Chilcote Surgery

Quality Report

Chilcote Surgery
Hampton Avenue
Torquay
TQ1 3LA
Tel: 01803 316333
Website: www.chilcotesurgery.co.uk

Date of inspection visit: 3 November 2015
Date of publication: 18/02/2016

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 Chilcote Surgery. Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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 GP appointments available the same day using a Dr First system.
- 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.

We found areas of outstanding practice:

Summary of findings

The practice was part of a local social prescribing scheme. This involved setting up a children's hub in parts of Torquay with high levels of deprivation and large numbers of young families. This developed into supporting older people too. The practice involved the healthy lifestyle team. The practice provided support such as referrals to befriending services, walking groups, depression and anxiety services.

The practice had instigated an outreach programme to help Torbay's homeless population. Providing four clinics a week at a local homeless hostel, the practice adjusted clinic times to be in line with the hostel's breakfast club, in order to see more of these potentially vulnerable patients. The practice had carried out research which found average life expectancy in this group was 47 years and that these patients often suffer multiple complex medical conditions affecting their health. In the last 12 months the practice GPs and nurses had carried out over 1,000 consultations at these clinics. The homeless outreach programme worked closely with a weekly drop in session at a local church to provide medical care for vulnerable women.

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. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- 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 several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Feedback from friends and family survey which asked patients how likely they were to recommend the service to friends and family was consistently positive. In September 2015, 100% of respondents said they were extremely likely to recommend the service.

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 all patients able to request a GP appointment the same day using a Dr First telephone appointment system.
- 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.

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

Summary of findings

- 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. Feedback from NHS Choices and Healthwatch about the service was consistently positive.

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. For example, in dementia and end of life care.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.
- The practice provided a specialist nurse service comprising a nurse who visited patients at home supported by an administrative member of staff. This service included a direct telephone line for older patients or patients with complex conditions who found it difficult to leave their homes.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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.
- The practice had strong links with the Clinical Commissioning Group (CCG) and had expanded the skills in their team through the recruitment of a Prescribing Pharmacist to further improve the chronic disease management of these patients.
- Longer appointments and home visits were available when needed.

Families, children and young people

Good

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice had responded to feedback from young people to improve the amount of information available to this population group. A new information area for young people had been created on the practice website together with specific displays in the waiting areas and on practice plasma visual display screens.
- 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.
- We saw good examples of joint working with midwives, health visitors and school nurses. For example, the practice provided a weekly baby and young family clinic attended by a GP, nurse, health visitor, midwife and nursery nurse.
- The practice was part of the Torbay C Card scheme for young people. The Torbay C Card scheme provides free condoms and sexual health advice in an accessible way to young people.
- The practice was part of a local social prescribing scheme. This involved setting up a children's hub in parts of Torquay with high levels of deprivation and large numbers of young families. The practice involved the healthy lifestyle team. There were 21 patients identified in need of additional support. The practice provided support such as referrals to befriending services, walking groups, depression and anxiety services.
- The practice had organised and participated in an annual flu vaccination party in order to encourage a higher take up of these vaccinations.

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.

Summary of findings

- The practice had responded to feedback from working people to provide early morning appointments from 7.30am, together with increased communication about waiting times and potential delays to patients.

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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Of 82 patients registered at the practice with a learning disability, 67 had received a health check. The remainder were scheduled to receive a health check or had received a follow up invitation.
- 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.
- To assist patients who found it difficult to communicate on the telephone, the practice had expanded its online capacity to allow all patients to book up to four online appointments at any one time.
- The practice had instigated an outreach programme to help Torbay's homeless population. The practice provided four clinics a week at a local homeless hostel. The practice adjusted the times it held the clinics in line with the hostel's breakfast club, in order to see more of these potentially vulnerable patients. The practice had carried out research which found average life expectancy in this group was 47 years and that these patients often suffer multiple complex medical conditions affecting their health. In the last 12 months the practice GPs and nurses had carried out over 1,000 consultations at these clinics. The homeless outreach programme worked closely with a weekly drop in session at a local church to provide medical care for vulnerable women.

Summary of findings

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).

- 100% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- 80% of people diagnosed with mental illness had had their care reviewed in a face to face meeting in the last 12 months.
- There was a counselling service available to patients and a self-referral service for those patients suffering with anxiety and depression.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015 showed the practice was performing better in relation to appointments when compared with local and national averages. There were 256 surveys sent out and 121 respondents which was a response rate of 47%. This was 1% of the total patient list of 11,194.

- 100% find it easy to get through to this practice by phone compared with a CCG average of 80% and a national average of 73%.
- 92% find the receptionists at this practice helpful compared with a CCG average of 90% and a national average of 87%.
- 77% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 64% and a national average of 60%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 90% and a national average of 85%.
- 100% say the last appointment they got was convenient compared with a CCG average of 95% and a national average of 92%.
- 92% describe their experience of making an appointment as good compared with a CCG average of 81% and a national average of 73%.
- 79% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 72% and a national average of 65%.
- 78% feel they don't normally have to wait too long to be seen compared with a CCG average of 67% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were all positive about the standard of care received. Patients had written comments which included praise for staff professionalism, kind and caring behaviour and the delivery of a high standard service.

Areas for improvement

Outstanding practice

The practice was part of a local social prescribing scheme. This involved setting up a children's hub in parts of Torquay with high levels of deprivation and large numbers of young families. This developed into supporting older people too. The practice involved the healthy lifestyle team. The practice provided support such as referrals to befriending services, walking groups, depression and anxiety services.

The practice had instigated an outreach programme to help Torbay's homeless population. Providing four clinics a week at a local homeless hostel, the practice adjusted clinic times to be in line with the hostel's breakfast club, in order to see more of these potentially vulnerable patients. The practice had carried out research which found average life expectancy in this group was 47 years and that these patients often suffer multiple complex medical conditions affecting their health. In the last 12 months the practice GPs and nurses had carried out over 1,000 consultations at these clinics. The homeless outreach programme worked closely with a weekly drop in session at a local church to provide medical care for vulnerable women.

Chilcote Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and an Expert by Experience.

Background to Chilcote Surgery

Chilcote Surgery was inspected on Tuesday 3 November 2015. This was a comprehensive inspection.

The main practice is situated in the coastal town of Torquay, Devon. The practice provides a primary medical service to 11,194 patients of a diverse age group. The practice is a teaching practice for medical students and was in the process of becoming a training practice by February 2016. This would enable it to have GP trainees.

There was a team of eight GPs partners, four female and four male. Some worked part time and some full time, this was equivalent to 6.8 full time staff. Partners hold managerial and financial responsibility for running the business. The team were supported by a practice director, six practice nurses (including three nurse prescribers), two health care assistants, one phlebotomist and additional administration staff.

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

The practice is open between 8am and 6pm Monday to Friday. Appointments are available from 8am every morning and 6pm daily. Extended hours surgeries are offered at the following times on Mondays 6.30pm until 7pm and Tuesdays to Fridays 7.30am to 8am.

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 managed GP appointments using the Dr First system whereby a GP would speak initially on the telephone to each patient requesting an appointment and then arrange an appointment if desired the same day.

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

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 November 2015. During our visit we:

- Spoke with a range of staff including GPs, nursing and administrative staff and spoke with 10 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 five 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.

Events and incidents were discussed on a weekly basis at GP meetings. For example, in June 2015 a patient had been on a certain medication for two years when it was discovered that their medication should have been reviewed due to minor surgery which took place. As soon as this was identified, the medication was reviewed and the patient referred to a specialist to check their condition. As a result of the incident, an apology was made to the patient in line with the duty of candour. No harm had come to the patient. Shared learning included the completion of a full audit of all patients on the same medication. Two of the GPs reviewed the audit and implemented a system to prevent reoccurrence. Details of the audit was circulated to all GPs and nurses 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.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents. The practice manager had notified all staff as to how to use this system. Staff we spoke with were familiar with the process in place.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended quarterly 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 was displayed in the waiting room, advising 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). (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). Clinical staff such as nurses or health care assistants acted as chaperones.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available on the shared computer system. There was a lead health and safety member of staff for each of the two sites. The practice had up to date fire risk assessments and regular fire drills were carried out, most recently in November 2015. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly, most recently in November 2014. 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.
- Appropriate standards of cleanliness and hygiene were followed. 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.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the three files we reviewed showed 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.
- 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. The reception lead prepared a daily rota for all administration roles. An administration lead prepared a GP and nurses rota on a weekly basis, which took absences into account to cope with patient demand.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There was also an audible alarm back up system in place. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available inside each of their two premises and oxygen with adult and children's masks. The practice also maintained a third defibrillator on the outside of their main site, for use by the public in an emergency, secured by a keypad. 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, last reviewed in October 2015. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results in November 2015 were 349 out of 438 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. QOF data showed;

- Performance for diabetes related indicators were 97% which was better than the CCG average of 91%.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was better than the CCG average of 97%.
- Performance for mental health related conditions was 100% which was better than the CCG average of 94%.
- The dementia annual review rate was 100% which was better than the CCG average of 97%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been 15 clinical audits completed in the last 12 months, all of these were completed audits where the improvements made were implemented and monitored. The audits included inadequate smear audits, significant event audits, medicine audits such as warfarin, diabetes audits, blood pressure audits and unplanned admissions to hospital 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 of audits included an incident where a patient had been inadvertently offered the wrong medication. This had been immediately identified and no harm had come to the patient. The audit had identified other patients on the same medication to check whether there were other similar cases.

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

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

We spoke with health visitors, palliative care nurses and the community matron who told us the practice provided co-ordinated care and shared information when appropriate. They provided us with very positive feedback about the practice.

Good

Are services effective?

(for example, treatment is effective)

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

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or 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. A recent audit on consent had been completed in September 2015. Improvements arising from this audit included the updating of the written consent form and the inclusion of more information for each patient about the importance of obtaining their written consent.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. All of the GPs offered smoking cessation support. The health care assistants offered smoking cessation clinics tailored to individual patient's needs. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81.71%, which was comparable to the CCG average of 81.8% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 97% and five year olds from 93% to 97%. Flu vaccination rates for the over 65s were 70%, and at risk groups 71%. These were comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Of 316 invitations issued, 110 had been completed between April 2015 – October 2015. 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 throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained 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. Signs were displayed in the waiting room and in treatment and consultation rooms advising patients of the availability of chaperones.

All five of the 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 (PPG) on the day of our inspection. 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 were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above the national average for its satisfaction scores on consultations with doctors and nurses. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 93% and national average of 89%.
- 93% said the GP gave them enough time compared to the CCG average of 91% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 85%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and 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 compared to the CCG average of 86% and national average of 85%

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 400 of the practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. Health and wellbeing checks were

Good

Are services caring?

offered to carers. The carer support worker employed by the practice could refer carers to specialists such as occupational therapists, dementia advisers, health trainers and advice on benefits from dedicated agencies.

The practice computer system highlighted patients who were military veterans protected by the Armed Forces Covenant. The practice had a military veteran's policy which set out how these patients should be treated according to the guidance set down in the Armed Forces Covenant, such as advanced access to secondary care.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the introduction of a Doctor First telephone triage system as a result of acting on patient feedback and rising patient numbers. Prior to the introduction of the new system, demand for extended hours was at 94% which was close to capacity. Following the introduction of Doctor First, demand for extended hours had reduced to 32% and was currently at 13%. This showed that the practice had responded to patient needs and made improvements to cope with rising patient demand.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example;

- The practice offered four clinics a week at a local homeless hostel to encourage health promotion. Clinic times were adjusted to suit the breakfast club times at the hostel to enable 1,000 consultations to be completed between April 2014 to March 2015.
- The practice offered a virtual ward system to protect the top 2% of patients most at risk of unplanned admission to hospital. Monthly meetings were held to discuss their continuity of care. The practice directly employed a carer's support worker who worked at the practice two days a week.
- The practice offered late night opening on a Monday until 7pm and early mornings Tuesday to Friday for patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice offered a specialist nurse service which aimed to complement and support the services provided by the practice and community teams including the matron. The specialist nurse service provided care for patients with long term illnesses who may otherwise have found it difficult to access services at the practice.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments are available from 8am every morning and 6pm daily. Extended hours surgeries were offered at the following times on Mondays 6.30pm until 7pm and Tuesdays to Fridays 7.30am to 8am.

The practice had introduced a Dr First system for appointments, whereby a GP spoke to patients initially on the telephone and enabled patients to request a same day appointment should they wish to do so.

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 and people we spoke to on the day were able to get appointments when they needed them. For example:

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 100% of patients said they could get through easily to the surgery by phone compared to the CCG average of 80% and national average of 73%.
- 92% patients described their experience of making an appointment as good compared to the CCG average of 81% and national average of 73%.
- 79% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 72% and national average of 65%.

The practice had considered the needs of wheelchair users and had level access on the ground floor to all treatment rooms. A toilet with disabled facilities had been provided, however, there was no emergency alarm cord in place. Wheelchair users told us that some of the information noticeboards were too high for them to read easily. Staff told us that they would provide any information in different formats (such as larger font sizes) which patients enquired about, should such difficulties arise.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a 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 examples, posters displayed in the waiting area, together with leaflets. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at 19 complaints received in the last 12 months and found that all of these had been satisfactorily handled and dealt with in a timely way. Written complaints responses showed that openness and transparency and duty of candour had been followed when dealing with the complaint.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice manager discussed with GPs all complaint responses and examined whether any lessons could be learned. These were also discussed at monthly staff meetings and shared learning took place.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed on the practice website, 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.

The practice vision took pride in the care provided by the practice and welcomed new patients. Priority to being accessible throughout the day was highlighted and the importance of empowering people and treating patients as individuals.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- 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 prioritised 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 partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held on a monthly 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 were confident in doing so and felt supported if they did. We also noted that team 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.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging 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 virtual PPG group numbering 929 patients which the practice consulted from time to time for their views. PPG feedback indicated that patients wanted improved services for younger patients. In response, the practice had introduced a young person's information board including items on sexual health, depression and mental health.

Other improvements in response to feedback included participation in flu vaccination parties for two, three and four year olds and increased communication of waiting times and delays to patients.

The practice had also acted on feedback from NHS Choices and made online responses to patients who had left feedback there. Staff had completed a 360 degree feedback survey on the practice management. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice had held a meeting in February 2015 specifically to address staff frustrations. Staff had produced suggestions to streamline appointment and telephone systems, and changing the time of day that administration tasks were completed. In April 2015 the staff had met on a similar basis and produced 19 further suggestions. The practice had implemented these. For example, the prescription system had been altered to extend prescription cover time due to demand. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

Are services well-led?

Good

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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was part of a local social prescribing scheme. This involved setting up a children's hub in parts of Torquay with high levels of deprivation and large numbers of young families. This had developed into supporting older people too. The practice involved the healthy lifestyle team. There were 21 patients identified in need of additional support. The practice provided support such as referrals to befriending services, walking groups, depression and anxiety services.