Chillington Health Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Chillington Health Centre on 1December 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?

Good

The practice is rated as good for providing safe services.

- There was a high standard of clinical record keeping at the practice. GPs and trained staff added all important clinical details to patient records.
- The practice had computerised systems in place for safe monitoring of medicines, chronic disease reviews, referrals and tracking letters to hospital.
- The practice followed up its referrals using monthly computer searches to ensure patient safety.
- The practice demonstrated safe use of protocols and templates. For example; protocols on urinary tract infections, contraception, fit for work, baby checks, minor surgery, feverish child, and sepsis.
- 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.
- The practice dispensary was safe and well organised in accordance with national guidelines.

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.
- Data from audits, prescribing, Quality Outcomes Framework (QOF) showed that the practice provided effective care for patients.
- The practice had a locality yellow card reporting system for such incidents as adverse events, communication breakdowns, for example; between secondary and primary care, or community nursing.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- 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 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.
- The practice hosted a patient support group which provided transport services.
- 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?

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. For example, by organising health and well-being events to engage and respond to patient's needs.
- 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.

Are services well-led?

Good

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

Summary of findings

- The practice actively encouraged staff training and development, which enabled staff to provide high quality care to patients using the most up to date guidance.
- The practice had set up forums to facilitate the exchange of information across two clinical commissioning groups – Torbay and South Devon CCG and Northern, Eastern and Western Devon CCG.
- The practice was active in local practice manager, nursing and IT forums.
- The practice had clear aims and objectives to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. The aims and objectives were discussed at team meetings.
- 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.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- All patients had a named GP and access to a same day call from a GP, to assess needs and book a face to face appointment or home visit if required.
- GPs visited frail and elderly patients at home and in residential homes. The practice participated in a voluntary scheme to avoid unplanned admissions and had comprehensive care plans in place for those at risk of admission.
- The practice held monthly proactive case management reviews with GPs, community Nurses, Physiotherapists, Occupational Therapists, Social Workers, Palliative Care and Community Mental Health Teams for the 2% most at risk patients, many of whom were in this population group.
- The practice worked closely with the community nursing team, and provided them with an office in the practice as their base which allowed for excellent communication and multi-team working.
- Community nurses provided vaccinations and nursing care for patients who found it difficult to attend the practice.
- The practice provided pneumococcal and shingles vaccinations.
- At this small practice, staff told us that they knew patients well and so were able to recognise when people were unwell or needed a rapid response and alert the relevant GP.

People with long term conditions

Good

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

- The practice co-ordinated the care of patients with long term conditions using well maintained chronic disease registers.
- If patients had multiple long term conditions, the practice carried out reviews at the same time so that patients only had one rather than multiple appointments.
- Patients were placed on the proactive case management register and reviewed in multidisciplinary meetings, or more frequently if necessary, to avoid patients experiencing inappropriate and unplanned hospital admissions.
- The practice performed medication reviews with GPs and with the CCG pharmacist employed at the practice.

Summary of findings

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

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 and ranged between 88-94% which was comparable with national averages.
- 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 84% which 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 community nurses, midwives, health visitors and school nurses.
- The practice hosted health visitor clinics and referred parents, guardians and children directly from these. The practice also signposted families to Kingsbridge Children's Centre.

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 practice offered pre-bookable appointments with nurses and GPs and online booking of appointments and repeat medication. Patients could request to attend the last appointment of the day.
- All patients had access to same day telephone calls from a GP and if required an appointment booked with the GP, or if appropriate advice/treatment over the phone.

Summary of findings

- The practice performed medication reviews, offered NHS health checks, and screening in line with national programmes.
- The practice provided comprehensive information on its website regarding the health centre, health needs and signposting to services, which patients in this population group told us they found useful.
- 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.
- 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.

People whose circumstances may make them vulnerable

Good

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

- The practice permitted patients with no fixed abode to register using the practice address, rather than a home address.
- The practice offered flexible appointments and if necessary walk-in appointments to ensure that the patient was seen as needed.
- The practice worked closely with local support networks, community mental health teams and drug and alcohol services.
- 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.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

Good

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

- 94% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice arranged a visit from the Alzheimer's organisation to the practice to assess how easy to use the service was. The visit was completed by people with varying levels of dementia. Some small adjustments were suggested to improve ease of access to services, but on the whole they thought that service and access were of a good standard.
- The practice maintained a register of patients with mental health needs and had comprehensive care plans in place. These included annual physical, mental health and medication reviews.
- The practice was sensitive to the additional needs that this patient group had and could adapt their appointments to suit their needs. For example, patients could wait for their appointments away from the waiting room if they wished to do so.
- The practice liaised with the crisis and community mental health teams to manage patient welfare. Members of the elderly community mental health team attended monthly practice proactive case management meetings and staff discussed concerns with GPs.
- 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.

Summary of findings

- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015. The results showed the practice was performing in line with local and national averages. Of the 242 survey forms distributed, 145 were returned. This represents 3.8% of the practice list.

- 91% found it easy to get through to this practice by phone compared to a CCG average of 80% and a national average of 73%.
- 87% found the receptionists at this practice helpful (CCG average 90%, national average 87%).
- 97% were able to get an appointment to see or speak to someone the last time they tried (CCG average 90%, national average 85%).
- 95% said the last appointment they got was convenient (CCG average 95%, national average 92%).
- 86% described their experience of making an appointment as good (CCG average 81%, national average 73%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all positive about the standard of care received. Patients had written about the excellent care provided by the practice and the caring and professional nature of the GPs, nurses and staff.

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

Areas for improvement

Chillington Health Centre

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 nurse specialist advisor.

Background to Chillington Health Centre

Chillington Health Centre was inspected on Tuesday 1 December 2015. This was a comprehensive inspection.

The main practice is situated in the rural village of Chillington, Devon. The practice provides a primary medical service to 3,750 patients. The practice is a teaching practice for medical students.

There was a team of three GPs partners, two female and one male. The whole time equivalent was 2.25 GPs. Partners hold managerial and financial responsibility for running the business. The team were supported by a practice manager, two practice nurses, one health care assistants, and additional administration staff.

Patients using the practice also had access to community nurses who were based at this rural practice, and mental health teams and health visitors who visited the practice weekly. Other health care professionals such as podiatrists visited the practice on a regular basis.

The practice is open between the NHS contracted opening hours 8am - 6.30pm Monday to Friday. In addition to their NHS contract, the practice also had a contract with Devon Doctors to answer the practice's telephones between 8-8.30am and 6-6.30pm, and on Tuesdays between 1-2pm.

GPs would make arrangements to see patients outside of these hours if necessary depending on clinical need. The practice dispensary opening hours matched those of the practice.

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 ofappointment 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.

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 1 December 2015. During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, nursing and administrative staff and spoke with six 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 nine 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.
- 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, a patient's partner had telephoned the practice reporting breathing difficulties experienced by the patient. The patient attended the practice as they could not get to the minor injury unit in time. The staff called 999 and three GPs and a health care assistant attended to the patient. The patient was safely conveyed to hospital and made a successful recovery. Practice staff held a meeting to discuss shared learning arising from the incident. It was found that there had been no previous record of breathing difficulties for this patient and the practice had appropriately called 999 and other ambulance services including the air ambulance. Action and learning had included the appointment of the first GP responder as the incident lead for the future and a revision of the emergency call procedure. Learning points also included prompting staff to call 999 at an earlier stage and process for keeping the patients in the waiting room informed and rearranging appointments due to emergencies. The resuscitation trolley was also reorganised following the incident to further improve ease of access to emergency equipment.

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.

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 GP for vulnerable adult safeguarding and a lead GP for child 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses 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 July 2015 and staff had received up to date training. Annual infection control audits were undertaken, most recently in July 2015 and re-audited in November 2015, and we saw evidence that action was taken to address any improvements identified as a result. For example, all clinical rooms now had pedal bins for general waste instead of bins which required hand operation. In addition a lead infection control nurse had been appointed in August 2015 following the July audit.
- The practice dispensary and the practice itself had suitable 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.

Good

Are services safe?

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 nurses and health care assistants to administer vaccinations.

- The practice dispensary had appropriate security arrangements in line with national guidelines and was well organised. Medicines were stored at appropriate temperatures and checks were in place to monitor this.
- 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.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, reviewed October 2015 with a poster in the staff room. The practice had up to date fire risk assessments and carried out regular fire drills. The most recent fire risk assessment was November 2015. All electrical equipment was checked to ensure the equipment was safe to use, most recently in July 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.

- Each computer at the practice had an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Each treatment room also had an additional panic alarm system.
- All staff received annual basic life support training on an annual basis 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. The practice had reviewed the plan in August 2015. It included provision for using the local village hall should the practice building become unusable.

Good

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 97% of the total number of points available, with 4% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- Performance for diabetes related indicators was 97% which was higher than the CCG average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was higher than the CCG average of 82%.
- Performance for mental health related indicators was 100% which was higher than the CCG average of 87%.
- The dementia diagnosis rate was 84% which was comparable with the CCG average of 81%.

Clinical audits demonstrated quality improvement.

- There had been ten clinical audits completed since April 2015. All of these were completed audits where the improvements made were implemented and monitored. These included asthma audits, medicines audits, dispensary audits, patient safety audits and optimising prescribing scheme audits.
- 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 actions taking following an asthma audit. These actions included nurses using an online learning resource to develop their skills and knowledge. Other actions following medicine audits included amendment of dosages in line with NICE guidance, such as the amount of daily application of specific skin creams.

Information about patients' outcomes was used to make improvements such as; checks had been made over two audits to ensure that patients who were on steroid medicines had a steroid card which contained relevant information about dosages and usage. The checks had identified that not all patients on steroid medicines had such a card, this was remedied. The advantage of having a steroid card was safe treatment of patients, together with providing patients with useful written information about their medicines.

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, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months. These had been completed between March – June 2015.
- 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.

Good

Are services effective?

(for example, treatment is effective)

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 smoking and alcohol cessation and healthy eating and obesity support. Patients were then signposted to the relevant service. The practice also held health and well-being events such as in October 2015 on self-care for long term conditions in a nearby parish hall. Other planned events included a spring 2016 child health event in conjunction with the health visiting team.
- A dietician was available for referral from the premises and smoking cessation advice was available from a health care assistant trained in this specialisation.

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 82.8%, which was comparable to 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. There were low numbers of child patients at this rural village practice. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 91% and five year olds from 87% to 91%. Flu vaccination rates for the over 65s were 73%, and at risk groups 77%. Reminders were sent to patients who did not respond to their flu vaccination invitations.

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.

Good

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 nine 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.

The practice provided office space and resources to a patient support group who had a patient transport co-ordinator based at the practice. The group assisted patients in all six population groups by taking them to medical appointments, collecting and delivering prescriptions and helping to arrange overnight accommodation. Joint fundraising had helped to fund equipment for the practice, such as a blood pressure monitoring unit in the waiting room.

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

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

- 100% said the GP was good at listening to them compared to the CCG average of 93% and national average of 89%.
- 99% said the GP gave them enough time (CCG average 91%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 100% said the last GP they spoke to was good at treating them with care and concern (CCG average 90%, national average 85%).
- 97% 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:

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 93% and national average of 90%.
- 90% said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%)

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

Patient and carer support to cope emotionally with care and treatment

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

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2.72% 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.

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. The practice military veteran's policy had been reviewed in September 2015. The practice had identified 0.8% of the practice list as military veterans.

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 health and well-being clinics to patients during the week, on a Wednesday afternoon to support patients with self-care.
- The practice planned to hold an event on child health in spring 2016 in response to patient need, based on NICE feedback about maternal mental health.
- The practice offered home visits outside of normal opening hours to meet patient's needs according to clinical requirements.
- There were longer appointments available for people with a learning disability.
- Same day appointments were available for children and those with serious medical conditions.
- Travel immunisations were offered at the practice including being a yellow fever centre.
- There were disabled facilities, hearing loop and translation services available.
- Cervical smear tests were offered at the practice.

Access to the service

The contracted opening hours of the practice are 8am to 6.30pm Monday to Friday. Appointments were offered within these hours.

In addition to pre-bookable appointments that could be booked up to six 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.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 91% patients said they could get through easily to the surgery by phone (CCG average 80%, national average 73%).
- 86% patients described their experience of making an appointment as good (CCG average 81%, national average 73%.

There were areas which the practice was focusing on due to improve access to the service. For example;

- 54% usually waited 15 minutes or less after their appointment time to be seen (CCG average 72%, national average 65%).

Some patients required more time for consultation and the practice encouraged those patients to book double appointments. GPs told us that they treated the patient holistically as they believed it was best to improve the patient's whole health and well-being, therefore consultations could sometimes overrun their allotted time. Patients told us that staff usually let them know when appointments were running late. Patient notes were flagged to indicate that some patients required extra time.

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.
- There was a complaints poster on display in the waiting room together with leaflets explaining how to complain should patients wish to do so.

We looked at the nine complaints received in the last 12 months and found all of these had been dealt with in a timely way with openness and transparency. The practice had complied with its duty of candour by offering apologies 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, when a patient had complained about reception staff attitude, shared learning had taken place. This included appropriate training for staff.

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 clear aims and objective which were displayed in the staff room and staff knew and understood them and their key role in delivering them.
- These aims and objectives included high quality patient care, respect and involvement of patients in their care, working closely with other health professionals and enhancing communication between patients and practice staff.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. This was annually reviewed and was due to be reviewed next in January 2016 at a staff away day.

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:

- This was set down clearly in the practice clinical governance policy reviewed in January 2015. There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff
- 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. The practice maintained a risk register which was updated on a monthly basis.

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 took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had a whistleblowing policy last reviewed in October 2015. 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.

- Partnership meetings took place weekly which were attended by all GPs at the practice, the practice manager and the office manager. Other staff were invited to attend according to the agenda.
- Nurse / GP meetings took place on a quarterly basis or according to clinical need. Nurses and GPs met up informally on a daily basis at the practice, which had a shared staff room.
- Reception meetings and administration team meetings took place on a monthly basis to update staff about any changes. Administration lead team meetings also took place which examined workloads and rotas.
- Dispensing team meetings took place monthly which included the practice manager and the dispensary staff.
- Staff told us that the practice held regular all staff team meetings which took place on a quarterly basis.
- 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 / social events were held every six months.
- 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.

Are services well-led?

Good

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

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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG with four members which met on a regular basis, together with a virtual PPG group of 30. The PPG submitted proposals for improvements to the practice management team. For example, the practice had held a health and well-being promotion event in response to PPG feedback.
- Staff told us they felt involved and engaged to improve how the practice was run. The practice had conducted a staff survey in May 2015 which had 11 respondents. This survey examined staff satisfaction on their workloads, their working environment, whether they felt supported, shared learning and roles and responsibilities. Results showed that all staff enjoyed working at the practice. Improvements made following the survey included the inclusion of a section on each staff meeting agenda for staff to discuss any other business.
- The practice produced a quarterly newsletter in partnership with the PPG. We saw that the newsletter included information on services available at the practice, forthcoming events and healthy living advice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was part of forums such as practice managers for the South Devon and Torbay CCG and also the NEW Devon CCG practice manager's forum.

The practice embraced new technology for continuous improvement. For example, the practice nurses were able to use video conferencing system from Chillington practice to join the monthly CCG nurses forum in Totnes. This enabled nurses to keep up to date with changes but also spend more time at the practice with patients rather than travelling.

Staff from the practice attended IT forums run by the CCG on advice and training. This enabled shared learning on usage of electronic templates, enabling accurate and timely recording of patient information.

The practice had set up a dispenser's forum across South Devon and Torbay CCG and NEW Devon CCG. Previously there had been no such forum. The new forum discussed the latest guidance and updates such as the adoption of steroid treatment cards for patients. This innovation facilitated greater patient safety as these cards included the patient's medicine type and dosage.