Church View Surgery

Quality Report

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Date of inspection visit: 13/10/2015
Date of publication: 21/01/2016

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 Church View Surgery on 13 October 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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, although not necessarily with their own GP and that urgent appointments were 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.

There were also areas where improvements should be made:

- Review procedures for storing and recording blank prescriptions to ensure national guidance is followed.
- The recommendations made from the last infection control audit should be implemented.
- Allocate more administrative time to key nursing staff to keep policies and protocols current and up to date, and to consolidate the protocols that are already in place.

Summary of findings

- The planned training programme should be continued to ensure all staff are up to date with training. The planned programme of appraisals should be completed
- Improvement should continue with regard to patients being able to get through more easily by telephone, and improve patient waiting times to less than 15 minutes.

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.

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong, reviews and investigations were thorough. However, details and shared learning was not always cascaded to all staff.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were always kept safe. For example areas of improvement were needed in infection control, staff training, staff appraisal and safe prescription management.

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 referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health although health promotion for younger people was not comprehensive.

Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. Not all staff had had an appraisal within the last 12 months. However, this was planned in to be completed within the next few months.

There was evidence of personal development plans for all staff. Staff worked with multidisciplinary teams.

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.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

Summary of findings

It 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. 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. Patients had access to specialist skills and knowledge at the practice through GPs who had special interests and further education in areas such as dermatology and cardiology Which meant that patients could be seen at the surgery for an appointment instead of always having to go to the hospital as an outpatient.

Are services well-led?

Good

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

It had a clear vision and strategy. 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, however not all were up to date. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on.

The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with greater needs.

The practice was responsive to the needs of older people, offering home visits and longer appointments. The practice worked closely with other health and social care professionals, such as the district nursing team and community matron, to ensure housebound patients received the care they needed. Residents within two local care homes, who were registered with the practice, were case managed by their own GP to prevent unplanned hospital admissions and to provide continuity of care.

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 medicine 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.

Special messages were attached to the computerised patient records that Out of Hours services could see, to ensure consistent care. If a patient was admitted to hospital, the practice sent a written summary to the hospital with details of both the current problem and of past medical history including current medicines and allergies to enable consistency of care.

When necessary, home visits were made by GPs or community nurses to carry out reviews.

The practice extended hour's appointments to allow access to working age patients with chronic diseases.

Summary of findings

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. There was health information displayed in the waiting room for patients to look at, however, we saw limited health promotional information specifically for younger people. For example, sexual health information.

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

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 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 offered patients to register to book appointments and request repeat prescriptions on-line, and subscribe to the 'patient partner service' which enabled them to book appointments by telephone 24 hours a day, even when the practice was closed.

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, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 99% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

Summary of findings

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.

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). Of the people experiencing poor mental health 87.5% had received an annual physical health check; this was higher than the national average of 83.82%. 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.

Systems were in place to review patients receiving certain mental health medicines to ensure the dosage was correct and observe for any side effects.

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 (A&E) where they may have been experiencing poor mental health. All clinical staff had received training on how to care for people with mental health needs and dementia and all other staff had training planned once the e learning system was established.

The practice had a community mental health worker assigned to them who could was able to see patients for urgent or routine appointments.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 132 responses which represents 1.1% of the practice population, the results of the survey showed that respondents were predominantly less satisfied compared to local and national averages.

- 83.7% find the receptionists at this surgery helpful compared with a CCG average of 90.5% and a national average of 86.8%.
- 64.9% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 71.6% and a national average of 60%%.
- 89.8% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 91% and a national average of 85.2%.
- 90.1% say the last appointment they got was convenient compared with a CCG average of 95.1% and a national average of 91.8%.
- 72.3% describe their experience of making an appointment as good compared with a CCG average of 83.3% and a national average of 73.3%.
- 62.6% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 71.2% and a national average of 64.8%.
- 53.3% feel they don't normally have to wait too long to be seen compared with a CCG average of 63.7% and a national average of 57.7%. Patients we spoke with on the day of inspection did not reflect this viewpoint and said they had enough time with the GPs and nurses and said they were listened to and involved in their care. However, they all said they had difficulty making an appointment with their own GP within reasonable timescales.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received.

Areas for improvement

Action the service SHOULD take to improve

- Review procedures for storing and recording blank prescriptions to ensure national guidance is followed.
- The recommendations made from the last infection control audit should be implemented.
- Allocate more administrative time to key nursing staff to keep policies and protocols current and up to date, and to consolidate the protocols that are already in place.
- The planned training programme should be continued to ensure all staff are up to date with training. The planned programme of appraisals should be completed
- Improvement should continue with regard to patients being able to get through more easily by telephone, and improve patient waiting times to less than 15 minutes.

Church View Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist advisor, a practice manager specialist advisor, a nurse specialist advisor and an expert by experience. Experts by experience are people who have experience of using care services.

Background to Church View Surgery

Church View Surgery was inspected on Tuesday 13 October 2015. This was a comprehensive inspection.

The practice is situated in the town of Plymstock near Plymouth. The practice provides a service to approximately 12000 patients of a diverse age group with a larger than national average population of patients over the age of 54. The practice has a Personal Medical Service (PMS) contract and also offers Directed Enhanced Services, for example providing a service to patients with a learning disability.

There is a team of 11 GPs at the practice. There are eight female and three male GPs of which nine are GP partners. Partners hold managerial and financial responsibility for running the business. There are two salaried GPs. The team are supported by a practice manager, four practice nurses and three phlebotomists and administration staff.

Patients using the practice also had access to community nurses, midwives, community mental health teams and health visitors who visit the practice.

The practice is open from Monday to Friday 8am to 6.30pm. Appointments commence at 8.30am with the last appointment ending at 5.40pm. Following the pre booked appointment sessions GP's then start to see the patients that have chosen the 'sit and wait' appointments. This is where patients without an appointment may arrive after 11am and sit and wait to see a GP. Outside of appointment times there is a local agreement that the practice transfer telephone lines over to the out-of-hours service which is provided by Devon Doctors.

The practice offered a range of appointment types including 'book on the day,' telephone consultations and advance appointments, bookable up to six weeks in advance. The practice also used the 'patient partner service' which enabled patients to book appointments by telephone 24 hours a day, even when the practice was closed.

The practice was a research centre and training practice for doctors who are training to become GPs, and for medical students from the Peninsula Medical School.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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

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)

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 13 September 2015. During our visit we spoke with a range of staff and spoke with nine patients who used the service and a representative from the patient participation group. We reviewed 40 comment cards where patients and members of the public shared their views and experiences of the service. We also spoke with the manager of one of the local care homes, they told us they received responsive and professional care from the practice at all times.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach to safety and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. 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. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events. For example there was an incident where a patient had requested an urgent appointment for a child following advice from the 111 service. The patient was asked to come and sit and wait at 11 am that morning. However, the child's condition deteriorated and they were admitted to hospital. This was immediately discussed with all concerned and action put into place to improve this process. It was also used in a training session for all staff to consider including encouraging reception staff to escalate concerns to GPs.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children 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.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required.
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health. A legionella assessment had been booked for December 2015.

Appropriate standards of cleanliness and hygiene were followed. 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; however this was in need of updating. We saw that the audit had been completed in November 2014 at which time recommendations had been made for improvement However not all of the recommendations had been completed. For example, 'develop an infection control policy, ensure that it is dated and regularly reviewed. It should include the practice name and name of designated infection control lead, and undertake a detailed room by room infection control risk assessment.'

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicine audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored however there was no system in place to monitor their whereabouts once distributed.
- The Patient Group Directions in use by the nurses in the practice had not been approved for use in the local CCG area, or authorised for use by the practice, to allow nurses to administer medicines in line with legislation.
- Recruitment checks were carried out and the four files we reviewed showed that 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.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice was seeking to recruit another practice nurse. The practice nurses told us they were under pressure and so administration tasks including the updating of policies and protocols, and the implementation of the recommendations made in the November 2014 infection control audit had lapsed. The practice were actively recruiting for a nurse practitioner, and had just recruited a practice pharmacist, to assist with minor illnesses. The practice hoped that this would free up at least 30 minutes per GP in prescribing matters thus giving them a potential for another 80 plus appointments per week.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a

defibrillator available on the premises and oxygen with adult and children's masks. 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 carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 98% of the total number of points available with 11.58% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from the health and social care information centre showed;

- The percentage of patients with hypertension having regular blood pressure tests was 86.8% which was higher than the national average of 83.11%.
- Performance for diabetic patients having a foot examination was 95.1% which was higher than the national average of 88.35%.
- The dementia diagnosis rate was 87.5% which was higher than the national average of 83.82%.

Clinical audits were carried out and demonstrated quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes. There had been 11 clinical audits completed in the last year. For example, an audit had been undertaken to look at the treatment of patients suffering from Asthma who used Short Acting inhalers (SABA). A review was done of those patients who were requesting more than 12 inhalers a year. The practice reviewed the first 60 patients. All 60 were contacted by telephone, and offered an appointment with the nurse; 37 patients made an appointment to review their medicines and check their technique. Of the 37 patients, 16 were either given a different inhaler and five patients with poor techniques were given different devices to aid their inhalation. The results were fed back to the Medicines Optimisation Team who responded with positive comments to the practice initiative.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of informal and formal 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 one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for GPs revalidation. Not all staff had had an appraisal within the last 12 months. However, this was planned in to be completed within the next few months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. However, some mandatory training had lapsed but had been planned in for the near future. The practice were about to begin a new e-learning training system all staff.

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 patient record system and intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when patients were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patient's needs and to assess and plan ongoing care and treatment. This included when patients moved between

Good

Are services effective?

(for example, treatment is effective)

services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a two monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment. The process for seeking consent was monitored through audit of records, to ensure the responsibilities had been carried out in accordance with legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients nearing the end 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 comprehensive screening programme. The practice's uptake for the cervical screening programme was 84.23%, 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 with the CCG and national averages. For example, childhood immunisation rates for vaccinations given to under two year olds ranged between 95% to 99% and for five year olds 97-99%. This was higher than the 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. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

There was information regarding health promotion available in the waiting room for patients. However, there was no information available about teenage health or younger people. For example information on sexual health.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained 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 40 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 a member of the patient participation group (PPG) on the day of our inspection. 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 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was commensurate to, or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93.2% said the GP was good at listening to them compared to the CCG average of 92% and national average of 88.6%.
- 91% said the GP gave them enough time compared to the CCG average of 90.9% and national average of 86.6%.
- 99.4% said they had confidence and trust in the last GP they saw compared to the CCG average of 97.2% and national average of 95.2%
- 87.6% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89.7% and national average of 85.1%.
- 91.1% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93.4% and national average of 90.4%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 92.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.4% and national average of 86.0%.
- 88.2% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87.3% and national average of 81.4%

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. There was a practice register of all people who were carers they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Good

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them .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

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. For example the practice provided an aural clinic once a week. This clinic used specialist equipment that was not available anywhere else other than at the hospital which was many miles away.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available every day from 11am and again in the early evening.
- There were GPs with special interest, skills and knowledge in dermatology and cardiology which provided an in-house service for patients and a source of education and referral for medical staff at the practice.
- There was a GP with a special interest in altitude sickness who advised the local college when students went on trips (including a recent visit to Mount Everest).

There were disabled facilities, hearing loop and translation services available.

Access to the service

The practice was open from Monday to Friday 8am to 6.30pm. Appointments commenced at 8.30am in the morning with the last appointment ending at 5.40pm. Following the pre bookable appointment sessions GP's then saw patients that had chosen the 'sit and wait' appointments. This is where patients without an appointment came to the practice after 11am and waited to see a GP. This service was also offered in the early evening after the last appointment.

Outside of these times there was a local agreement that the practice transferred telephone lines over to the out-of-hours service which was provided by Devon Doctors, information regarding this was available within the practice.

The practice offered a range ofappointment types including 'book on the day,' telephone consultations and appointments bookable up to six weeks in advance. The practice also used the 'patient partner service' which enabled patients to book appointments by telephone 24 hours a day, even when the practice was closed.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages. The practice had recognised this and put in place the 'sit and wait 'system in April 2014. in order to improve patient satisfaction. An audit had been undertaken and the results showed that patients were using the sit and wait service to good effect. It showed that in the past month 36 patients had used this appointment service and 23 of these patients had needed an urgent appointment, this was being kept under review. On the day people were happy with appointment availability but were less satisfied with not being able to see the GP of their choice. Data showed:

- 67.9% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.4% and national average of 73.8%.
- 52.3% patients said they could get through easily to the surgery by phone compared to the CCG average of 84.4% and national average of 73.3%.
- 72.3% patients described their experience of making an appointment as good compared to the CCG average of 83.3% and national average of 73.3%.
- 62.6% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71.2% and national average of 64.8%.
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Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in

Good

Are services responsive to people's needs?

(for example, to feedback?)

line with recognised guidance and contractual obligations for GPs in England. The practice manager was the 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, we saw posters and leaflets displayed in waiting areas and information on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint, although none had done so.

We saw complaints spread sheet which was used to monitor any trends and used to highlight any learning and identify any action to improve the quality of care. For example, one complaint about a home visit was raised by a patient had resulted in an apology to the patient and a visit made.

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 mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice had a clear strategy and supporting business plans, which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures 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. However, some policies and protocols were out of date and had been duplicated causing confusion for staff as to which was the most appropriate to follow.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit, used to monitor quality and to make improvements.

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 took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did. 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, proactively engaging with patients about the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a PPG in place which only had four members. They were actively seeking new patients to join them. One member of the PPG was a student nurse who was part of a pilot scheme run by Plymouth University. The PPG were keen to implement new initiatives including health promotion days and health education in nearby schools and were hoping to start this work within the next few months.

Innovation

The practice was a teaching practice with a good track record and commitment to training new GPs. The practice was registered as a GP teaching and training practice for under and post graduate education.