

Withycombe Lodge Surgery

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 carried out an announced comprehensive inspection at Withycombe Lodge Surgery on 5 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We found an area of outstanding practice;

The practice manager had instigated the Tic Tac scheme in 1998 (teenage information centre – teenage advice centre) which had since been adopted across Devon. The practice had won an NHS Beacon Award in 1998 for excellence in primary care for this scheme. [HD1]The scheme was based on site at Paignton Sports and Community College and provided health information and advice for students. Tic Tac was staffed by youth workers, health visitors, GPs, family planning services and other relevant health professionals. Tic Tac provided support on eating disorders, sexual health, teenage pregnancy, depression and anxiety, bullying, drug and alcohol addiction. Tic Tac provided support to 1,800 students at this college.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



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

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Of 52 friends and family test survey responses over the last 12 months, 46 had stated they were extremely likely to recommend the service. The remaining six stated they were likely to recommend it.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice offered evening appointments on a Tuesday evening until 7.45pm for working patients who could not attend during normal opening hours.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders
- The practice had a private room available for breastfeeding mothers. The practice held specialist clinics such as new baby clinics and patients with long term conditions.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was an active online Patient Participation Group (PPG) with 86 members from a wide range of different age groups, which met online regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- Both of the practice GPs were qualified GP trainers and both taught at local universities.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice identified older, frail or vulnerable patients and coordinated the multi-disciplinary team (MDT) for the planning and delivery of palliative care. To aid with the identification of this group of patients the practice utilised the Devon predictive risk model and software which ensured proactive rather than reactive care.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice employed a Carer Support Worker (CSW) jointly with three other local practices. The CSW offered carers help and support, inclusion on the local carers register, and provided information about practical support such as benefits advice, links to local agencies and respite care.

People with long term conditions

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

Good



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

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- < >
Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice cervical screening rate had been 100% for the last two years. This was higher than the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Ante-natal care was provided by a Community Midwife on a weekly basis at the practice.

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.
- The practice offered an electronic prescribing service (EPS). Approximately 80% of patients received their prescription this way. Patients could drop in, email or use a new online service to request prescriptions.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had systems in place to identify military veterans and ensure their advanced access to secondary care in line with the national Armed Forces Covenant. The practice had a military veteran's protocol which had been reviewed in the last 12 months.

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 homeless people, travellers and those with a learning disability.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- One of the practice GPs had a specialist interest in drug and alcohol treatment. They spent one day a week working with the local drug and alcohol addiction team.

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 with dementia).

- 99% of patients diagnosed with a mental health issue had received a face to face review in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Patients could be referred, or self-refer, to the local anxiety and depression service (DAS). The practice also accommodated a Drug and Alcohol service counsellors for one day a week on a permanent basis. Patients with mental health issues could be referred to community services provided by the Devon Partnership Trust.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages. Of the 228 survey forms distributed, 109 were returned. This represented 5% of the practice's patient list.

- 97% of patients found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 73%.
- 95% were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 99% of patients described the overall experience of their GP surgery as fairly good or very good (CCG average 89%, national average 85%).

- 92% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 82%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. Patients had written about the high levels of staff professionalism and friendliness.

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

Withycombe Lodge 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, a practice nurse specialist adviser and an Expert by Experience.

Background to Withycombe Lodge Surgery

Withycombe Lodge Surgery was inspected on Tuesday 5 January 2016. This was a comprehensive inspection.

The main practice is situated in the coastal town of Paignton, Devon. The practice provides a primary medical service to 2,595 patients of a diverse age group. The practice is a teaching practice for medical students and a training practice for trainee GPs.

There was a team of two GPs partners, one female and one male. The whole time equivalent was 1.75. There was also one full time trainee GP in their final year. Partners hold managerial and financial responsibility for running the business. The team were supported by a practice manager, one practice nurses, two health care assistants and additional administration staff.

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

The practice is open between the NHS contracted opening hours 8am - 6.30pm Monday to Friday. Appointments are offered anytime within these hours. Extended hours surgeries are offered on Tuesdays until 7.45pm.

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

The practice offered a range of appointment types including book on the day, telephone consultations and advance appointments.

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

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 January 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.

Detailed findings

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an incident occurred at a residential care home for patients with learning disabilities, when a patient failed to appear for an appointment. The practice held a meeting to discuss safeguarding issues at the home. GPs from the practice visited the home to follow up on patients who failed to attend appointments. Shared learning following the incident included closer communication with other health professionals such as Torbay Hospital and learning disability social workers.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The safeguarding policies had last been reviewed in March 2015 and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports

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

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, most recently in July 2015, and we saw evidence that action was taken to address any improvements identified as a result. For example, improved sealed plastic containers had been put in place for specimen storage.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation.
- The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations after specific training when a GP or nurse were on the premises.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services safe?

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly, most recently in April 2015. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There was also a panic button system at reception to summon urgent assistance if required.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 91.6% of the total number of points available, with 3% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 to 2015 showed;

- Performance for diabetes related indicators was better than the Clinical Commissioning Group (CCG) and national average. For example, patients with diabetes who had had a cholesterol check within the last 12 months was 84% which was higher than the CCG average of 75%. Patients with diabetes who had received a flu vaccination was 99% which was higher than the CCG average of 95%.
- The percentage of patients with hypertension having regular blood pressure tests was 80% which matched the CCG target.
- Patients with COPD who had received a health check in the last 12 months was 92% which was higher than the CCG target of 90%.

- Patients who had been diagnosed with heart failure and had been referred to a specialist was 92% which was higher than the CCG average of 90%.

Clinical audits demonstrated quality improvement.

- There had been 18 clinical audits completed in the last two years, 12 of these were completed audits where the improvements made were implemented and monitored. Two audits were continuous; the INR (internationally normalised ratio which measured how thin a patient's blood was when on warfarin medicine. It is used to reduce risk of blood clotting) audit and a Chronic Obstructive Pulmonary Disease audit.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice carried out an annual care home review with a pharmacist in order to optimise prescribing and ensure best practice.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a patient whose INR was very high and had to be hospitalized. The audit identified the need for the INR checks for all relevant patients to be carried out within 24 hours of starting antibiotics rather than within weeks as previously practised. Subsequent audits showed this had been implemented.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and social isolation. Patients were then signposted to the relevant service.
- A practice newsletter was published once a quarter and it included details of support groups available to patients. The practice website also provided links to healthy lifestyle advice.

The practice's uptake for the cervical screening programme was 100%, which was higher than the Clinical Commissioning Group (CCG) average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 100% and five year olds from 90% to 100%.

Flu vaccination rates for the over 65s were 71%, and at risk groups 66%. These were also higher than the CCG averages of 65% and 60%. The practice was aware of a downward trend in the uptake of flu vaccinations. The practice had introduced more information on their website, newsletter and information screens on the importance of flu vaccinations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

The practice had a patient participation group. Feedback indicated that they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 95% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and national average of 89%.
- 94% of patients said the GP gave them enough time (CCG average 90%, national average 87%).
- 98% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 91% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88% national average 85%).

- 97% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 97% of patients said they found the receptionists at the practice helpful (CCG average 89%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the Commissioning Group (CCG) average of 89% and national average of 86%.
- 95% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%)
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%)

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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

The practice had systems in place to identify military veterans and ensure they received appropriate support to cope emotionally with their experience in the service of their country in line with the national Armed Forces Covenant.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered evening appointments on a Tuesday evening until 7.45pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or for patients with more than one issue to discuss.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities such as a toilet, a hearing loop and translation services were available.
- The practice had a private room available for breastfeeding mothers. The practice held specialist clinics such as new baby clinics and patients with long term conditions.

Access to the service

The practice was open between the NHS contracted opening hours 8am - 6.30pm Monday to Friday. Appointments could be offered anytime within these hours. Extended hours appointments were offered on Tuesdays until 7.45pm. Outside of these times patients are directed to contact the Devon doctors out of hour's service by using the NHS 111 number.

In addition to pre-bookable appointments that could be booked up to a month in advance, urgent appointments were also available on the day for patients that needed them.

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

- 96% of patients were satisfied with the practice's opening hours compared to the Commissioning Group (CCG) average of 76% and national average of 75%.
- 97% of patients said they could get through easily to the practice by phone (CCG average 79%, national average 73%).
- 84% of patients said they always or almost always see or speak to the GP they prefer (CCG average 62%, national average 59%).

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, a complaints pack was available in the reception office which was provided to any patient who wished to make a complaint. There was also a poster on display in the waiting room and on the visual display screen and the website explaining how to make a complaint should a patient wish to do so.

We looked at the two complaints received in the last 12 months and found these had been dealt with in a timely way with openness and transparency. Apologies had been offered where appropriate in line with the practice's duty of candour. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient had complained about the way in which a flu vaccination had been administered. The patient felt that the GP had not fully explained the process and any adverse reaction to the vaccination prior to administering it. An apology had been made and the GP understood the need for a fuller explanation in future.

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 these values. The mission statement included respect and dignity for patients and that every effort would be made to meet their needs. It also included making patients part of the decision making process for their care and to make them feel part of a healthy community.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular all staff meetings every two months. Written minutes were recorded for these meetings. Items discussed information governance changes, new patient registration and safeguarding issues.
- The two GP partners and the practice manager met up on a weekly basis.
- The practice held clinical meetings on a bi monthly basis. Attendees included GPs, practice nurses, district nurses, health visitors, carer support worker and community matron.
- Child safeguarding meetings also took place bi monthly. These were multi-disciplinary meetings which included a full range of health professionals.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted team away days were held annually. Social events were held quarterly.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active online PPG with 86 members from a wide range of different age groups, which met online regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had redecorated the practice in response to PPG feedback and obtained a water cooler in the patient waiting area.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff had suggested that certain social events could be cancelled in order to save the practice money. Staff had suggested the implementation of a staff uniform and this had been adopted by the practice. The practice had adopted staff suggestions to improve the practice website to make it easier to navigate. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes

to improve outcomes for patients in the area. For example, the practice had been involved in a residential care home allocation pilot. The practice worked out a plan of how to support their patients in their allocated care homes to ensure highest standards of patient care including regular medicine reviews. The practice had participated in “The Big Team” pilot scheme which encouraged Saturday morning opening throughout December 2014.

The practice manager had instigated the Tic Tac scheme in 1998 (teenage information centre – teenage advice centre) which had since been adopted across Devon. The practice had won an NHS Beacon Award in 1998 for excellence in primary care for this scheme. The scheme was based on site at Paignton Sports and Community College and provided health information and advice for students. Tic Tac was staffed by youth workers, health visitors, GPs, family planning services and other relevant health professionals. Tic Tac provided support on eating disorders, sexual health, teenage pregnancy, depression and anxiety, bullying, drug and alcohol addiction. Tic Tac provided support to 1,800 students at this college.

The practice had been the first in Devon to upgrade their information technology systems to EMIS Web in 2009 and the second in Devon to go live with the electronic prescribing system. The positive impact included the ability for patients to order their prescriptions online and reduced the risk of prescription errors or over prescribing.