstanding practice

We saw one area of outstanding practice:

- The prevalence of dementia in the practice population was three times higher than the national average. The practice had responded to this demand through the employment of a specialist mental health nurse on a part time basis. This member of staff also worked part time at the local mental health NHS Trust, which ensured that their skills were kept

up to date. The mental health nurse carried out reviews at the practice and in patient's homes for those patients experiencing mental health issues and patients with dementia. These were comprehensive written reviews which were in line with best practice and helped inform how GPs supported their patients.

Channel View Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Channel View Medical Practice

Channel View Medical Practice was inspected on Tuesday 8 March 2016. This was a comprehensive inspection.

The main practice is situated in the coastal town of Teignmouth, Devon. The practice has two branches elsewhere, one in Chudleigh and one in Bishopsteignton. The practice provides a primary medical service to 8,070 patients of a diverse age group. The practice is a teaching practice for medical students, newly qualified doctors, and physician associates.

There is a team of five GPs partners and three salaried GPs. Six are female and two male. Some work part time and some full time. The whole time equivalent is six GPs. Partners hold managerial and financial responsibility for running the business. The team are supported by a practice manager, an assistant practice manager, a mental health nurse, a nurse practitioner, four practice nurses, three health care assistants and additional administration staff.

Patients using the practice also have access to community nurses, midwives, mental health teams and health visitors who visit the practice on a regular basis.

The practice is open between the NHS contracted opening hours 8am – 6:30pm Monday to Friday. The times between 8am to 8:30am and 6 to 6:30pm are covered by an out of hours service. Appointments are offered anytime between 8:30am – 6pm. Extended hours surgeries are offered at the Teignmouth location on Mondays, Tuesdays and Wednesdays 6:30pm to 7pm and on Thursday mornings 7:30am to 8am. Extended hours surgeries are offered at the Chudleigh location on Mondays and Tuesdays between 6:30pm to 7:30pm and on Wednesday mornings between 7:30am to 8am.

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

The practice offers a Doctor First system whereby each patient contacting the practice by telephone is offered a range of appointment types including book on the day, telephone consultations and advance appointments.

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

The practice provided regulated activities from three locations. The main location is Channel View Medical Practice, 3 Courtenay Place, Teignmouth TQ14 8AY. The practice has a branch location at Chudleigh and a branch location at Bishopsteignton. During our inspection we visited the main location in Teignmouth. We did not visit the branch locations.

Detailed findings

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.

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 8 March 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing and administrative staff and spoke with five patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed the personal care or treatment records of patients.
- Reviewed 41 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The 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. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a significant event involving an unexpected death from sepsis occurred. The practice had reviewed the case with their community matron and district nurses to examine whether any improvements could be made in the future. Lessons learned included closer liaison with the hospital prior to discharge.

Another incident involved a breach of patient confidentiality by a member of staff. The practice had investigated this incident and liaised with a human resources employment solicitor, following which they had taken action. Lessons learnt included additional training on information governance for all staff in order to avoid reoccurrence.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports

where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three for children.

- A notice in 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of patients 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. The most recent audit was undertaken in January 2015. Improvements made as a result of this audit included the introduction of disposable curtains in treatment rooms.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- We found that prescription pads were securely stored and had an audit trail in place to monitor their use. However, we found that blank prescription forms within computer printers were sometimes left unattended in unlocked consultation rooms. When we brought this to the attention of the practice manager a new protocol was introduced to ensure unattended consultation rooms were locked.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line

Are services safe?

with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a GP or nurse were on the premises.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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 which identified local health and safety representatives. The assistant practice manager was the nominated representative. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There was also a panic button system in consultation rooms and in the secretary's office. These had an audible alarm for staff safety.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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 and had been reviewed in July 2015.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- Performance for diabetes related indicators showed that 82% of patients on the register had received a review in the last 12 months which was better than the national average of 79%.
- The percentage of patients with hypertension having regular blood pressure tests was 84% which was higher than the national average of 82%.
- Performance for dementia related indicators was 100% of those eligible for an annual review to the CCG and national average 80%

Clinical audits demonstrated quality improvement. Examples included complete cycle audits which had been undertaken on prescribing, referrals and cancer diagnoses. An audit on a medicine prescribed to help patients to sleep had been undertaken. This audit had identified all patients who were on the relevant medicine. Staff had them contacted them by letter and invited them to see their GP to discuss reducing their medicine dosage if appropriate or

switching to alternative treatments with more limited side effects. The number of patients who received this particular medicine had been reduced from 102 to 84 which was an 18% reduction.

The practice carried out audits on patients who had been newly diagnosed with cancer in order to ensure they received the highest quality of care and were referred quickly on to appropriate treatments.

Audits also focused on "medicine holidays" for patients who had been on certain medicines for long periods, in order to examine alternative treatments, check whether the medicine was still effective or necessary and review care accordingly. Fifty five such patients had been identified who benefitted from reviewed medicines following a "medicine holiday".

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and drug addiction. Patients were then signposted to the relevant services.
- A dietician was available when required and smoking cessation advice was available from the practice health care assistants.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 89% to 100%.

Patients had access to appropriate health assessments and checks. Until 29 February 2016 the practice had offered NHS health checks for patients aged 40–74. However, Devon County Council had ceased funding for these health checks with immediate effect. As a result the practice was no longer able to offer this service, but could refer patients who requested this to practices outside the county council boundaries.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 41 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 practice had a virtual patient participation group (PPG). Comments from this group indicated that they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% of patients said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 88% of patients said the GP gave them enough time (CCG average 90%, national average 87%).
- 96% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 90% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).

- 85% of patients said they found the receptionists at the practice helpful (CCG average 89%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 85% and national average 82%)
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 86% and national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 4% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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

The practice was in the process of introducing a system to identify military veterans and ensure they received appropriate support to cope emotionally with their experience in the service of their country in line with the national Armed Forces Covenant.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours at their three locations at different times in line with patient feedback. These included evening appointments and early morning appointments for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with multiple conditions or a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a lift and translation services available.

However, there was no hearing aid induction loop at reception. This impacted on communicating with patients who experienced hearing loss and might lead to patients misunderstanding information about their health.

Access to the service

The practice was open between the NHS contracted opening hours 8am - 6:30pm Monday to Friday. The times between 8am to 8:30am and 6 to 6:30pm were covered by the out of hours service Devon Doctors. Appointments could be offered anytime between 8:30am – 6pm. Extended hours surgeries were offered at the Teignmouth location on Mondays, Tuesdays and Wednesdays 6:30pm to 7pm and on Thursday mornings 7:30am to 8am. Extended hours surgeries were offered at the Chudleigh location on Mondays and Tuesdays between 6:30pm to 7:30pm and on Wednesday mornings between 7:30am to 8am.

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

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

- 74% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 76% and national average of 75%.
- 91% of patients said they could get through easily to the practice by phone (CCG average 79% and national average 73%).
- 60% of patients said they always or almost always see or speak to the GP they prefer (CCG average 62% and national average 59%).

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The policy had been reviewed in June 2015.
- 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. There was a poster on display in reception which explained how to make a complaint should patients wish to do so.

We looked at the six complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint had been made where a patient had misunderstood the new prescription ordering system. The practice manager had contacted the patient and explained the new system and also confirmed this in writing. The instructions for the new system were also displayed at each of the practices, in leaflets and on the practice website.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a practice charter which was displayed in the waiting areas and staff knew and understood the values. A copy was provided to new patients registered at the practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice strategy included the relocation of their existing Bishopsteignton branch into a more appropriate building. This had been successfully implemented in partnership with other stakeholders including the CCG, NHS England, the local authority and the Highways Agency. The new building was due to open in April 2016.

Governance arrangements

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

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

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held partners meetings once a month. Other monthly meetings included a clinical governance meeting, a nurses meeting, a health visitors meeting, significant events meeting, complex care and palliative care meeting.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted team away days were held every quarter. These days were used for training and team building. The practice called them Target Days and provided the time and resources for these to take place including paying for the Devon Doctors out of hours service to provide clinical cover.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through their 70 virtual patient participation group (PPG) members and through friends and family surveys and complaints received. There was an active virtual PPG which met online regularly, carried out patient

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surveys and submitted proposals for improvements to the practice management team. The practice had acted upon patient feedback. For example, the practice had introduced its new telephone appointment system, Doctor First, as a result of patient feedback. Doctor First provided improved access for patients. Patients phoned the practice in order to speak with a GP. The GP then phoned the patient back and either provided immediate treatment or arranged a face to face appointment for the patient. Patient feedback about this new system was positive. For example, patients described how this system was better than the previous scramble for appointments which started at 8:30am each day.

- The practice had gathered feedback from staff through staff Target Days and 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. The practice had acted upon staff feedback. For example, staff had provided a plan for providing effective cover throughout holiday period. The management had implemented this system which had proved successful. 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 schemes to improve outcomes for patients in the area, for example, in moving the location of the Bishopsteignton practice to a fit for purpose premises. The practice was a teaching practice for medical students, newly qualified doctors and physician associates. There was currently one student doctor and two physician associates receiving training at the practice. All of the GPs were qualified to provide training to these students. Feedback from the students about the practice was positive.

Research at the practice included involvement in the “Candid Trial”, which examined minor symptoms to see how many of these resulted in cancer. This piece of research had recently commenced and was currently underway in partnership with other local practices and with the local medical school.