Dawlish Medical Group

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dawlish Medical Centre on 16 December 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. The practice was a sessional research practice which meant they not only identified patients for research programmes but collected data for trials.
- Feedback from patients about their care was consistently and strongly positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. Feedback about patients not being able to get through on the telephone prompted an increase of reception staff at peak times of the 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
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

We saw several areas of outstanding practice including:

Summary of findings

- A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. The daily work at the local community hospital not only provided continuity of care for patients, but also reduced hospital stay. For example, the target for average length of stay for the community hospital patients was 10 days and the actual average length of stay for patients was 6.7 days. Healthcare professionals from the community hospital told us that GPs often went above and beyond what was expected including the GPs mobile phone numbers for use during waking hours. Patient thank you cards also reflected this view point.
- The practice provided a GP service to patients who live at a local specialist medium secure mental health hospital. One of the GPs with a special interest in mental health worked with the community mental health team and hospital clinicians either on the hospital site or at the surgery.
- Results for cervical screening were above the national average. This was achieved using a system of offering telephone reminders for patients who did not attend for their cervical screening test. The practice also had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme.

However there were areas of practice where the provider should make improvements:

Ensure a system is in place to include doctors bags on the programme of checking and calibration of clinical equipment.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for almost all aspects of care.
- The practice recognised the impact of social isolation and how their patient's independence, confidence, security and happiness in old age could be improved. The practice promoted and worked with volunteering in health groups to link older people with support and social events.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.

Summary of findings

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Views of external stakeholders were very positive and aligned with our findings. Healthcare professionals told us that GPs often went above and beyond what was expected including community hospital staff being given the GPs mobile phone numbers for use during waking hours. Patient thank you cards also reflected this view point.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The GPs were responsive to events that occurred within the local community. For example, a local disaster in 2014, caused by adverse weather and extreme sea conditions had resulted in patients being urgently evacuated from their homes because of a coastal railway line collapse, which affected the stability and structure of the nearby buildings. The practice organised an emergency clinic to be held within the community hall to ensure patients were fit and had access to the medicines and support they required. This psychological and emotional support had continued since the incident.

Are services well-led?

Outstanding

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

- It had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

Summary of findings

- A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. For example, the work in the community hospital had reduced the average length of stay for patients.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients and it had a very active patient participation group which influenced practice development. Patient feedback about not being able to get through on the telephone had resulted in additional reception staff being rostered for peak times of the day.
- There was a strong focus on continuous learning and improvement at all levels within the practice and externally. The practice was a teaching practice and had been involved with the medical school since its inception. GPs each had clearly defined teaching and education roles and the practice regularly received excellent feedback from the students.
- The practice team was forward thinking and part of research to improve outcomes for patients in the area. The practice were a sessional research practice which meant they not only identified patients for research programmes but collected data for trials.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients receiving regular medicines were seen for bi-annual face-to-face reviews with the GP.
- The practice participated in the unplanned admissions Direct Enhanced Service with systems in place to identify the top 2% of the practice population who were judged to be most at risk. These patients were made known to staff, had a care plan and were discussed with the multidisciplinary team to help maintain patient independence and enable patients to remain at home, rather than be admitted to hospital. A member of the local voluntary service also attended to assist with befriending or to offer ways to reduce social isolation.
- The GPs took part in the weekly multi-disciplinary team meeting at the local community hospital to provide continuity of care for patients and provided a daily ward round for the local community hospital.
- A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. The daily work at the local community hospital not only provided continuity of care for patients, but also reduced hospital stay. For example, the target for average length of stay for the community hospital patients was 10 days and the actual average length of stay for patients was 6.7 days. Healthcare professionals from the community hospital told us that GPs often went above and beyond what was expected including the GPs mobile phone numbers for use during waking hours. Patient thank you cards also reflected this view point.
- The practice provided enhanced diagnostics such as 24 ECG machines so that frail and elderly patients did not have to travel to the district acute hospital.
- The practice provided minor surgery clinics within the community hospital and held meetings to try and reduce unnecessary hospital visits.
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Summary of findings

People with long term conditions

Good

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

- Longer appointments and home visits were available when needed.
- Nursing staff had begun to take on lead roles in chronic disease management with support from the GPs.
- Feedback from health and social care professionals was positive and said patients at risk of hospital admission were identified as a priority.
- Patients with long term conditions had a named GP and a structured annual review to check that their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care, so that patient needs were communicated and met using an integrated and coordinated approach.
- The practice maintained robust registers and provided regular clinics for patients with long term conditions. QOF results indicated an efficient management of chronic disease management with maximum points achieved in the last few years.
- The practice proactively identified people with long term conditions and had a higher than national average rate compared with national and CCG averages. For example, hypertension prevalence rate was 20% against a CCG average of 16% and national average of 14%. The prevalence rate for Atrial Fibulation was 3% with a CCG average of 2.5% and a national average of 1.5% and the heart failure prevalence was 1% with a CCG average of 0.8%. The stroke prevalence was 3.2% with a CCG average of 2.5% and national average of 1.5%.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Summary of findings

- We saw good examples of joint working with midwives, health visitors and school nurses.
- A full range of contraception services and sexual health screening, including cervical screening and chlamydia screening was available at the practice.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Pre booked appointments were available 6 weeks in advance in addition to same day appointments. There were early morning nurse and GP appointments between 7am and 8am on Tuesdays, Wednesdays and Thursdays for the working population and other patients.
- Patients were able to access a text reminder service for appointments and could book appointments and order their medicines on line if they chose. Patients could request prescriptions to be sent to a pharmacy of their choice and the practice uses electronic prescribing.
- Practice nurses offered travel advice and vaccinations.
- The practice offered NHS health checks to patients aged 40-70, smoking cessation clinics and provided dietary advice to patients.
- The practice provided services to people who were on holiday and offered a walk in surgery at the branch surgery at Dawlish Warren every day from 12 noon. This was specifically aimed at holiday makers in the area.

People whose circumstances may make them vulnerable

Outstanding

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

- The practice provided core GP services for patients at a local forensic mental health services hospital which provided low and medium secure care for patients with mental health needs. A GP at the practice has a special interest in mental health and psychiatry and also the skills and training to reach out to these

especially vulnerable patients, who traditionally were very reluctant to engage. The GPs supported psychiatric health care professionals in the medical management of these patients and in monitoring their complex high risk medicines.

- 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.
- 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.
- Translation phone services were used to accommodate language needs if requested. The practice had an induction hearing loop and was accessible for people in a wheelchair.
- The practice had a learning disability register and offered annual health checks for this patient group. The practice had a number of care homes who provide accommodation and education for people with learning disabilities and had developed effective relationships and support mechanisms. One of the GPs had a special interest in learning disabilities and had an active role in 'The Gardens Trust' – a charity for people with Learning Disabilities and provided support and guidance to the charity.
- The practice provided a specialist GP service for people with drug and alcohol issues on behalf of RISE (Recovery and Integration Service) a service for adults in Devon. Dawlish also had a high number of people with drug problems and the practice had proactively managed these patients. A GP with special interest in drug and alcohol management (GPWSI) provided a primary medical service for this vulnerable group. Data from Devon and Cornwall constabulary crime figures showed that drug related crime in Dawlish was low compared to the neighbouring town and drug related deaths were the lowest in Devon.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia).

Summary of findings

- The practice provided a GP service to patients who live at a local specialist medium secure mental health hospital. One of the GPs with a special interest in mental health worked with the community mental health team and hospital clinicians either on the hospital site or at the surgery.
- 72% (105 of 140) of patients on the mental health register had received an annual physical health check up to December 2015.
- 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.
- The practice had a flexible approach to appointments for patients with mental health needs and those with dementia.
- Staff proactively screened people for dementia with the screening rate five times that of the rest of Clinical Commissioning Group.
- The practice provided clinic space and a reception service for a local counselling provider.

Summary of findings

What people who use the service say

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

- 77% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 87% found the receptionists at this surgery helpful (CCG average 90%, national average 87%).
- 88% were able to get an appointment to see or speak to someone the last time they tried (CCG average 90%, national average 85%).
- 97% said the last appointment they got was convenient (CCG average 95%, national average 92%).
- 83% described their experience of making an appointment as good (CCG average 82%, national average 73%).
- 61% 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 10 comment cards which were all positive about the standard of care received. All but two responses were positive and referred to the ease of accessing appointments, the staff and cleanliness. Two comment cards referred to having to wait for appointments with certain GPs and the attitude of named staff. These findings were communicated to the practice management team who were aware of the themes and were managing these appropriately.

We spoke with nine patients during the inspection. Eight of the nine patients said that they were happy with the care they received and thought that staff were committed and caring. However, one patient said they had not been happy with the length of time spent waiting for the appointment and of the continuity of care, and two of the nine said that two members of staff had been abrupt. These findings were communicated to the practice management team.

Areas for improvement

Action the service SHOULD take to improve

Ensure a system is in place to include doctors bags on the programme of checking and calibration of clinical equipment.

Outstanding practice

- A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. The daily work at the local community hospital not only provided continuity of care for patients, but also reduced hospital stay. For example, the target for average length of stay for the community hospital patients was 10 days and the actual average length of stay for patients was 6.7 days. Healthcare professionals from the community hospital told us that GPs often went above and beyond what was expected including the GPs mobile phone numbers for use during waking hours. Patient thank you cards also reflected this view point.
- The practice provided a GP service to patients who live at a local specialist medium secure mental health hospital. One of the GPs with a special interest in mental health worked with the community mental health team and hospital clinicians either on the hospital site or at the surgery.

Summary of findings

- The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. As a result which was above the national average of %. This was achieved using a system of offering telephone reminders for patients who did not attend for their cervical screening test.

Dawlish Medical Group

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 and a practice manager specialist advisor.

Background to Dawlish Medical Group

Dawlish Medical Group were inspected on Wednesday 16 December 2015. This was a comprehensive inspection.

The medical group comprise of a main practice (Barton Surgery) and smaller branch surgery (Warren surgery) The Warren surgery is a small branch surgery in the holiday resort of Dawlish Warren where up to 3,500 patients and holiday-makers are seen per year. Both practices are situated in the seaside town of Dawlish Devon. We inspected at Barton surgery on this occasion.

The practice provides a primary medical service to approximately 13,200 patients of a diverse age group. Data shows the practice have an above average number of people aged over 55 years many of whom had at least one long term condition or illness.

The practice is a training practice for doctors who are training to become GPs and for medical students, and is an active research centre.

There was a team of six GPs partners, four male and two female. Partners hold managerial and financial responsibility for running the business. The team were supported by five salaried GPs who were all female. The GPs were supported by a strategic business manager, practice manager, three practice nurses, four health care assistants, and additional administration staff.

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

The practice offered a range ofappointment types including 'book on the day,' telephone consultations and advance appointments. Barton Surgery is open Monday – Friday: 8.30am – 6pm.

Early Surgeries are available on Tuesdays, Wednesdays and Thursdays between 7am and 8am. These are pre-bookable appointments.

Warren Surgery is open Monday to Fridayfrom noon on a first come, first served basis. The receptionist arrives at the Warren Surgery at approximately 11.30am. Once the doctor has seen all the patients, the surgery closes. Outside of these times patients are directed to contact the Devon doctors out of hours service by using the NHS 111 number.

There is an independent pharmacy adjacent to the Barton Surgery practice which matches the opening hours of the practice.

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 16 December 2015.

During our visit we:

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

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. Staff said that the process was supportive and used as a learning exercise which they found positive.
- 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 abnormal blood test had not been actioned until 20 days after being taken and the patient was expected to make an appointment but had failed to do so. Once this had been identified the buddy system had been reiterated to all staff. Staff were also reminded to make sure that results that come in whilst GP is on holiday were checked. GPs and nursing staff were reminded that the clinician who initiated the test should be the one responsible for actioning the result. A new clinical system had also decreased the likelihood of reoccurrence.

When there are unintended or unexpected safety incidents, we saw that patients had received apologies and reasonable support, 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 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 safeguarding lead GP had attended level three safeguarding training every year and other GPs were trained to Safeguarding level 3. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result of the August 2015 audit. This had included ensuring curtains had been replaced and cleaning schedules had been reviewed. This was reported to the practice manager.
- 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. There were systems in place to monitor their use and distribution and recent changes had also included monitoring the distribution of printer prescription stationary. Patient Group Directions had been reviewed by the new lead nurse and adopted by the practice to allow nurses to administer medicines in line with legislation.
- Controlled drugs were securely stored and appropriate records kept.

Good

Are services safe?

- We saw a small number of Controlled Drugs and medicines used for sedation were present which had not been used on a frequent basis. The GPs told us the future availability of these would be discussed at the next partners meeting.
- We reviewed five 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.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. The last fire risk assessment had been carried out earlier in the month. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However, we saw that this system had not incorporated all equipment within doctor's bags. 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. Staff told us there had been a shortage of nurses through staff vacancies and sickness but that new staff were in the process of being recruited. Feedback from patients did not refer to shortage of nursing staff and staff said they had provided cover within the team to provide continuity for patients. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

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. Staff said that the process was supportive and used as a learning exercise which they found positive.
- 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 abnormal blood test had not been actioned until 20 days after being taken and the patient was expected to make an appointment but had failed to do so. Once this had been identified the buddy system had been reiterated to all staff. Staff were also reminded to make sure that results that come in whilst GP is on holiday were checked. GPs and nursing staff were reminded that the clinician who initiated the test should be the one responsible for actioning the result. A new clinical system had also decreased the likelihood of reoccurrence.

When there are unintended or unexpected safety incidents, we saw that patients had received apologies and reasonable support, 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 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 safeguarding lead GP had attended level three safeguarding training every year and other GPs were trained to Safeguarding level 3. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result of the August 2015 audit. This had included ensuring curtains had been replaced and cleaning schedules had been reviewed. This was reported to the practice manager.
- 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. There were systems in place to monitor their use and distribution and recent changes had also included monitoring the distribution of printer prescription stationary. Patient Group Directions had been reviewed by the new lead nurse and adopted by the practice to allow nurses to administer medicines in line with legislation.
- Controlled drugs were securely stored and appropriate records kept.

Good

Are services effective?

(for example, treatment is effective)

- We saw a small number of Controlled Drugs and medicines used for sedation were present which had not been used on a frequent basis. The GPs told us the future availability of these would be discussed at the next partners meeting.
- We reviewed five 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.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. The last fire risk assessment had been carried out earlier in the month. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However, we saw that this system had not incorporated all equipment within doctor's bags. 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. Staff told us there had been a shortage of nurses through staff vacancies and sickness but that new staff were in the process of being recruited. Feedback from patients did not refer to shortage of nursing staff and staff said they had provided cover within the team to provide continuity for patients. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

We observed six thank you cards displayed on the staff notice board thanking staff for their kindness and care. One card thanked the GP for phoning at 9.30pm to check they were OK.

One of the GPs at the practice had been instrumental in creating the Devon Gardeners Trust. This was a charity to provide jobs and structure for patients with learning disabilities. The same GP was also the named GP in supporting them in their care homes under the local one home per GP strategy.

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 10 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 two 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 compared well with the CCG but higher when compared nationally for satisfaction scores on consultations with doctors and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 93% and national average of 89%.
- 90% said the GP gave them enough time (CCG average 91%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 91% 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%).
- 87% 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:

- 87% 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%.
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 81%)

Good

Are services caring?

Ten of the 11 patients we spoke with said they had been involved in decisions about their care and thought staff were good at explaining tests. Patients added that this was supported by receiving leaflets and further health promotion. One patient said one GP had been unhelpful but that they just avoided seeing that GP.

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

The practice recognised social isolation and its impact on independence, confidence, security and happiness in old age. The practice promoted and worked with volunteering in health groups to link older people with support and social events. Many staff had lived all their lives in and around Dawlish, were proud of the surgery and explained that they want to provide the best possible service to their neighbours and the local community.

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

The computer system alerted GPs if a patient was also a carer and the practice used creative ways to reach carers. For example, notes advertising carer checks and support groups were included on repeat prescription stationary sent to patients. The practice had identified 2.9% of the practice list as carers. Patients were then signposted to a local agency who performed carer checks. 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 visited them at home to meet the family's needs and/or by giving them advice on how to find a support service. We were given examples of effective multi-disciplinary team working to ensure patients were able to die in their place of choice. The GPs worked well with the wider multidisciplinary team to ensure this happened. Feedback from health care professionals was positive about the end of life care provided by the GPs and prompt response to requests for advice and prescriptions.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered early morning appointments three times a week for working patients who could not attend during normal opening hours.
- The Dawlish Warren surgery could be used by patients as well as the annual 3500 holiday makers who visit each year.
- There were longer appointments available for people with a learning disability.
- 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 and translation services available.
- The practice had a passenger lift

Dawlish had a higher than average number of people who misused drugs. A GP at the practice with special interest in drug and alcohol management (GPWSI) had recognised this and had proactively managed these patients providing non-judgmental and holistic care for this vulnerable group. Data from Devon and Cornwall constabulary crime figures showed that drug related crime in Dawlish was low compared to the neighboring town and drug related deaths were the lowest in Devon.

The practice responded to events in the community. For example, a local disaster in 2014, caused by adverse weather and extreme sea conditions had resulted in patients had been urgently evacuated from their homes because of a coastal railway line collapse, which affected the stability and structure of the buildings. The practice organised an emergency clinic to be held within the community hall to ensure patients were fit and had access to the medicines and support they required. The practice were still responding to these patients needs since this event, especially emotional and psychological support.

Access to the service

The practice offered a range ofappointment types including 'book on the day,' telephone consultations and advance appointments. Barton Surgery was open Monday to Friday: 8.30am – 6pm. Early Surgeries were available on Tuesdays, Wednesdays and Thursdays between 7am and 8am. These were pre-bookable appointments. Warren Surgery was open Monday to Fridayfrom noon on a first come, first served basis. The receptionist arrived at the Warren Surgery at approximately 11.30am. Once the doctor had seen all the patients, the surgery closed. Outside of these times patients are directed to contact the Devon doctors out of hours service by using the NHS 111 number.

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

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 77% patients said they could get through easily to the surgery by phone (CCG average 80%, national average 73%).
- 83% patients described their experience of making an appointment as good (CCG average 81%, national average 73%.
- 61% patients said they usually waited 15 minutes or less after their appointment time (CCG average 72%, national average 65%).

Listening and learning from concerns and complaints

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

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

We looked at 53 complaints received in the last 12 months and found these had been satisfactorily handled, dealt with in a timely way and with openness and transparency.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint about staff attitude had resulted in customer care training for staff.

Are services well-led?

Outstanding ☆

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

Our findings

A systematic approach was taken to working with other organisations to improve care

outcomes, tackle health inequalities and obtain best value for money. For example, the work at the local community hospital provided continuity of care for patients and also reduced hospital stay. For example, the target for average length of stay for the community hospital patients was 10 days and the actual length of stay for patients at Dawlish was 6.7 days. Community hospital staff explained that this was due to the continuity of care, effective multidisciplinary team approach and responsiveness of the GPs.

The practice also provided a GP service to patients who live at a local specialist medium secure mental health hospital and worked with the community mental health team and hospital clinicians either on the hospital site or at the surgery. GPs also provided support for the local minor injury unit.

The practice was forward thinking and proactive; they had recognised there would be an increase of over 30% of older people in the town in the next five years. The practice had recognised this would lead to an increase in chronic disease treatment in the practice. GPs engaged with patients to find what they wanted and valued locally and set up a Coastal redesign group, with agencies including the PPG, of five practices, Devon County Council, Teignbridge District Council, League of Friends from both hospitals, Voluntary sector, health care professionals, local MPs and the media. A consultation had led to a new model of care for the community, combining the community medical and social care staff in one multiagency team, protecting the community hospitals and extending local minor injury unit provision for both younger and older populations.

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. For example, each GP had a lead role, area of interest and role of responsibility. These included support at the local community and mental health hospitals, support for learning disabilities patients in the community and care homes, drug misuse, research, prescribing, safeguarding and lead for the CCG.
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

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.

Are services well-led?

Outstanding ☆

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that team away days were held every year.
- 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had fed back that patients had not been happy with the appointment system and getting through on the telephone. The practice were able to inform the PPG that additional staff to answer the telephone lines was being introduced which the PPG representatives said had improved the process for patients.
- The practice had also gathered feedback from staff 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, the new lead nurse had suggested the nursing team take on more management of long term conditions and this had been introduced. 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 and externally. There was a culture of challenge and using any event to improve practice. The practice were a teaching practice and had been involved with the medical school since its inception. This involvement ranged from medical student admission interviews to final year GP registrars. The practice was currently supporting one GP registrar, one F2 Doctor*, 5th year medical students from Exeter and universities in London, and third and fourth year students from Exeter university. (*An F2 doctor is a grade of medical practitioner in the United Kingdom undertaking the Foundation Programme – a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training.)

Most of the GPs were qualified to examine and assess 4th year medical students for their clinical final exams. One of the GPs said this allowed the practice to benchmark their students against their peers. The GPs ran five varied special study unit (SSU) courses. This included management, which was run by the practice manager. The practice regularly received excellent feedback from the students and the travel medicine SSU had been judged as one of the most popular in the whole university. Each GP had a lead responsibility for education. For example, roles had been divided up to include support for third and fourth year students, fifth year tutor, fifth year trainer, F2 trainer and GP Registrar trainer.

The practice team was forward thinking and part of research to improve outcomes for patients in the area. For example, the practice were a sessional research practice which meant they not only identified patients for research programmes but collected data for trials. The practice participated in seven trials over the last year. These had included atrial fibrillation, bowel cancer, pain management and trials into the treatment of depression. The outcome of this research was aimed at improving clinical knowledge and treatment for patients experiencing these conditions.