

Mount Pleasant Health Centre

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We inspected Mount Pleasant Surgery on 5th August 2015 as part of our comprehensive inspection programme.

We have rated the practice overall as providing a good service. Specifically we found the practice to be good for providing responsive, safe, effective, caring and well led services. It was also found to be good in providing services for all the patient population groups, older people, people with long-term conditions, working age people, people experiencing poor mental health (including people living with dementia), and families, children and young people.

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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- There were arrangements in place to respond to the protection of children and vulnerable adults and to respond to any significant events affecting patients' well-being.
- The practice worked well with other health care services to enable a multi-disciplinary approach in meeting the health care needs of patients receiving a service from the practice.
- The practice managed complaints well and took them seriously. Information about how to complain was available and easy to understand.
- There was a clear management structure with approachable leadership. Staff were supported and had opportunities for developing their skills, were well supported and had good training opportunities.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. Patients commented how helpful the staff were in trying really hard to get them a convenient appointment. This was reflected in the data from the national GP survey, 99% of 125 patients who responded reported a good overall experience of getting an appointment at a convenient time (the national average was 94%).
- The practice had a vision and informal set of values which were understood by staff. There were clear clinical governance systems and a clear leadership structure in place.

We saw one area of outstanding practice:

- The practice helped to set up a charity called 'Friends of Mount Pleasant' which was based at the practice and was run by a member of practice staff. The 'Friends' helped by fundraising to provide additional equipment for the Health Centre. They also provided a

group of volunteer drivers to help patients with transport difficulties, arranged regular meetings for carers and liaised with the medical teams to discuss future improvement to the Health Centre's facilities. They also offered other services, for example a befriending service and currently fund a toenail cutting service.

The provider should:

- Ensure all risk assessments are well documented including the legionella risk assessment. Actions required within the fire risk assessment should be recorded as completed.
- Recruitment records should be robust with copies of required documentation retained on file.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



Are services effective?

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 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. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

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.

Good



Are services responsive to people's needs?

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 (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. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy and staff were clear about their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There 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, providing feedback for improvements. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good 

Summary of findings

The six population groups and what we found

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

Older people

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

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older patients. The practice offered proactive, personalised care to meet the needs of the older patients 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 patients, and offered home visits and rapid access appointments for those with enhanced needs.

Older patients all had a named GP. All those who spoke with us had been offered regular health checks. The practice had provided care plans for the 2% of their adult patients at most risk of admission to hospital, in accordance with the direct enhanced service (DES) commissioning scheme which mainly encompassed elderly patients. All patients discharged from hospital were reviewed within 72 hours. Special messages were attached to the computerised patient records that Out of Hour's services could see, to ensure consistent care.

The GP visited their own patients that resided in the eight nursing/ residential homes in the locality. During the visit the patients were reviewed and their long term conditions monitored and medicines reviewed. The practice worked closely with the community matron in caring for older patients and their holistic needs. The practice had a palliative care nurse who visited the practice regularly and had immediate access to GP's to ensure timely intervention with the dying patient.

Older patients were especially supported by the charity 'Friends of Mount Pleasant'. Many services were available through this charity to help patients with transport difficulties or those who lived alone and had no other support.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

Families, children and young people

The practice is rated as good for the care of families, children and young people. Baby and child immunisation programmes were well organised and available to ensure babies and children could access the full range of vaccinations and health screening. These included the 8 week check for both mother and baby, along with the immunisation clinics. Last year's performance for child immunisations showed that 93% of pre-school children had received all their primary vaccinations required.

Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.

The practice offered ante-natal care via their midwife with clinics every day held at the surgery. The midwife had access to the GP if necessary. All practice nurses were trained to give childhood immunisations and attended regular training to keep their knowledge up to date.

The practice offered a full range of contraceptive services including emergency contraception. All nurses were trained in cervical screening and attended regular updates. Patients were proactively offered chlamydia screening with self-test kits available in the practice.

There was an alert on the clinical system to identify patients on the child protection register that was visible to all staff. GP's had all undertaken appropriate child protection training.

Good



Working age people (including those recently retired and students)

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. For example appointments were offered early in the morning and later in the evening twice weekly.

The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability and 48% of these

Good



Summary of findings

patients had attended. For those that did not take up the offer further attempts were made to contact them. A new letter had been devised which had easy read information and photographs to try and improve communication with these patients.

The practice had a high number of non-English speaking patients. In some cases, family members would attend to translate with the patient's permission but usually the practice used the telephone language line and a longer appointment was offered to these patients to accommodate this. Patients needing the language line were flagged with an alert on the clinical system.

There was an alert on patient's records if they had hearing loss and email communication was used to make appointments.

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)

The practice is rated as good for the care of people experiencing poor mental health (including people living with dementia). Of patients diagnosed with dementia, 87% had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia. It carried out advance care planning for patients living with dementia.

The practice facilitated a counsellor from the depression and anxiety service two days a week where upon patients who had been referred by their own GP or by self-referral could be seen for help and support.

Good



Summary of findings

What people who use the service say

All of the 11 patients we spoke with were complimentary about the services they received at the practice. They told us the staff who worked there were very helpful and friendly. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Patients were very happy with the appointments system.

We reviewed 15 Care Quality Commission comment cards completed by patients prior to the inspection. All were complimentary about the practice, staff who worked there and the quality of service and care provided.

None of those interviewed had any serious complaints regarding the practice. Patients praised the continuity of care and having had the same named GP in some cases throughout their life.

Patients said they did not feel rushed during their consultations and said GPs gave them the time they needed. Patients told us they had a good rapport with their GP and felt no improvements were needed. They said GPs always phoned back when they said they would.

The latest National GP Patient Survey completed in 2014/15 showed patients were satisfied with the services offered at the practice.

The GP Patient Survey scores showed:

- 87% of respondents said the last GP they saw or spoke to was good at giving them enough time this compared the same as the national average and slightly lower than the local Clinical Commissioning Group (CCG) result of 91%.
- The proportion of respondents who gave a positive answer to how easy it was to get through to someone at the GP practice on the phone – 84% compared the same as the local (CCG) average of 84%.
- 78% of respondents said they usually waited 15 minutes or less after their appointment time to be seen compared to the local (CCG) average of **71%** and higher than the national average of 65%.
- The percentage of patients rating their experience of making an appointment as good or very good was 80% compared to the local (CCG) average of 83%.

These results were based on 127 surveys returned. We discussed this result and the practice manager said the practice were fully aware of where improvement was needed. The practice were in the process of discussing how this could be improved and were constantly striving to improve patient satisfaction.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure all risk assessments are well documented including the legionella risk assessment. Actions required within the fire risk assessment should be recorded as completed.
- Recruitment records should be more robust with copies of required documentation retained on file.

Outstanding practice

- The practice helped to set up a charity called 'Friends of Mount Pleasant' which was based at the practice and was run by a member of practice staff. The 'Friends' helped by fundraising to provide additional equipment for the Health Centre. They also provided a group of volunteer drivers to help patients with transport difficulties, arranged regular meetings for carers and liaised with the medical teams to discuss future improvement to the Health Centre's facilities. They also offered other services, for example a befriending service and currently fund a toenail cutting service.

Mount Pleasant Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Mount Pleasant Health Centre

Mount Pleasant Surgery delivers primary care under a primary medical services contract between themselves and NHS England. As part of the Northern, Eastern and Western Devon Clinical Commissioning Group (CCG) they are responsible for a population of approximately 16000 patients.

There are six GP partners, four male and two female. There were also two extra female salaried partners. In addition to this there were four salaried GPs, three female and one male.

The practice is registered as a GP teaching and training practice. There are six GP trainers. The practice provides training opportunities to doctors seeking to become qualified GPs.

The team were supported by a practice manager, nine practice nurses (four of whom are non-medical prescribers), and three health care assistants. The clinical team were supported by additional reception and administration staff.

The practice operates a telephone triage appointment system where a GP rings the patient back following a request for an appointment. Data showed that 95% of patients received a call back from a GP within two hours. An appointment was then made for that day if required.

Patients who use the practice have access to community staff including district nurses, community psychiatric nurses, health visitors, physiotherapists, mental health staff, counsellors and midwives.

The practice GPs do not provide an Out-of-Hours service to their own patients and patients are signposted to the local Out-of-Hours service when the surgery is closed in the evenings, at night and at the weekends.

There were no previous performance issues or concerns about this practice prior to our inspection.

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 living 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 our announced visit on 5th August 2015. We spoke with 11 patients, seven GPs, five of the nursing team and members of the management, reception and administration team. We collected 15 patient responses from our comments box which had been displayed in the waiting room. We observed how the practice was run and looked at the facilities and the information available to patients.

We looked at documentation that related to the management of the practice and anonymised patient records in order to see the processes followed by the staff.

We observed staff interactions with other staff and with patients and made observations throughout the internal and external areas of the building.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely 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 any appropriate cases were treated as a significant events. The practice carried out an analysis of all significant events.

We reviewed safety records, incident reports 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, one significant event that occurred in April 2015 had been documented clearly and there was evidence it had been discussed within the practice. The practice had reflected on their systems and as a result had changed their way of working. This outcome had been shared with the practice staff to support improvement of the service provided.

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) e-form 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. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (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).
- 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 and infection control. Checks were in place for legionella; however these were not formally incorporated into a risk assessment.
- 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 and staff had received up to date training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication 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 and there were systems in place to monitor their use.

Are services safe?

- Recruitment checks were carried out and two of the three 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. However, one did not have a proof of identification, a written application or CV or any written confirmation that references had been sought. We discussed this with the practice manager and it was evident that these checks had been undertaken as they had a good account of the detail however but this had not been recorded.
- 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. There were enough staff on duty.

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 area. 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date, had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patient need. 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, which 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 94.2% of the total number of points available, (100). This practice was not an outlier for any QOF (or other national) clinical targets.

Data from 2013-2014 showed:

- Performance for diabetes assessment and care was higher than the national averages.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average.
- The dementia diagnosis rate was higher than the national average.

Clinical audits were carried out to determine and demonstrate quality improvement and all relevant staff were involved to improve care, treatment and patient outcomes. There had been eight clinical audits undertaken in the last year, three of these were completed audits where the need for improvement had been identified, changes had been made and monitoring had been implemented. In addition to local audits, the practice participated in applicable national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, an audit on prescribing a

particular medicine used for Epilepsy or Bi-polar disorder was undertaken. Children exposed in-utero to this medicine were at a high risk of serious developmental disorders (in up to 30-40% of cases) and/or congenital malformations (in approximately 10% of cases). The medicine should not be prescribed to female children, female adolescents, women of childbearing potential or pregnant women unless other treatments are ineffective or not tolerated. A search was performed for all female patients prescribed this particular medicine and those identified as vulnerable were invited into the practice to discuss and review their treatment.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding vulnerable adults and children, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of GPs. All staff had had an appraisal within the last 12 months.
- Staff received ongoing 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 the 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

Are services effective?

(for example, treatment is effective)

of patient needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred to specialists, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated. Virtual clinic diabetic meetings were also held as well as complex care meetings.

Consent to care and treatment

Patient consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant guidance for obtaining patient consent and the legal requirements for decision-making, 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, where appropriate, recorded the outcome of the assessment. The practice monitored the process for seeking patient consent by auditing patient records to ensure staff carried out their responsibilities within the legislation and followed relevant national guidance.

Health promotion and prevention

The practice had a comprehensive clinical screening programme. The practice's uptake for the cervical screening programme was 81%, which was equal to the

national average. There was a policy to send written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to clinical commissioning group / national averages. For example, childhood immunisation rates for the vaccinations given to pre-school children was 93.3%.

The practice had many ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice had identified the smoking status of 57 patients over the age of 16 and had actively undertaken nurse-led smoking cessation clinics. There was evidence these were having some success as the number of patients who had stopped smoking in the last 12 months was 26 (56%), which was above average compared to national figures.

Patients had access to appropriate health assessments and checks. These included NHS health checks for people aged between 40 and 74. Appropriate follow-ups on the outcomes of health assessments and checks were made, according to results or where risk factors were identified.

The practice offered a full range of immunisations for children, as well as travel and flu vaccinations, in line with current national guidance. The practice was an approved yellow fever centre.

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 treatment. 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.

The 15 patient 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. 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 comparable to national averages for its satisfaction scores on consultations with doctors and the helpfulness of reception staff and above average for satisfaction scores for nurses. For example:

- 86% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and national average of 89%.
- 87% said the GP gave them enough time compared to the CCG average of 91% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 85%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.

- 91% patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and national average of 87%.

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 felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available. 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 national averages. For example:

- 85% 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%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 82%

Staff told us that translation services were available for patients who did not speak English as a first language.

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. Discussions with staff and feedback from patients' demonstrated staff were highly motivated and were inspired to offer care that was kind, caring and supportive. We observed person centred interactions between staff and patients on the day of our inspection.

Staff knew how to recognise patients and carers who might need additional support to cope emotionally with their care and treatment. Staff were able to give support directly or refer to other health and social care professionals, peer support networks and self-help groups as necessary. The practice ensured that it made the Out of Hour's service

Are services caring?

aware of patients who may present to them, such as patients receiving end of life care. Clinical staff identified those patients or their carers who might need support through the flag system in the electronic medical records.

The practice helped to set up a charity called 'Friends of Mount Pleasant' which was based at the practice and was run by a member of practice staff. The charity helped by fundraising to provide additional equipment for the

practice. They also provided a group of volunteer drivers to help patients with transport difficulties, arranged regular meetings for carers and liaised with the medical teams to discuss future improvement to the practice facilities. They also offered other services, for example a befriending service. The charity also funded a toenail cutting service provided by the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. For example, a more flexible appointment system was introduced to allow patients to have an appointment on the same day.

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

- The practice offered extended hours on a Monday and Tuesday morning from 7am and a Monday evening until 8pm for working patients who could not attend during normal opening hours.
- 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 for children and those with serious medical conditions.
- There were facilities for patients with disabilities, an induction hearing loop and translation services available.

Access to the service

The practice was open between 8:30 and 6pm Monday to Friday with extended hours available on Mondays and Tuesdays. In addition pre-bookable appointments to see the nurse could be booked up to six weeks in advance.

There was an easy to use appointment system, which supported patient choice and enabled patients to access the right care at the right time. Each patient that rang for an appointment told the receptionist a brief description of the presenting problem and how urgent it was. The message was passed through to a duty GP who then prioritised the call. The practice aimed to call back every patient within two hours. We saw data that showed 95% of patients had experienced this.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 82% patients said they could get through easily to the surgery by phone compared to the CCG average of 85% and national average of 73%.
- 93% patients described their experience of making an appointment as good compared to the CCG average of 88% and national average of 85%.
- 68% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG and national average of 65%.

Listening and learning from concerns and complaints

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

Information was available, displayed in the waiting room, to help patients understand the complaints system. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at 43 complaints received in the last 12 months and found these were satisfactorily handled, in line with the policy, and dealt with in a timely way.

The practice had reviewed complaints to detect any themes or trends, but none had been identified. However, records showed that lessons learned from individual complaints had been acted on and improvements made to the quality of care as a result.

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 within. The practice had a clear strategy for service delivery 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 staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements
- There were policies and procedures in place for identifying, recording and managing risks or issues, and for implementing mitigating actions

Leadership, openness and transparency

The GP partners in the practice demonstrated the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, good quality and compassionate care. The GP partners had a visible presence in the practice and staff told us that they were approachable and always took the time to listen to all members of staff; and encouraged a culture of openness and honesty. The GP partners met every day at lunch time to discuss patients and share knowledge. Staff told us that regular team meetings were held and the open culture within the practice allowed them the opportunity to raise any issues; they were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the GP partners. All staff

were involved in discussions about how to run and develop the practice and the GP 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 and proactively gaining patients' feedback. Feedback was obtained from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met every three months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, discussions had taken place on how to improve the service provided by the pharmacy situated next door to the practice. Representatives from the practice and the PPG met with the manager and senior regional manager of the pharmacy. It was a productive meeting resulting in improvements in patient experience and the opening of the pharmacy on Saturday mornings. The PPG often discussed the service provided at the pharmacy in meetings and further discussions were then held with the pharmacy team.

The PPG had sent invites to patients to publicise a health fayre, put together by the practice, which was organised to take place on the same days as the flu vaccination clinic. There were three to four outside agencies represented at each flu clinic, each there to promote safety and wellbeing for patients. One of the agencies, Devon Fire and Rescue service booked to undertake smoke detector assessments for quite a number of patients. Feedback from the patients and from the agencies attending was extremely positive.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff told us that they were supported to maintain their clinical professional development through training and mentoring. They commented positively on the clinical support they obtained from the GPs and each other. All the staff we spoke with told us they had received an appraisal in the previous 12 months and records we saw supported this. Clinical staff told us that they attended external clinical and

Are services well-led?

Good 

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

peer support meetings. Learning from these meetings was shared at the daily and weekly clinical meetings. Every month the practice had a protected learning meeting for all staff which occasionally included an external speaker.

The practice was a large teaching practice. They had seven consultation rooms dedicated for registrar training, with support from all six partners who were experienced trainers. The teaching and support was well embedded,

with personal feedback and debrief given to each GP registrar at the end of each surgery. There were also daily clinical meetings and weekly video tutorials held to aid learning.

The practice had excellent feedback from trainees about their experience at Mount Pleasant Surgery. We saw good feedback from patients about the trainees in the patient satisfaction questionnaires.