

Croft Hall Medical Practice

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 Croft Hall Medical Practice on 15 December 2015. 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.

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



- Monthly safeguarding meetings were held with multi-disciplinary teams, including piloting the attendance of a lead nurse from the local drugs and alcohol service.
- The practice had a chaperone policy and only nursing staff, who had all received a DBS check, were used as chaperones.
- There was always a duty safeguarding GP for staff to contact.
- Staff training was recorded and planned ahead, utilising training days.
- All clinical rooms had at least one panic button so that staff could be summoned in an emergency.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Clinical audits cycles were in place with recorded evidence of shared learning.
- The identification of patients with long term conditions and proactive action to support them such as written advice on self-care was provided.
- The practice was effective in identifying where further support for patients was required. For example, asthmatic patients who had requested four or more salbutamol inhalers in one month triggered their reviews in respiratory clinics.
- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- The practice employed an integrated carers' support worker. This member of staff was actively involved in supporting and signposting patients and followed up vulnerable carers with regular telephone or face to face contact.
- The practice had close liaison with a community matron who supported some of the most vulnerable patients enabling them to stay at home if they wished.
- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had responded to changing patient demand through a range of different methods. These included providing bookable appointments online, email prescription requests, email enquiries to practice, Saturday morning opening and the opportunity for all patients to have telephone appointments should they wish to do so.
- 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.

Summary of findings

- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- It 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 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
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- Staff were actively encouraged to raise governance issues and evidence showed that these had been acted upon. For example, more detailed notes on prescriptions with indication of length of treatment.
- The practice had a focus on the training and development of its staff, who worked closely with the co-located health visitors, district nursing and midwifery teams at the practice.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had repeat prescription reviews set up on their computer system. All patients on repeat medications were flagged up and their medication was reviewed or they were invited into the chronic disease clinics for an annual review.
- The practice held regular meetings with the palliative care team and held clinics. Patients were invited to attend in order to identify patients at risk with multiple long term conditions routinely. Body mass index, lifestyle habits, drinking, smoking and blood pressure were measured alongside a blood test for cholesterol.
- All patients had a named GP. Older patients were encouraged to attend an annual health check and patients on regular, repeat medication were invited for a telephone or face to face check. Patients who required a home visit or an appointment with enhanced needs were seen as soon as possible, usually on the same day if needed.
- Patients who had been discharged from hospital were followed up with a visit or phone call. There were regular reviews and meetings of at risk patients to try to reduce the number of hospital admissions.
- The practice used the South Devon and Torbay frailty guidelines to help prevent falls and unintended consequences of being prescribed many different medicines.
- Patients who were on end of life or palliative care or who were on the 'at risk of admission to hospital' register were identified to the out of hours service. Copies of treatment escalation plan forms were kept in the patient homes, and also at the practice.

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.

Summary of findings

- 100% of patients with epilepsy had received an annual review, this matched the CCG average.
- 100% of patients with atrial fibrillation had received a review within the last 12 months which was higher than the CCG average of 95%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were 94.6% which was relatively high for all standard childhood immunisations and comparable with the CCG average of 94%.
- 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 was 79% this was comparable with the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.

Good



Summary of findings

- 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 policy on military veterans which had been reviewed within the last 12 months.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability; allocating up to 50 minutes instead of 10 minutes. Patients with learning disabilities received an annual health check.
- The practice used total communication boards with pictures and diagrams to assist communication.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Most staff knew how to recognise signs of abuse in vulnerable adults and children.
- Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had a significant number of registered patients who were vulnerable to homelessness as they were in very short term single room lets or temporary placements via the local housing service. The practice supported these patients by allowing them to register with the practice as their home address, in line with NHS England guidance. Patients from the travelling community were encouraged to give the address of the site.

Summary of findings

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).

- 96% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable with the CCG average of 95%.
- 100% of patients with recorded mental health issues had received a review within the last 12 months, which was higher than the CCG average of 96%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2015. There were 104 respondents, which represents 1.3% of the total practice population. The results showed the practice was performing in line with local and national averages.

- 80% found it easy to get through to this practice by phone compared to a CCG average of 80% and a national average of 73%.
- 90% found the receptionists at this practice helpful (CCG average 90%, national average 87%).
- 90% were able to get an appointment to see or speak to someone the last time they tried (CCG average 90%, national average 85%).
- 93% said the last appointment they got was convenient (CCG average 95%, national average 92%).

- 71% described their experience of making an appointment as good (CCG average 81%, national average 73%).
- 65% usually waited 15 minutes or less after their appointment time to be seen (CCG average 72%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. Patients told us that they received an excellent service and noted the professional and caring attitude of the staff.

We spoke with 14 patients during the inspection. All 14 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Croft Hall Medical Practice

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 advisor, a practice nurse specialist advisor, and an Expert by Experience.

Background to Croft Hall Medical Practice

Croft Hall Medical Practice was inspected on Tuesday 15 December 2015. This was a comprehensive inspection.

The main practice is situated in the coastal town of Torquay, Devon. The practice provides a primary medical service to 7,900 patients of a diverse age group. The practice is a teaching practice for medical students and was also a training practice for qualified doctors (registrars) training to become GPs.

There was a team of five GPs partners, three female and two male. Some worked part time and some full time. The whole time equivalent was four GPs. In addition there were also two GP registrars at the practice. Partners hold managerial and financial responsibility for running the business. The team were supported by a practice manager, three practice nurses, one health care assistant, one phlebotomist and additional administration staff.

Patients using the practice also had access to health visitors and midwives who are based at the practice. Other health care professionals such as community nurses and mental health teams visited the practice on a regular basis.

The practice is open between the NHS contracted opening hours 8am - 6.30pm Monday to Friday. Appointments can be offered anytime within these hours. Extended hours surgeries are offered on Saturday mornings between 8am – 12pm.

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 General Medical Services (GMS) 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.

Detailed findings

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 15 December 2015. During our visit we:

- Spoke with a range of staff including GPs, nursing and administrative staff and spoke with 14 patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 33 comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- 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 involving concerns about a child patient with unexplained injuries resulted in practice staff alerting health visitors and police. Safeguarding protocols were instigated. Shared learning from the incident highlighted the importance of safeguarding training and the recognition of concerns for all staff.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again. The practice held weekly meetings which included a standing agenda item to discuss safety incidents and safeguarding.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. 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. For example, GPs were trained to child safeguarding level three.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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). Chaperone training had been provided by GPs at the practice to staff within the last 12 months.
- 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 which had been reviewed in October 2015 and staff had received up to date training. Annual infection control audits were undertaken, most recently in June 2015, and we saw evidence that action was taken to address any improvements identified as a result. For example, the provision of antiseptic hand gel at reception and in waiting areas at the practice.
- The arrangements for managing medicines, including emergency drugs and vaccinations, 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 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 nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which had been reviewed in August 2015, with a poster in the main office. The practice had a nominated member of staff responsible for health and safety. 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, most recently in November 2015. Clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 88% of the total number of points available, with 5% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from showed;

- Performance for diabetes related indicators was 98% which was higher than the CCG average of 86%.
- The percentage of patients with hypertension having regular blood pressure tests was 90% which was higher than the CCG average of 88%.
- Performance for mental health and depression related indicators was 100% which was higher than the CCG average of 98%.
- The dementia diagnosis rate was 96% which was 1% lower than the CCG average.

The ratio of reported versus expected prevalence for coronary heart disease was 0.46% which was lower than the national average of 0.72%. The practice told us that this was due to their higher than average younger population. Patients below the age of 50 were at lower risk of developing coronary heart disease. The percentage of patients aged below 50 years at the practice was 60%.

Clinical audits demonstrated quality improvement.

- There had been eleven clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit on patients with atrial fibrillation. This audit identified patients who required changes in their medicine type and dosages in line with NICE guidance. Improvements resulting from the audit included an updating of the register of patient details with this condition, safer medicines and dosages and a reduced the risk of stroke to patients.

Information about patient outcomes was used to make improvements, such as an audit of patients with osteoporosis. This had identified patients who had suffered a fragility fracture but had not been identified as having osteoporosis. Following this audit, patients had been reviewed; scans undertaken and their medicine adjusted where appropriate to include calcium and vitamin D supplements. The audit had also recorded patient's preferences according to which flavour vitamin and supplement they preferred.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals,

Are services effective?

(for example, treatment is effective)

coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

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

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

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

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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and for those with drug addiction. Patients were then signposted to the relevant service.
- A psychiatrist was available on the premises on a bi-monthly basis.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 81% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 96% and five year olds from 90% to 96%. Flu vaccination rates for the over 65s were 69%, and at risk groups 52%. These were also comparable to CCG and national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

All of the 33 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with 14 members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice had achieved mixed satisfaction scores on consultations with doctors and nurses. For example:

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

- 84% said they found the receptionists at the practice helpful (CCG average 90%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 81%)

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 291 of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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.

Are services caring?

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.

- The practice offered Saturday morning on a weekly basis from 8am until 12pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- The reception desk had a full communication board which had pictures and diagrams to aid communication.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing aid induction loop and translation services available.
- The practice had a lift so that patients could access services easily.
- The practice had two baby changing areas near the health visitor's room. The practice also had a children's waiting area with books and toys for children.

Access to the service

The contracted opening hours of the practice were 8am to 6.30pm Monday to Friday. Appointments were offered anytime within these hours. Extended hours surgeries were offered on Saturday mornings.

In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people 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. People told us on the day that they were able to get appointments when they needed them.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 77% say it's easy to telephone the out-of-hours service compared to the CCG average 83% and the national average of 77%.
- 71% patients described their experience of making an appointment as good (CCG average 81%, national average 73%).
- 65% patients said they usually waited 15 minutes or less after their appointment time (CCG average 72%, national average 65%).

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a complaints poster and leaflets on display at the reception desk.

We looked at the seven complaints received in the last 12 months and found that these had been satisfactorily handled, in a timely way. Evidence showed that the practice had been transparent and offered an apology where appropriate. 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 that a member of staff had been rude to them on the telephone. The practice manager investigated the complaint; spoke with the complainant and with the relevant member of staff. The practice manager offered an apology to the complainant and also organised customer service training for all staff. This training focused on telephone based customer care skills.

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 statement of purpose which was displayed in the waiting areas and staff knew and understood the values which focused on high quality of care for patients.
- The practice engaged staff with the statement or purpose and the practice values through raising them at team meetings. Each GP had a personal secretary which enabled strong administration support for patients. This allowed each patient to have a single point of contact with their named GP.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. Future plans included working with other practices locally much more closely than in the past.

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
- GP partners meetings took place every Monday, these discussed business planning, premises, staffing and safety.
- Nurses met on a monthly basis, a GP attended these meetings as the GP clinical lead. There was also a clinical lead nurse.
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take 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 gives affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that the practice held regular team meetings. Administration team meetings took place once a month, which discussed operational matters. Items on the agenda included a slot for any other business where staff could raise any issue they wished. Palliative care meetings and other multi-disciplinary meetings took place once a month.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that team social events were held at least every six months. A staff Christmas party had taken place in December 2015. Staff told us that the next planned event was being held in January 2016.
- 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

Are services well-led?

Good 

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG had 30 members, with a core of five face to face members and the rest as virtual online members who kept in touch via email and online forums. PPG members had suggested visiting the practice and talking to patients in the waiting room to encourage them to join the PPG, which had been successful in recruiting some virtual members.
- The practice had also gathered feedback from staff through monthly staff meetings, and generally through staff appraisals and discussion. The practice had a staff

comments box. Staff had made suggestions about improved security at the premises, including the installation of keypad locks on internal doors to staff areas. This had been acted upon. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had been part of a pilot scheme to work with Torbay Healthwatch in order to obtain feedback about the practice which was then displayed online on the Torbay Healthwatch website. This scheme had subsequently been adopted by other practices in Torbay.