Blake House Surgery

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Blake House Surgery on 4 August 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 report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- Feedback from patients about their care was consistently and strongly positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. For example, GPs provided medical cover each day at the community hospital.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- 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
- The practice had a clear vision which had quality and safety as its top priority in delivering person centred care and treatment.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for almost all aspects of care.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

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

Are services well-led?

Good

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

- It had a clear vision with quality and safety as its top priority in delivering person centred care and treatment.
- High standards were promoted and owned by all practice staff and they worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning.
- There was constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients and it had a patient participation group which influenced practice development. For example, patient feedback about the opening hours had been acted upon.
- Continuous learning and improvement at all levels within the practice was promoted.
- The practice team was forward thinking and worked with other local practices to improve outcomes for patients in the area.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients receiving regular medicines were seen for bi-annual and more frequent where required face-to-face reviews with the GP.
- The practice participated in the Unplanned Admissions Direct Enhanced Service with systems in place to identify the top 2% of the practice population who were judged to be most at risk. These patients were made known to staff, had a care plan and were discussed with the multidisciplinary team to help maintain patient independence and enable patients to remain at home, rather than be admitted to hospital.
- The GPs took part in multidisciplinary team meetings at the local community hospital in Holsworthy to provide continuity of care for patients and provided a daily ward round.
- The practice provided enhanced diagnostics such as sigmoidoscopy so that frail and elderly patients did not have to travel to the district acute hospital.
- The practice provided minor surgery clinics within the community hospital and meetings to try and reduce unnecessary hospital visits.

People with long term conditions

Good

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

- Longer appointments and home visits were available when needed.
- Nursing staff had lead roles in chronic disease management with support from the GPs.
- Staff had extended their skills and were able to offer services such as acupuncture for patients experiencing musculoskeletal pain.
- Patients with long term conditions had a named GP and a structured annual review to check that their health and medicine needs were being met. For those patients with the

Summary of findings

most complex needs, the named GP works with relevant health and care professionals to deliver a multidisciplinary package of care, so that patient needs were communicated and met using an integrated and coordinated approach.
- The practice maintained registers and provided regular clinics for patients with long term conditions. QOF results indicated an efficient management of patients with chronic disease, with maximum points achieved in the last year.

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.
- The practice held an on-site clinic once a week at a private school with 100 borders.
- 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.
- A full range of contraception services and sexual health screening, including cervical screening and chlamydia screening was available at the practice.

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.

Summary of findings

- Pre booked appointments were available 6 weeks in advance in addition to same day appointments. There were 15 minute evening appointments for the working population and other patients.
- The practice offered NHS health checks to patients aged 40-70, smoking cessation clinics and provided dietary advice to patients.

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.
- 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.
- The practice provided support for people with drug and alcohol issues in conjunction with RISE (Recovery and Integration Service) a service for adults in Devon.
- Translation phone services were used to accommodate language needs if requested. The practice had an induction hearing loop and was accessible for people in a wheelchair.
- The practice has a learning disability register and offered annual health checks for this patient group. The practice have a number of care homes who provide accommodation and education for people with learning disabilities and had developed effective relationships and support mechanisms. One of the GPs had a special interest in learning disabilities and had an active role in engaging patients in their health care.

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).

- 78.8% of patients on the mental health register had received an annual physical health for 2014/15.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia. A GP held additional qualifications and provided talking therapies such as cognitive behaviour therapy for patients at the practice.
- The practice had a flexible approach to appointments for patients with mental health needs and those with dementia and the dementia diagnosis rate was 2.39% which was comparable to the national average.

Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results published in July 2015. The results showed the practice was performing in line with local and national averages. 245 survey forms were distributed and 126 were returned.

- 94% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 96% found the receptionists at this surgery helpful (CCG average 90%, national average 87%).
- 98% were able to get an appointment to see or speak to someone the last time they tried (CCG average 90%, national average 85%).
- 100% said the last appointment they got was convenient (CCG average 95%, national average 92%).
- 95% described their experience of making an appointment as good (CCG average 82%, national average 73%).
- 78% usually waited 15 minutes or less after their appointment time to be seen (CCG average 72%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. All responses were positive and referred to the ease of accessing appointments, the caring approach by staff and cleanliness.

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

Blake House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included specialist advisors: a GP, pharmacist, practice manager and an expert by experience. Experts by experience are people who have experience of using care services.

Background to Blake House Surgery

The GP partnership runs the Blake House Surgery, which has this one location. The practice has a dispensary.

Blake House Surgery is contracted with NHS Devon and the Northern, Eastern and Western Devon CCG (Clinical Commissioning Group) to provide general medical services to people living in Black Torrington and the surrounding rural villages, where the level of social deprivation is in the mid-range. There were 2304 patients registered at the Blake House Surgery when we inspected. Half of the patients using the practice are over 65 years. Of these, 3% of the older patients registered are frail elderly living in adult social care homes, which is the highest percentage in the CCG area. The practice has a small number of babies and young children registered.

The practice provides some enhanced services which are above what is normally required covering the childhood vaccination and immunisation scheme, extended hours access, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations as well as monitoring the health needs of people with learning disabilities. The practice also provides direct enhanced services including remote care monitoring for vulnerable patients and shingles and rotavirus vaccination.

The practice has shared responsibilities for monitoring 6 patient beds at Holsworthy hospital. The GPs use these beds for direct admission of patients from home with acute illness, which cannot be managed in the patient's home, but does not require admission to the District General Hospital.

There are two GP partners at Blake House Surgery, both male. The GPs are supported by two female registered nurses. The practice has a dispensary manager and dispensing assistants, an assistant practice manager, additional administrative and reception staff. Patients using the practice also have access to community staff based in Holsworthy including district nurses, health visitors, and midwives.

Blake House Surgery is open from 8. 30 am – 5 pm Monday; 8.30am to 6pm Wednesday and Thursday and closes at 1pm on Friday. Throughout each day the practice sets aside a number of appointments available on the day for emergencies. Extended opening hours are held on Tuesdays when the practice opening hours are 8.30 – 7.45 pm with evening GP and nurse appointments for working patients. Routine appointments are available to be booked up to 3 months in advance. Appointments are usually for 10 minutes but longer appointments are available on request. The dispensary has the same opening hours.

When the practice is closed, patients are directed to an Out of Hours service delivered by another provider. This is in line with other GP practices in the Northern, Eastern and Western Devon CCG.

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 4 August 2015.

During our visit we:

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

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. We spoke with seven staff who said that the process was supportive and there was positive learning culture at the practice.
- 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 member of staff reported experiencing a needle stick injury after taking blood. Procedures had been followed, which included involving the occupational health department and support was provided for the member of staff. Analysis of the event led to the practice changing equipment used to take blood so that only needles with a safety sheath were used.

When there are unintended or unexpected safety incidents, we saw that patients had received an apology, offered support and were told about any actions taken to improve processes to prevent it happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. All of the staff demonstrated a strong commitment to providing high quality care and understood whistleblowing procedures. There was a lead member of staff for safeguarding. The safeguarding lead GP had attended level three safeguarding training. 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 in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw certificates of training and staff were able to describe their role as a chaperone.
- 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. Curtains had been replaced with disposable type; alterations had been made to treatment rooms so that clinical grade flooring had been fitted for easy cleaning.
- The practice offered a full range of primary medical services and was able to provide pharmaceutical services to those patients on the practice list who lived more than one mile from their nearest pharmacy premises. The PPG had arranged a service for some patients to have their dispensed prescriptions collected by a volunteer and delivered to a community centre. The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- The practice was in the process of introducing electronic prescribing to increase safety for patients. However,

current procedures meant that there could be a delay in a GP signing a prescription before medicines were dispensed to a patient. The practice immediately changed this procedure within 48 hours of the inspection and sent us an updated procedure. This required repeat prescriptions to be signed by a GP before being dispensed by the pharmacist.

- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. This included the Dispensing Services Quality Scheme (DSQS) to help ensure processes were suitable and the quality of the service maintained. Annual vaccines audits were carried out to ensure these were managed safely and found no concerns in the arrangements at the practice.
- High risk medicines were being monitored in line with national guidance. For example, patients on warfarin were closely monitored through regular blood screening and liaison with specialists supporting them.
- Procedures were followed for the management of controlled medicines (CDs). In feedback we highlighted that stock and dispensed controlled medicines were stored securely the proximity meant that there was the potential for mistakes to be made at the point of collection by patients. Within 48 hours of the inspection, we received confirmation that changes had been made to the storage arrangements of controlled medicines.
- We reviewed two personnel files and found 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. The practice held considerable records showing how locums had been engaged and the comprehensive identity, DBS and qualification checks carried out every time they worked at the practice.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. The last fire risk assessment had been carried out in 2014 and had been reviewed in 2015. 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 and infection control and legionella. We saw evidence of the checks being carried out. For example, a legionella log book demonstrated that a schedule of temperature control checks was being followed to maintain patient and staff safety.
- 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.
- All staff received annual basic life support training and there were emergency medicines for respiratory distress available in a storage room and emergency medicines and equipment was located in the treatment room. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- 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.
- Documents seen demonstrated that all the emergency medicines and equipment were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). Data for the year 2014/15 for QOF showed that the practice had obtained 559 points out of a possible 559 points with 12.3% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data showed;

- Performance for diabetes related indicators was better than national average. For example 84.6% of patients on the diabetic register had had a blood pressure recording in the last 12 months compared to the national average of 78.03%
- The percentage of patients with hypertension having regular blood pressure tests was 91.1% which was better than national average of 83.65%.
- The dementia diagnosis rate was 2.39% was comparable to the national average.

Clinical audits demonstrated quality improvement.

- We looked at four clinical audits completed in the last two years; two of these were completed audits where the improvements made were implemented and monitored. For example, GPs acted on national guidance indicating that there were increased risks in using diclofenac for people with known or suspected cardiac conditions. An audit was undertaken specifically aimed at establishing whether NSAIDS were prescribed, to avoid over using Diclofenac. As a result of this, 14 out of 15 patients were prescribed an alternative and taken off the repeat prescribing schedule to increase safety. The practice had an action plan in place setting out a schedule of further clinical audits over the year.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, in October 2014, the practice worked with the optimisation team at the CCG to identify and agree and action plan to investigate why Blake House Surgery was the highest prescriber of respiratory medicine. This followed a national review of asthma deaths. The action plan included identifying all patients on this medicine who were requesting more than the safe maximum per year, carrying out reviews of the patients, providing individualised asthma plans for each patient and making changes to medicines where appropriate. An audit carried out by the practice nurse in March 2015 demonstrated that all of the clinical team were following NICE guidelines, records had been search, patients were reviewed and had asthma plans and changes to treatment were made.

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, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. For example, a GP had completed training so that they were better able to support patients with addictions or in recovery.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support

Good

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support 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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. A frailty assessment tool was used to identify any risks for patients. Feedback about practice staff, communication and multidisciplinary team work from health care professionals, care home managers and volunteer staff was positive.

The practice worked to the gold standards framework for end of life care. The nearest hospices to the practice are in Barnstaple and Exeter with satellite services being built in Holsworthy, so the team of GPs worked closely with the palliative care team to support patients to be at home and receive services there. A palliative care register was held and reviewed regularly. This included monthly multidisciplinary meetings to discuss the care and support needs of patients and their families.

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. GPs understood the processes to develop advance care plans with frail older patients and had these in place for patients.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice had systems in place to monitor and improve outcomes for vulnerable patients. For example, a register of patients with learning disability was held. Information for the previous 12 months submitted to the showed that 100% patients had a physical health check.
- Smoking cessation advice was available from a local support group.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 89.73%, which was comparable to the national average of 81.83%. 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.

Good

Are services effective?

(for example, treatment is effective)

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 94% to 96% and 92% of five year olds had been vaccinated. Flu vaccination rates for the over 65s was 75.75% which was higher than the national average of 73%, and at risk groups 84.1% which was above the national average rate of 52.29%

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 on how patients could access external services for sexual health advice. The practice had met the Young Friendly quality standards and was listed as a service which young people could use for sexual health advice, including chlamydia screening and contraception. The practice did not have a specific young person's clinic, however patients attending for appointments told us that staff were sensitive and discreet in meeting the needs of the young person they were accompanying.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients were truly respected and valued as individuals and are empowered as partners in their care. For example, the GPs provided medical cover on a daily basis to patients at numerous care homes in the area. Health care professionals from the adult social care homes told us that the GPs were compassionate and responsive to their patient's needs and worked well with the multidisciplinary team.

Staff recognised and respected the totality of people's needs. Staff took patients personal, cultural, social and religious needs into account. For example, the health care professional explained that GPs gave their mobile telephone numbers for staff to use during waking hours, which were not part of contract hours. This resulted in continuity of care and reassurance for the staff and patient knowing the GP was familiar with their care.

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

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

All of the 26 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. 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 felt they were treated with compassion, dignity and respect. The practice compared well with the CCG but higher compared nationally for its satisfaction scores on consultations with doctors and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 93% and national average of 89%.
- 97% said the GP gave them enough time (CCG average 91%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 93% said the last GP they spoke to was good at treating them with care and concern (CCG average 90%, national average 85%).
- 99% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 90%).
- 96% said they found the receptionists at the practice helpful (CCG average 90%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey 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:

- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 93% said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 81%)

All nine patients we spoke with said they had been involved in decisions about their care and thought staff were good at explaining tests. Patients added that this was supported by receiving leaflets and further health promotion.

Good

Are services caring?

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 hosted regular clinics run by other organisations such as Devon Partnership Mental Health Trust. For example, a depression and anxiety clinic was held at the practice every two weeks to increase patient access to this service.

The practice's computer system alerted GPs if a patient was also a carer and used creative ways to reach carers. For example, notes advertising carer checks and support groups were included on repeat prescription stationary sent to patients. Written information was available to direct carers to the various avenues of support available to them. GPs demonstrated that they closely monitored the needs of carers, identifying risks and taking action to support them. For example, a daily support had been provided for a carer with mental health needs who was looking after their spouse. They quickly intervened when the carer needed additional support.

Staff told us that if families had suffered bereavement, their usual GP contacted them or visited them at home to meet the family's needs and/or by giving them advice on how to find a support service. We were given examples of effective multi-disciplinary team working to ensure patients were able to die in their place of choice. The GPs worked well with the wider multidisciplinary team to ensure this happened. Feedback from health care professionals was positive about the end of life care provided by the GPs and prompt response to requests for advice and prescriptions.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice carried out an audit to look at how extended hours appointments were being used by patients. The findings showed that 157 appointments had been offered, of which 147 were taken up by patients. The greatest area of need for extended hours appointments was to increase access for children and young people to be seen after school hours. As a result, the practice offered late evening appointments once a week for children, young people and working patients who could not attend during normal opening hours. Feedback from 35 patients at the inspection was positive about these changes.
- There were longer appointments available for people with a learning disability. A GP with a special interest had developed total communication skills to engage patients with complex needs. For example, he had gained the confidence of the patient by introducing their pet dog to them. As a result, the patient had been able to consent to having important investigations being done.
- There had been a significant increase of patients wishing to register at Blake House Surgery, which was well managed. For example, 70 new patients had registered in the last 12 months which was a 3% increase of the total patient population (2304).
- Home visits were available for older patients / patients who would benefit from these.
- The practice supports a higher than national average of frail older people who live in adult social care homes in the area. GPs provided a responsive and supportive service for these patients and did a regular weekly surgery to carry out reviews with them. Practice nurses routinely visited 26 patients at one care home who were unable to travel into the practice to carry out pre hospital ECGs and smears when necessary.
- Same day appointments were available for children and those with serious medical conditions.
- Clinical staff had extended skills, which enabled them to deliver care and treatment closer to home. For example, nursing staff were able to provide insulin initiation for patients with diabetes which avoided them having to attend the hospital for this service. Other services normally provided at secondary care services could be accessed by patients at Blake House Surgery because staff held additional qualifications. For example, acupuncture for musculoskeletal pain relief, rapid diagnostic services such as rigid sigmoidoscopies and psychological therapies such as cognitive behaviour interventions.
- The practice had a centrifuge which now allows blood samples to be taken any time of day, which was more convenient for the working patient.
- There were disabled facilities and translation services available.

Access to the service

The practice offered a range of appointment types including 'book on the day,' telephone consultations and advance appointments. Blake House Surgery was open from 8. 30 am – 5 pm Monday; 8.30am to 6pm Wednesday and Thursday and closes at 1pm on Friday. Throughout each day the practice sets aside a number of appointments available on the day for emergencies. Extended opening hours were held on Tuesdays when the practice opening hours were 8.30 – 7.45 pm with evening GP and nurse appointments for working patients. Routine appointments were available to be booked up to 3 months in advance. Appointments were usually for 10 minutes but longer appointments were available on request. The dispensary held the same opening hours. Outside of these times patients are directed to contact the Devon doctors out of hours service by using the NHS 111 number.

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

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 94% patients said they could get through easily to the surgery by phone (CCG average 80%, national average 73%).
- 95% patients described their experience of making an appointment as good (CCG average 81%, national average 73%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 78% patients said they usually waited 15 minutes or less after their appointment time (CCG average 72%, national average 65%).

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, posters and information on the website informed patients how they could complain.

We looked at 2 complaints received in the last 12 months and found these had been satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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. Staff told us this was to provide a holistic approach and treat patients as you would a family member.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. For example, both GPs had a lead role, area of interest and role of responsibility. These included support at the local community and mental health hospitals, support for learning disabilities patients in the community and care homes, prescribing, safeguarding and lead for the CCG.
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice demonstrated that there was robust financial governance set against the context of budgetary constraints of commissioners, which could impact upon the business. In May 2015, the practice carried out an audit which looked into rotavirus immunisation payments and found that the practice had been under paid for these due to IT discrepancies.

Leadership, openness and transparency

The two GP 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 provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. For example, the practice was open about the action plan in place to address gaps in staff training that had been identified. This was risk rated showing when updates were due or overdue and provided a clear picture of the overall training needs across the staff group. It showed that some staff had not completed information governance training. The registered manager GP told us that the practice paid an online training provider so that staff had access to e-learning modules, which was verified by staff when we met them. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Team days were held every year for training events.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. For example, they shared many examples of the support given so that they could improve the quality of patient care in the area. 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

Are services well-led?

Good

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

practice. For example, practice team minutes showed that all staff were involved in the analysis of and learning from significant events, accidents, complaints and other feedback from patients.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had fed back that patients wanted to be able to collect medicines or make appointments in person during the lunch time period. The practice had improved access for patients and remained open to patients during the lunch time period with staff available to them throughout.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. For example, a GP shared with us a report containing feedback from 32 patients and 14 staff about their approach and behaviours. They told us that they valued this feedback, which enabled them to develop their practise. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice worked closely with a nearby practice in Holsworthy to develop a consistent and tailored approach for patients living in a remote rural area.

The practice team was forward thinking and worked to improve outcomes for patients in the area. For example, after attending a diabetes update which highlighted longer term risks for new mothers experiencing gestational diabetes a practice nurse wanted to improve the outcomes for patients. A review of all patients diagnosed with diabetes during their pregnancy was carried out to determine what support they had been given after giving birth. The practice nurse contacted all three patients to provide specific support to meet their needs. Patients were appropriately supported and were being screened. The practice had determined whether they were in remission from diabetes or needed on-going health support.