# Southway Surgery

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at Southway Surgery on Wednesday 13 January 2016. Overall the practice is rated as good.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice was organised and staff said it was a good place to work.
- 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.
- There was a proactive and supportive attitude to education and learning at the practice. Staff had the skills, knowledge and experience to deliver effective care and treatment. There had been positive feedback from trainee GPs working at the practice and the practice had a reputation within the deanery of being supportive.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw two areas of outstanding practice:

- One of the GPs volunteered for and had recently received a Queens diamond jubilee medal for

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services to the BASICS Devon - British Association for ImmediateCare in Devon. This emergency response service had resulted in examples where emergency ambulance calls were diverted. The GP had responded to patients within the practice population but also within the wider community. This was done with support from partners, staff and patients at the practice. For example, the GP attended a local head injury of a child and an unexpected birth which enabled the ambulance crews to attend other emergencies. The GP had also attended a cardiac arrest of a patient within a care home for learning disabilities. This provided reassurance and support for other residents and staff who were familiar with this GP.

The area where the provider should make improvement are:

- Formalise the closure of complaint investigations and communication to patients.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

**Are services safe?**

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The GP partners encouraged a culture of openness and honesty and were open to challenge and proactively raised concerns where it was identified both within the practice and within external settings.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

**Are services effective?**

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and reassurance that practice was appropriately delivered.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was a positive culture of training and education. Feedback from trainee GPs was positive.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

**Are services caring?**

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

# Summary of findings

- Positive feedback had been received from health care professionals about the care and treatment their service users had received.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

**Are services responsive to people's needs?**

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- One of the GPs volunteered for and had received a Queens diamond jubilee medal for services to the Plymouth Locality Immediate Medical Support service. (Now called BASICS Devon-British Association for Immediate Care in Devon). The GP had responded to patients within the practice population but also within the wider community. This was done with support from partners, staff and patients at the practice.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

**Are services well-led?**

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was 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.

# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on education, 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Care and treatment of older patients reflected current evidence-based practice.
- The practice had identified the top 2% of patients who were most at risk of admission and were reviewed at least monthly with the wider primary care team.
- Older patients had care plans where necessary.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people compared with local and national averages.
- Practice nurses offered health checks, wound care, doppler assessments, ear syringing, Pneumovax and shingles vaccines and general health advice. They offered double appointment times to ensure patients got adequate time.
- Patients were proactively signposted to local clubs such as the lunch club at the local church, tea dance, keep fit classes and art classes to reduce social isolation and increase well being.
- The practice worked with local pharmacies to ensure patients could be supplied with weekly scripts, in blister packs, if needed.

### 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.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

- Patients could see nurses at any time to access additional health education and resources including, asthma, chronic obstructive pulmonary disease (COPD) and diabetes.
- GPs were able to access pathology results on the hospital system and could act on results ordered by secondary care soreducing the time that patients may otherwise wait for changes to be made to their care and treatment. .
- GPs used email communication with consultants where further assistance is required for complex cases. This reduced the need for patients to be seen in their clinic.

**Families, children and young people**

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The GPs offered support to patients with social problems and worked with staff at the children's centre. Isolated single parents were signposted promptly to the children's centre and the practice had a named member of the children's centre available to make pregnant mothers aware of the facility.
- Plymouth Counselling service (Options) used the practice both for patients (which was particularly helpful for those who cannot travel) and patients from other practices who do not provide this service.
- The practice sign posted patients to health visitors, the children's centre, their school and to other support groups including family matters and options. Practice staff helped patients to take the first step by phoning the agency for them in the practice and had contact numbers of many useful agencies to give to patients.
- GPs used a professional helpline in difficult childhood mental health cases giving suggestions of how to move things forward.

# Summary of findings

- The practice offered eight week post-natal checks with baby's first immunisations. Immunisation times were generous so parents and nurses did not feel rushed. Appointments were scheduled to avoid school pick up times.

**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 offered a late surgery on Thursday evenings so that routine appointments could be offered outside the normal working day.
- 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 offered support to students who struggling with university life.
- Sexual health education, sexual transmitted disease testing and full contraception services, including intrauterine devices and implant insertion were offered at the practice.
- Telephone consultations were available on a daily basis at times convenient to the patient.
- Nurses offered travel advice and a vaccination services including catch up immunisations for students.
- The practice offered minor surgery which could be more convenient than accessing secondary care.

**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 held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and practice staff had received positive feedback from these patients and health care professionals about the service provided at the practice. The practice had performed 39 health care checks for patients with learning disabilities, which was 91%.

# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice were the only practice in North Plymouth providing comprehensive care to patients with substance misuse. The GPs worked effectively and collaboratively with staff from a service for patients affected by the misuse of drugs and alcohol).

**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).

- 85.71% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average than the national average of 84.01%.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Patients with dementia were signposted to local support groups including living well (a support group offering weight management, smoking cessation and health checks). The practice also signpost patients to Veterans UK, a memory café and POD (Plymouth online directory) which is a website that provides information about social care and health services in Plymouth.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health and had an effective working relationship with the Child and Adult Mental Health teams (CAMHS).
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

# Summary of findings

- Patients with mental health issues could call and book same day urgent appointments and were offered longer consultation times.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2015. The results showed the practice was performing in line with or better than local and national averages. 250 survey forms were distributed and 107 were returned. This represented 2% of the practice's patient list.

- 74% of patients found it easy to get through to this practice by phone compared to a Clinical Commissioning Group average of 84% and a national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 91% and national average 85%).
- 97% of patients described the overall experience of their GP practice as good (CCG average 91% and national average 85%).
- 91% of patients said they would recommend their GP practice to someone who has just moved to the local area (CCG average 86% and national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were all positive about the standard of care received. All five were positive about the care, support, attitude of staff and of the facilities

We spoke with 16 patients during the inspection. All 16 patients said they were happy with the appointment system, the care they received and stated they thought staff were approachable, committed and caring.

## Areas for improvement

**Action the service SHOULD take to improve**

Formalise the closure of complaint investigations and communication to patients.

## Outstanding practice

One of the GPs volunteered for and had recently received a Queens diamond jubilee medal for services to the BASICS Devon - British Association for ImmediateCare in Devon. This emergency response service had resulted in examples where emergency ambulance calls were diverted. The GP had responded to patients within the practice population but also within the wider community. This was done with support from partners, staff and patients at the practice. For example, the GP attended a local head injury of a child and an unexpected birth which enabled the ambulance crews to attend other emergencies. The GP had also attended a cardiac arrest of a patient within a local care home for learning disabilities. This provided reassurance and support for other residents and staff who were familiar with this GP.

# Southway 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 manager specialist adviser and an Expert by Experience.

## Background to Southway Surgery

Southway Surgery was inspected on Wednesday 13 January 2016. This was a comprehensive inspection.

The practice is situated in a residential area of Plymouth Devon. The practice provides a primary medical service to approximately 5,300 patients of a diverse age group. The practice was a training practice for doctors who are training to become GPs. Two of the GPs were trainers.

There was a team of three GP partners, two male and one female. Partners hold managerial and financial responsibility for running the business. There was also a GP registrar (a qualified doctor training to become a GP). The team were supported by a practice manager, a nurse practitioner, a practice nurse, phlebotomist, health care assistant, and additional administration staff.

Patients using the practice also had access to community nurses, health visitors, midwives, children centre staff and counsellors.

The practice is open from Monday to Friday 8.30 to 6pm. The practice was open and telephone lines were open from 7.45am. Early morning appointments are available on Mondays and Tuesdays from 8am and evening appointments are available on Thursdays until 9pm.

Outside of these times there is a local agreement that the out of hours service take phone calls and provide a service for patients.

## 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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on Wednesday 13 January 2016. During our visit we:

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

# Detailed findings

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 were provided for specific groups of people and what good care looked 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 a recording form available on the practice's computer system. Staff explained that there was support offered in the event of any significant occurring and that there was a culture of learning rather than blame.
- 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, it had been identified by a GP that a patient had not been having bloods monitored for a specific medicine. The patient was routinely having blood taken but this was for another reason and therefore had not alerted staff. The GP instructed staff to carry out this test and reminded the other prescribers at the practice to be more vigilant. A change in the way the prescriptions were issued was made which prompted the prescribers to check the patient records for the blood results before a repeat prescription was issued. Additional reminder 'pop ups' were also introduced on the computer record to remind staff to check these blood levels.

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

**Overview of safety systems and processes**

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three. We were given examples to show that staff at the practice had raised safeguarding alerts promptly and effectively where appropriate and had followed up action where required.
- Posters in the waiting room and within treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse practitioner 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 eLearning in the absence of infection control training provision locally. Weekly infection control assessments were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, a routine cleaning programme had been introduced for washing privacy screens in the treatment rooms.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescribing data was comparable or better than other practices in the CCG. For example, the practice came fourth out of 51 practices in the CCG for broad spectrum antibiotic prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as a nurse practitioner and independent prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship

and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent. For example the cervical screening programme followed up patients who were referred as a result of abnormal results.

**Monitoring risks to patients**

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment had been checked earlier in the month to ensure the equipment was safe to use. Clinical equipment had been checked in August 2015 to ensure it was working properly. On the day of the inspection the oxygen cylinders were checked by the supplier as part of a rolling contract. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff explained that there were always enough staff were on duty and that staff shortages were filled by existing staff for continuity.

**Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation, treatment rooms and administration offices which alerted staff to any emergency.
- All staff received annual basic life support training. One of the GPs had a diploma in immediate medical care and volunteered for a service which provided immediate access to specialist medical care at the scene of illness or accident.
- There were emergency medicines available in the treatment room with systems in place to check expiry dates.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks and saturation probes to measure oxygen levels. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use with records kept to demonstrate this and to prompt replacements when required.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patient needs. For example, nursing staff told us they routinely accessed NICE guidelines for asthma and contraception. Staff also used online resources to ensure travel advice was current practice.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

**Management, monitoring and improving outcomes for people**

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2014/2015 were 513.7 of the total number of points available (96%) with 4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data showed:

- Performance for diabetes related indicators was similar to the Clinical Commissioning Group (CCG) and national average. For example, the percentage of patients with diabetes who had had their blood pressure checked in the last year was 84.14% compared to the national average rate of 78.03%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average. For example, patients with high blood pressure who had had their blood pressure checked in the last year was 86.9% which was higher than the national rate of 83.65%.
- Performance for mental health related indicators was similar to the CCG and national average. For example, the percentage of patients with a mental illness who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 84% compared to the national average of 88.47%. We discussed this with the GPs who said compliance of some patients had resulted in a low uptake of checks so these were now being offered opportunistically and done at the point of prescriptions being provided.

Clinical audits demonstrated quality improvement. We were shown examples of clinical audits completed in the last two years. Three of these were completed audits where the improvements made were implemented and monitored.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services or to satisfy that current practice and treatment was appropriate. For example, recent action taken as a result included identifying a low percentage of patients using asthma inhalers inappropriately.

**Effective staffing**

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

- The practice had a structured recruitment and induction programme for all newly appointed staff, including for locum staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions, health checks and family planning.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Staff explained that there was a supportive culture for education and training and that there were no

restrictions on courses attended. 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 their learning needs and to cover the scope of their work. All staff had had an appraisal within the last 12 months. Feedback from GP trainees was positive. The trainees said the GPs offered support and guidance and that the debrief and time offered after each clinic was appreciated.

- 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. For example, a system was in place for GPs to look at any correspondence sent overnight from the out of hours provider.

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

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

**Consent to care and treatment**

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Nursing staff were aware of current guidance and added that they would discuss any concerns with the duty GP.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was through a series of paper documents which contained what to expect and risks and complications. These were then scanned and stored on patient records.

**Supporting patients to live healthier lives**

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice also signposted patients to other support groups including living well (a support group offering weight management, smoking cessation and health checks). The practice also signpost patients to Veterans UK, a memory café and POD (Plymouth online directory) which is a website that provides information about social care and health services in Plymouth.

The practice's uptake for the cervical screening programme was 87.51%, which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 99% and five year olds from 93.8% to 97.9%.

Good

# Are services effective?

## (for example, treatment is effective)

Flu vaccination rates for the over 65s were 72.77%, and at risk groups 51.42%. These were also comparable to national averages. (73.24% and 49.19%)

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

Good

# Are services caring?

## Our findings

**Kindness, dignity, respect and compassion**

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

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

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

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey in July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 98% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and national average of 89%.
- 93% of patients said the GP gave them enough time (CCG average 91% and national average 87%).
- 98% of patients said they had confidence and trust in the last GP they saw (CCG average 97% and national average 95%).
- 90% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 90% and national average 85%).
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93% and national average 90%).
- 97% of patients said they found the receptionists at the practice helpful (CCG average 91% and national average 87%).

**Care planning and involvement in decisions about care and treatment**

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

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 90% and national average of 86%.
- 96% said the last GP they saw was good at involving them in decisions about their care (CCG average 87% and national average 81%)
- 94% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88% and national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language but added that these patients had a good command of the English language and had not needed the service.

**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. 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.

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 Thursday evening appointments until 9pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, for older patients or those who needed it.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccinations available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was purpose built so had disabled parking spaces, automatic door openings, wide corridors and door openings and accessible toilet facilities for both staff and patients.

One of the GPs volunteered for and had received a Queens diamond jubilee medal for services to the Plymouth Locality Immediate Medical Support service. (Now called BASICS Devon- British Association for Immediate Care in Devon). The GP had responded to patients within the practice population but also within the wider community. This was done with support from partners, staff and patients at the practice. For example, one of the GPs covered the list of patients whilst the GP was out of the practice. The BASICS GP was approved a blue-light response driver and supported by the South Western Ambulance Service NHS Foundation Trust, but provided their expertise and time on a voluntary basis. The service had benefitted practice patients and those in the wider community. For example, the GP attended a local head injury of a child and an unexpected birth which enabled the ambulance crews to attend other emergencies. The GP had also attended a cardiac arrest of a patient within a care home for learning disabilities. This provided reassurance and support for other residents and staff who were familiar with this GP. Other incidents have included farming incidents and road traffic incidents.

The practice were the only practice in North Plymouth providing comprehensive care to patients with substance misuse. The GPs worked effectively and collaboratively with staff from an external service for patients affected by the misuse of drugs and alcohol.

**Access to the service**

The practice was open from Monday to Friday 8.30 to 6pm. The practice was open from 7.45 and telephone lines were open at this time. Early morning appointments were available on Mondays and Tuesdays from 8am and evening appointments were available on Thursdays until 9pm.

Results from the national GP patient survey in July 2015 showed that patient's satisfaction with how they could access care and treatment were either comparable or higher than local and national averages.

- 89% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 78% and national average of 75%.
- 74% of patients said they could get through easily to the surgery by phone (CCG average 84% and national average 73%).
- 76% of patients said they usually get to see or speak to the GP they prefer (CCG average 72%and national average 60%).

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

**Listening and learning from concerns and complaints**

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

- The complaint policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, information was included on the website and posters were displayed in the waiting room.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

We looked at eight complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint about a relatives care had resulted in an investigation by the GP and discussion with the other partners. The patient's relative was given a full explanation of the investigation and was invited for a discussion. Records of these discussions were kept. However, we did not see evidence demonstrating closure of the complaint.

We saw that the practice manager had tried to investigate anonymous feedback from the NHS Choices website and had offered for the patient to contact the practice.

# 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 an ethos statement and staff knew and understood the values.
- The partners met for lunch daily to discuss matters on an informal basis but also regularly met to discuss their strategy and supporting business plan which reflected the vision and values.

**Governance arrangements**

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The GPs met each lunch time to discuss any issues and invited internal staff and external health care professionals to join these discussions. Feedback from health and social care professionals was very positive. These staff said the practice staff were open, responsive, calm, professional and very approachable.

**Leadership and culture**

The partners in the practice had 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 they were approachable and always took the time to listen to all members of staff. Feedback from all staff was very positive in regard to the management and leadership at the practice. Staff demonstrated a mutual sense of respect and said the working atmosphere was calm, supportive and encouraging.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- One of the GPs worked with the patient participation group (PPG) and sought feedback on surveys results and changes. The PPG, which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested an alert system for hard of hearing patients to be included on the TV screen in the waiting room. This had been implemented.

# Are services well-led?

Good

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

- The practice had gathered feedback from staff through day to day contact, meetings, appraisals and discussion. Staff told us the GPs and practice manager had open door policies and were always willing to listen and discuss any concerns or issues. Staff were aware of the whistleblowing policy and said that the leadership and management were always open to challenge or receptive to new ideas.

**Continuous improvement**

There was a strong focus on continuous learning and improvement at all levels within the practice, including the development of an apprentice. The practice team was forward thinking and were in the process of extending the training and education at the practice. This was to include providing placements for student paramedics, student nurses and introducing a pharmacist prescriber.