Pembroke House Surgery

Quality Report

266-268 Torquay Road
Paignton
Devon
TQ3 2EZ
Tel: 01803 553558
Website: www.pembrokehousesurgery.co.uk

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as good overall and outstanding in well led. The previous inspection was in October 2015 where the practice was rated as– Good with outstanding in the responsive domain.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Outstanding

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia)-- Good

We carried out an announced comprehensive inspection at Pembroke House Surgery on 9 January 2018. The reason for the inspection was as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, there was a genuinely open culture in which all safety concerns raised by staff and people who use services were highly valued as opportunities for learning and improvement.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- The practice understood the needs of its population and tailored services in response to those needs. For example, the nursing team had introduced a ‘drop in’ flu clinic for patients who could not attend the routine flu clinics.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice worked with other GPs in the area and provided treatment to patients in 16 local residential and nursing homes and offered a winter pressures GP home visiting service to nine care homes with the most vulnerable patients in Paignton & Brixham.

Summary of findings

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.The leaders used feedback from staff and patients to achieve growth and positive change.
- The practice was organised, efficient and supported effective governance processes. Leadership was clear, supportive and encouraged creativity.
- Evidence based techniques and technologies were used to support the delivery of high-quality care and staff were consistent and proactive in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health. For example, the use of a telephone system which tracked calls, patients who used online services, a detailed self-service health pod, GPs use of clinical templates and the use of electronic correspondence with acute hospitals and out of hour's providers.
- The leadership and culture of the practice are used to drive and improve the delivery of high-quality person-centred care.
- There had been many organisational changes and an increase in patient population in the last two years. Despite this, the provider had maintained positive patient outcomes, positive feedback from patients and provided a popular place for staff to work.

We saw two areas of outstanding practice:

The involvement of other organisations in the local community and innovative approaches to providing integrated person-centred care meant that patients received flexible, responsive care. For example, the practice had set up and continued to fundraise and support a patient support group called Karing. The practice had helped to relaunch the charity when it moved offices to be closer to the practice. The group had invited a celebrity, who is nationally known for charity work with the vulnerable elderly and used this to raise the profile of the service. The practice and volunteers had recognised the change in patient need and as a result there had been a changed of focus of the group to concentrate more on social activities and befriending to reduce social isolation. The staff and their families had joined with patients to put on a concert at the Palace Theatre Paignton, to help raise awareness of Karing. The feedback received from patients was that it brought back a real sense of community and reduced social isolation. The practice staff and some patients had organised a 'sell out' show which raised £3000 towards the charity.

There were consistently high levels of constructive staff engagement and innovative approaches to gather feedback from people who use services and the public. For example:

- Action had been taken as a result of staff and patient feedback and detailed extensive public engagement, which had been recognised as good practice by NHS England.
- Many changes had occurred to benefit patients following engagement with staff. For example, streamlining the prescription, scanning and medical report processes which ensured patients received a more efficient service, changes to the length of some appointments patients did not feel rushed and improving the way samples were received from patients to reception staff to reduce the spread of infection.

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

Pembroke 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 a GP specialist adviser and a practice manager adviser.

Background to Pembroke House Surgery

Pembroke House Surgery is a GP practice which provides its services under a Personal Medical Service (PMS) contract for approximately 17,400 patients. The practice is situated in the seaside town of Paignton.

The practice has been in the local area since the 1920's. The practice moved to the current purpose adapted premises in 2010 following taking on additional patients from a GP practice which closed In 2015. The GPs began supporting a local large medical partnership and in 2017 agreed to a merger with this partnership. The building was then extended to incorporate the increase in patient and staff population.

Pembroke House Surgery is open between Monday and Friday: 8am until 6pm. Phone calls between 6pm and 8am are answered by the out of hours message handling service by patients dialling the NHS 111 service. The practice offers extended hour pre bookable appointments once a week on a Saturday morning from 8am until 12.30pm. Nurse and health care assistant (HCA) appointments can be booked up to four weeks in advance. Appointments for these are available from 8am. There is also a duty nurse and HCA who also have urgent appointments on the day.

The practice uses the Dr First appointment system. Patients speak directly to the GP before any appointment is booked to allow for patients to be seen by a GP, nurse or nurse practitioner, at a time which is most convenient for them. This allows for a flexible length of appointment if appropriate, further investigations, including use of the health pod and eliminates the need for a face to face appointment if needed.

The practice population area is in the fifth decile for deprivation. In a score of one to ten, the lower the decile the more deprived an area is. The practice distribution and life expectancy of male and female patients is equivalent to national average figures. However, the practice had a higher than average number of patients aged over 75, (13.36% of the practice list compared to the national average of 7.7%). Average life expectancy for the area is similar to national figures with males living to an average age of 79 years and females living to an average of 83 years.

There is a team of thirteen GPs. Of the 13 GPs (nine females and four males), five are GP partners, four are fixed salary GP partners, and four are salaried GPs. There were two GP registrars (Doctors training to become a GP). The whole time equivalent of GPs was 8.13 (without the two GP registrars, foundation doctor or nurse practitioners)

The team of GPs are supported by a practice manager partner, three advanced nurse practitioners, 11 practice nurses, one assistant practitioner (higher level HCA), three health care assistants, a phlebotomist, 15 administration staff, 10 reception staff, two apprentices and a carer support worker.

Patients using the practice have access to community staff including community nurses, health visitors, counsellors, other health care professionals and midwives held clinics at the practice. There is an independent pharmacy on the same site as the practice.

Detailed findings

The practice is a teaching practice for medical students, student nurses and has been a training Practice since 1981 for GP Registrars, foundation doctors (doctors who have qualified in the last two years).

Together with other neighbouring practices, the GPs provide medical support to sixteen residential care homes and nursing homes.

The practice is registered to provide regulated activities which include:

Treatment of disease, disorder or injury, surgical procedures, maternity and midwifery services and Diagnostic and screening procedures and operate from the location of:

266-268 Torquay Road

Paignton

Devon

TQ3 2EZ

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments and had a maintenance schedule to demonstrate all systems had been tested and calibrated within timescales. For example, the last fire risk assessment had been performed in November 2017. A risk assessment for the newly adapted environment had been booked for February 2018.
- The practice had a set of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. New information regarding safety from guidance or clinical training was cascaded to staff during clinical meetings and governance meetings.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. Recent infection control audits in October 2017 had highlighted the need to make infection control processes and guidance consistent following the merger. This had been completed and was in the process of being embedded.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Reception staff had been provided with written guidance of how to spot the unwell patient in the waiting area.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept

prescription stationery securely and monitored its use. Records were in the process of being adjusted to clearly document which room each batch of printer prescriptions had been allocated to.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The prescribers at the practice used local formularies to optimise treatment. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. There was a genuinely open culture in which all safety concerns raised by staff and people who use services were highly valued as opportunities for learning and improvement. Staff told us there was an open and transparent approach to reporting incidents and near misses which was led by the partners. Staff added that there was support for staff when involved in any significant event.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, a data protection breach resulted in appropriate external organisations being informed, apology to the patients and a root cause analysis being performed. This highlighted human error. Records showed there had been detailed documentation of the event and discussion with the whole team, reminding them to pay attention how emails were constructed to protect patient data.
- Monthly clinical governance meetings were used to routinely discuss significant events and clinical concerns.
- The practice used the 'yellow card' reporting system to escalate concerns to the clinical commissioning group (CCG). The Yellow Card Scheme is used in the CCG by healthcare professionals for the reporting and shared learning of quality concerns and patient experience.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice and used technology effectively to support the delivery of high-quality care. For example:

- 24% of patients used online services which was comparable to the CCG and 80% of prescriptions were issued electronically.
- The practice had a self-service health pod. (SurgeryPod is a simple to use system that securely and accurately measures patients weight and blood pressure and additional data which was automatically saved to the patients' health record and maximises time spent with the GP or nurse). The pod was also used to assess anxiety, phobia and depression to help patients access the NHS Improving Access to Psychological Therapies (IAPT)' pathway. The pod was also used for the assessment of new patients, those patients with epilepsy, patients on the contraceptive pill and patients with lower urinary tract symptoms. 816 patients had used the pod in 2017. 778 had measured their blood pressure. Of these, 561 were out of range. The GPs reviewed these patient records and arranged to speak or examine the patient depending on clinical need.
- The practice had fully computerised pathology links to enable fast access to blood and test results. The practice also used computerised summaries for out of hours and NHS 111 correspondence and hospital discharges.
- The practice was in the process of launching eConsult and had recently upgraded the website to make it more user friendly for patients.

We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Any new guidance, clinical alerts or clinical points of interest were routinely shared at clinical meetings and governance meetings. For example, information on treatments to reduce the use of antibiotics and information sharing of new pain management treatments. Computer searches and audits were used to identify where changes to processes and medicines were required.

Staff were consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health, and every contact with people is used to do so. For example, pop up reminders were used at routine, non-related visits to prompt staff to discuss issues with patients, offer immunisations, screening and medicine reviews.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- At the end of the last QOF (Quality Outcomes Framework) year the practice had 3521 patients on four or more medicines, of these 82% had received a detailed medicine review to reduce the number of medicines if appropriate. (QOF is a system intended to improve the quality of general practice and reward good practice).
- The practice was not an outlier for antibiotic prescribing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice had a higher than average number of patients aged over 75, 13.36% of the practice list, more than 2,300 patients. The clinical commissioning group (CCG) average was 11% and the national average 8%.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medicines.
- Patients aged over 75 could request a health check if they had not received one in the last 12 months. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 5 year period 2654 patients had requested a health check and 100% of these checks had been carried out.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

Good

Are services effective?

(for example, treatment is effective)

Patients with long-term conditions had a structured annual review based around the patient's month of birth to check their health and medicines needs were being met. Uptake of reviews were comparable or slightly higher than local and national averages. For example:

- 94% had received a review in the last year compared with CCG average of 85% and national average of 79%.
- 94% of patients had attended for a review of their COPD (chronic obstructive pulmonary disease) compared with a CCG average of 93% and national average of 79% and
- 74% of 1217 patients had attended for an asthma review compared with CCG average of 76% and national average of 76%.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- There was a GP and a nurse with special interests in diabetes who were part of the local diabetic forum which works with local secondary care experts. Practice nurses were able to initiate insulin at the practice.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Patients with more than one long term condition could be seen at one appointment. Nursing staff had the ability to book longer appointments and reception staff had a list of which staff could provide care for which condition, enabling them to match the patient with the correct member of staff.
- Practice staff actively worked with the third sector including, Age UK and had a Health and Wellbeing coordinator based in the practice once a week.

The practice had set up and continued to fundraise and support a patient support group called Karing. There had been a recent changed of focus of the group to concentrate more on social activities and befriending to reduce social isolation.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above. For example, rates ranged between 96% and 100%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Working age people (including those recently retired and students):

- The practice had two teenage patient participation group members to ensure the views of teenage patients were represented.
- The practice was in the process of launching eConsult. Staff training was taking place and the website upgraded to make it more user friendly for patients.
- The practice's uptake for cervical screening was 80%, which was in line with the 81% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

People experiencing poor mental health (including people with dementia):

- Data provided by the practice showed there were 195 patients on the mental health register. 98% of these patients had been assessed as requiring a care plan and had been completed – this included a physical health check and a review of their mental health needs. This was higher than the CCG average of 95% and national average of 90%
- The practice had effective working relationships with the local Depression and Anxiety service who were co-located in the building.
- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average. Nurse Practitioners had been trained to visit residents at home or in local care and nursing homes to offer a dementia review.
- 98% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a

Good

Are services effective?

(for example, treatment is effective)

comprehensive, agreed care plan documented in the previous 12 months. This is comparable with the CCG average of 95% and higher than the national average of 90%.

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 92% compared with the CCG of 91% and national average of 91%.

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results showed the practice had achieved 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 99% and national average of 96%. (QOF is a system intended to improve the quality of general practice and reward good practice).

The overall exception clinical rates were slightly higher than local and national average. For example 17% compared with a local average of 13% and national average of 10%. We looked at clinical reasons for these exceptions and found appropriate decisions had been made. Exception reporting rates for the public health domains were slightly lower than national averages. For example, the practice had excepted 0.6% of patients. (CCG 0.9% and national 0.7%). Exception reporting rates for public health additional services were lower. For example, the practice had excepted 4% of patients (CCG 6% and national 7%). **(**Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

The practice used information about care and treatment to make improvements.

- The practice was actively involved in quality improvement activity. For example, following the merger all patients were audited to ensure they were on the appropriate registers and received appropriate care and reviews.
- Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. Because not all staff could attend all training events, systems were in place to enable staff to formally cascade learning points from training events. Any resources were also shared with the teams.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The practice understood and responded to the needs of patients in regard of skill mix and staffing numbers. Reception staff had been issued with guidance of what roles and responsibilities staff held. For example, asthma, cervical screening and child immunisations. Calls to the practice had been monitored and staffing levels adjusted accordingly.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

Good

Are services effective?

(for example, treatment is effective)

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- The practice had grouped the GPs and nurse practitioners into three teams to help patient continuity and create a small practice feel in a large practice. Every day there were a minimum of two clinicians available from each team. Holidays were structured around these teams to ensure patient continuity at all times. All GPs met daily at 11am to discuss any particular cases, offer support and divide home visits. This also promoted communication across the teams.
- Meetings were held on different days of the week to maximise staff attendance and enable staff who worked on set days to meet and communicate with each other.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. For example, using the health pod and 24 hour blood monitoring equipment.
- Patients on blood thinning medicines were able to access near patient testing at the practice to ensure their medicines were at the correct level. Near-patient testing (also known as point-of-care testing) is defined as an investigation taken at the time of the consultation with instant availability of results to make immediate and informed decisions about patient care.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- Patients were able to access NHS Health Checks. The practice had completed the number of checks allocated to the practice in line with the local public health policy.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. Feedback from the NHS Friends and Family Survey showed that 86% of the practice's patients would recommend the service. This was in line with the national average of 89%.
- Patients told us the service had improved in the last six months because of the change in telephone system. All of the five patients we spoke with said they were pleased with the care and treatment they received. Patients said the staff were kind and caring and the building was always clean and tidy. Patients said getting repeat prescriptions was straightforward and that the appointment system suited their needs.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 224 surveys were sent out and 121 were returned. This represented about 0.7% of the practice population. The practice was comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 93% of patients who responded said the GP gave them enough time; CCG - 89%; national average - 86%.
- 92% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 85% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 88%; national average - 86%.
- 95% of patients who responded said the nurse was good at listening to them; (CCG) - 93%; national average - 91%.
- 97% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 91% of patients who responded said they found the receptionists at the practice helpful; CCG - 89%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. For example, patients with a learning disability were sent a specially produced pack with easy to read information and pictures explaining what the appointment was for, along with pictures of the staff they will be seeing.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers and employed a carer's support worker who was based at the practice. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 399 patients as carers (2.3% of the practice list). The carers support worker ensured that the various services supporting carers were coordinated and effective.

Good

Are services caring?

- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.
- Patients received a card on their 100th birthday and on the occasion of a birth.

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

- 78% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 86% and the national average of 82%.
- 78% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 86%; national average - 82%.
- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 89% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.

The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, the nursing team had introduced an unannounced daily 'drop in' flu clinic for patients who could not attend the routine flu clinics. These had been highly successful and had seen over 400 patients arrive on the first day.
- The practice offered weekly extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, and advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, together with other neighbouring practices, the practice treated patients in 16 local residential and nursing homes. Nurse Practitioners had been trained to visit residents at home or in local care and nursing homes to offer a dementia review.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services at multidisciplinary team meetings and reviewed following each death to ensure appropriate care had been given.

The practice had set up and continued to support and promote a patient support group called Karing. The GPs were trustees and had actively supported the group for over 30 years. Karing provided transport to the practice and hospital at a minimal cost, organised social events such as coach trips, monthly bingo, coffee morning and a lunch club. The practice had helped to relaunch the charity when it moved offices to be closer to the practice. The group had invited a celebrity, who is nationally known for charity work with the vulnerable elderly, and used this to raise the profile of the service. The practice and volunteers had recognised the change in patient need and as a result there had been a changed of focus of the group to concentrate more on social activities and befriending to reduce social isolation. Activities continued to be based in the practice meeting room. The staff and their families had joined with patients to put on a concert at the Palace Theatre Paignton, to help raise awareness of Karing. The feedback received from patients was that it brought back a real sense of community and reduced social isolation. The practice staff and some patients had organised a 'sell out' show which raised £3000 towards the charity.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice had effective working relationships with local care and nursing homes. The practice cared for over 230 patients living in these homes. As part of the local federation the practice offered a unique winter pressures GP home visiting service to nine care homes with the most vulnerable patients in Paignton & Brixham.

People with long-term conditions:

- The practice nurses had responded to local need and had been trained with additional skills to be able to manage more complex dressings at the practice and had the specialist secondary care dressing service based in the practice three days a week which was available to all patients living in South Devon and Torbay CCG.
- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice used text messages to remind patients of appointments, screening and vaccines.

Working age people (including those recently retired and students):

- The needs of this population group 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, patients could book their appointments and request their prescriptions using the EMIS online service. There were currently 24% of patients signed up for online access.
- The practice offered a mix of pre-booked and urgent appointments with both a GP and a practice nurse on a Saturday morning particularly aimed at those who were unable to attend the practice in the working week. The nurses and HCA's had appointments available from 8am.
- The practice had a health pod could be used whenever the practice was open and without an appointment. (SurgeryPod is a simple to use system that securely and accurately measures patients weight and blood pressure and additional data which was automatically saved to the patients' health record and maximises time spent with the GP or nurse). The pod was also used to assess body mass index and offer contraceptive pill checks. Patients used the pod before seeing the GP to assess anxiety levels, phobia and depression to help patients access the NHS Improving Access to Psychological Therapies (IAPT)' pathway. The pod was also used for the assessment of new patients, those patients with epilepsy and patients with lower urinary tract symptoms. 816 patients had used the pod in 2017. 778 had measured their blood pressure. Of these, 561 were out of range. The GPs reviewed these patient records and arranged to speak or examine the patient depending on clinical need.
- The practice had increased use of electronic communication for those patients who were not regular attenders and had introduced emailing directly for some clinical areas which had been difficult to capture, including smoking status, asthma review questions.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. These patients were sent a specially produced pack with easy read information and pictures explaining what the appointment was for, along with pictures of the staff they will be seeing.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. For example, GPs and nursing staff had access to pathology results at the hospital.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

The practice used the Dr First appointment system. Patients spoke directly to the GP before any appointment was booked to allow for patients to be seen at time which is most convenient for them and allowed for a flexible length of appointment if appropriate or eliminate the need for an appointment if needed. Requests for emergencies, home visits or for patients in a residential homes were highlighted on the doctors call list and prioritised over routine calls. Nurse and health care assistant (HCA) appointments could be booked up to four weeks in advance. Appointments for these were available from 8am.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Urgent and all acute requests were forwarded to the 'On the Day' Team which included a GP, nurse and HCA.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mixed compared with to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 224 surveys were sent out and 121 were returned. This represented about 0.7% of the practice population.

- 76% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 62% of patients who responded said they could get through easily to the practice by phone; CCG – 73%; national average - 71%.
- 95% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 88%; national average - 84%.
- 86% of patients who responded said their last appointment was convenient; CCG - 78%; national average - 93%.
- 86% of patients who responded described their experience of making an appointment as good; CCG - 78%; national average – 73%.
- 71% of patients who responded said they don't normally have to wait too long to be seen; CCG - 63%; national average - 58%.

Since these patient survey results the practice had met with the patient participation group (PPG). As a result a new call centre telephone system had been introduced which monitored how long patients are waiting for their call to be answered and monitored the response time of staff answering the call. This could be looked at in retrospect and also at the time of the call. These figures were monitored by the reception manager.

The practice had carried out an internal survey in September 2017 with the PPG and asked for feedback for appointments and telephone system. Findings showed that 57% of patients thought the speed at which the telephone was answered was excellent, very good or good. 26% thought it was fair and 17% poor. 90% of patients though the wait for an appointment was excellent, very good or good. 91% of patients said their overall satisfaction with the practice was excellent, very good or good.

The five patients we spoke with said that since the change in telephone system they no longer experienced problems getting through on the telephone. Patients also added that the practice had responded proactively in changing the longer answer phone/call waiting message to a shorter version. Two comment cards contained negative comments about the telephone system saying it was not always convenient.

Practice staff had also responded to feedback about the appointment system and had worked with the PPG. Plans were in place to make some further improvements to the appointment system from March 2018. Changes include the GP speaking to the patient and if necessary booking them in to be seen by the most clinically appropriate person. In addition, those who wanted to plan their care in advance would be able to pre-book and make an appointment with a GP up to two weeks in advance. These changes had been planned in conjunction with the patient participation group (PPG) and staff. The process had been mapped at a GP away day and with wider practice team. Patients had been included in a communication plan to ensure they were fully informed. This had included newsletters, posters and involvement of the PPG. Staff training had been booked for the whole reception team.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We looked at the 17 complaints were received in the last year and found that they had been satisfactorily handled in a timely way. We saw there had been a trend in complaints about the appointment and telephone system.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, there had been a trend in negative feedback and complaints about the telephone and appointment

Good

Are services responsive to people's needs?

(for example, to feedback?)

system. As a result a new telephone system had been installed which had improved telephone access and a further review and change of the appointment system was in place.

Are services well-led?

Outstanding ☆

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

Our findings

We rated the practice, and all the population groups, as outstanding for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, GPs were aware on the GP recruitment difficulties and had introduced different employment options for GPs who did not want the partnership responsibilities or full time commitments. The partners had also recognised that the merger had created a large organisation which could affect communication and staff morale. As a result the partners had introduced a team approach to provide a small feel in a large practice. This had been achieved by creating three clinical teams to ensure a level of consistency for patients and cover for GPs and practitioners when they were away from the practice. GPs told us that this was an organisation of work load and way of providing consistency for patients. All GPs met daily at 11am. This was a time to discuss any complex cases, offer and receive support and allocate home visits.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff said the partners and practice manager were approachable and supportive.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- Leaders were aware that communication could be a potential issue so had responded by ensuring there was a clear management structure, departmental leads, regular schedule of meetings and different ways of disseminating information. This included weekly staff bulletins, emails and instant messaging. Staff said communication was very good at the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The vision, value and strategy were discussed at partner away days, weekends away and regular business meetings and were developed jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They enjoyed and were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. There was a 'freedom to speak up' policy in the practice where staff were given the details of the practice manager or practice managers in the area with whom they could safely and confidentially discuss concerns.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.

Are services well-led?

Outstanding ☆

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

- There was a strong emphasis on the safety and well-being of all staff and staff said the leaders had responded to requests for support.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The leaders had responded to the size of team and varying working hours and had organised meetings to be held on different days of the week to maximise staff attendance and enable staff who worked on set days to meet and communicate with each other.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints and shared any new guidance, clinical alerts or clinical points of interest at clinical meetings and governance meetings.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. For example, we saw five clinical audits. Two of which were completed cycles. These included audits of women of childbearing age taking epilepsy medicines, gestational diabetes audit, and an audit of medicines that prevent the loss of bone density, used to treat osteoporosis and similar diseases. All audit findings and actions were discussed and minuted at the monthly clinical governance meetings.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Staff who were retiring were included in the recruitment and selection procedures of their successors.
- The practice used performance information which was reported and monitored and management and staff were held to account if appropriate. For example, prescribing and referral patterns.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. For example, using clinical templates embedded within the computer system.
- The practice submitted data or notifications to external organisations in a timely way as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Quality and operational information was used to ensure and improve performance. For example:

Are services well-led?

Outstanding ☆

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

- The practice monitored volume and times of calls and had adjusted staffing levels accordingly.
- The practice had used an external facilitator to introduce the 'Productive General Practice' quick start quality development tool. The programme addressed the scanning process and patient recall process which had subsequently improved to become quicker and more streamlined. It had also looked at staff skill mix to ensure that tasks were being performed by the most appropriate person.
- Staff had used current evidence based guidance on which emergency medicines were required and had reviewed the location and storage of emergency equipment to ensure it was easy to use and safe to transport. The changes had also resulted in the introduction of an unwell patient bag which contained necessary diagnostic equipment needed for patients who were unwell.

Engagement with patients, the public, staff and external partners

The leadership and culture were used to drive and improve the delivery of high-quality person-centred care. For example, there were consistently high levels of constructive staff engagement and innovative approaches to gather feedback from people who use services and the public. Rigorous and constructive challenge from people who use services, the public and stakeholders was welcomed and seen as a vital way of holding services to account.

A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, in 2015, the practice had been supporting a local large medical partnership. In 2017 both organisations agreed to a merger. Patients, staff and the local community were fully consulted regarding this and fully informed of potential decisions. The patient/public engagement was recognised as being an excellent piece of work by the head of primary care at NHS England.

All 32 staff questionnaires indicated that staff feedback was proactively encouraged and acted upon. For example, recent changes included;

- Streamlining the prescription, vaccine, scanning and medical report processes which ensured patients received a more efficient service.
- Changes to appointment length and process for patient with diabetes and those attending for cervical screening and ear syringing so patients did not feel rushed and staff felt able to provide the best care.
- Improving the way samples were received from patients to reception staff to reduce the spread of infection.
- Introducing a morning and afternoon tea break for staff.
- Introducing a new appraisal system for staff.
- Adjusting the number of home visits for part time staff.
- Listening to staff ideas regarding the appointment system and introducing a hybrid system
- Changes to the way the near testing system for patients on blood thinning medicines to make it more efficient for patients and staff.
- Changes to emergency equipment and medicines to be in line with current evidence based practice to ensure staff knew which equipment was required and could move it in a safe way.
- Adjustment to staff hours.
- Request to introduce systems to give positive feedback to staff to improve staff morale and recognised where staff had worked well.
- Introduction of a staff photo board and use of laptops during flu clinics.

Staff added that the partners and practice manager were open to suggestions and changes had made them feel valued and part of the team.

The practice had carried out an internal survey in September 2017 with the help of the patient participation group. Findings about staff were very positive and had improved since the July 2017 national patient survey results. For example, 92% of respondents thought staff were helpful. Other positive findings related to the appearance of the practice, appointment system and overall practice satisfaction. For example, 91% of patients thought the practice was good, very good or excellent.

A quarterly newsletter was generated for patients which was also available on the practice website. This informative newsletter provided patients with encouragement to offer feedback, get involved in the practice and find out about changes to staff or systems at the practice. The practice had also consulted patients, stakeholders and staff about the practice website changes.

There was an active patient participation group which had been set up in 1990. There were 52 members from all population groups, including teenagers. Representatives

Are services well-led?

Outstanding ☆

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

from the PPG said the practice were very good at recognising when things did not work and were very receptive to challenge and not satisfied to accept the status quo. The PPG had assisted with patient surveys, influenced changes to the telephone system and held coffee mornings to raise awareness of the group. Representatives from the PPG attended the local PPG forum to share ideas from the practice and bring back new ideas.

The service was transparent, collaborative and open with stakeholders about performance and had received some positive feedback on patient engagement.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The practice told us they liked to take the lead in local planning and always offered to be involved to ensure staff were at the forefront of local change.
- The practice had an embedded history of practice involvement with external bodies including Local Medical Council, Primary Care Trust, Information Commissioners Office and Local Provider Organisation. One GP had been recognised with an honour for services to health.
- There was a focus on continuous learning and improvement at all levels within the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.