St Levan Surgery

Quality Report

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Date of inspection visit: 4 November 2014
Date of publication: 23/04/2015

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?	Outstanding
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

St Levan is a general practice surgery that provides NHS services and is based in a modern purpose built building at 350 St Levan Road, Keyham, in the outskirts of Plymouth.

The practice comprises of five GPs and a managing partner working in partnership. The practice currently has 6800 patients listed. We talked with six patients on the day of our inspection and they were all satisfied with the standard of care, service and treatment they received. We saw 21 comment cards had been completed by patients who used the practice. We noted that all of these had been positively completed with patients stating they received a very high level of care from all staff at the practice and felt involved in all aspects of their treatment and care.

Our key findings were as follows:

We found that the practice engaged with the patient population on a regular basis. Evidence showed that the practice responded positively to feedback from annual surveys. The practice kept patients informed via their own website.

The practice had a stable staff group, many of which had worked there for over ten years. All staff we spoke with told us they felt supported and well led. Staff said that their opinions and ideas were listened to and taken seriously. St Levan surgery is a training practice for trainee doctors and we saw evidence that staff training and involvement formed a strong part of the overall management of the practice.

The practice is rated as good. We found St Levan to be a well led practice that was safe, caring, effective and responsive to patients' needs. The practice showed they had an open, fair and transparent manner with the management team showing clear leadership. The patients, clinical and administrative staff we spoke with all told us they felt the practice was well led, approachable and demonstrated good working relations with other health professionals, organisations and local authorities.

We found the practice had initiated many positive service improvements for their patient population that were over and above their contractual obligations, particularly for people in vulnerable circumstances.

The practice had been awarded two awards. The National HSJ Acute and Primary Care Innovation Award for its

Summary of findings

appointment system which has improved outcomes and patient experience. The practice obtained the Investors in People award in 1997 and has continued to maintain the award since then. This showed a commitment to adhere to the principles of excellence in people management.

Historical surveys showed a significant demand for extended hours, patients wanted to see the GP of their choice and extended hours did not facilitate this. As a result of this the practice introduced a patient access system which offered all patients a same day telephone consultation regardless of urgency or importance. Those patients who required an appointment were offered one on the same day. The system allowed flexibility. For example all patients were offered a 15 minute appointment and longer if needed.

There was a large part of the local population who had problems related to substance misuse. The practice developed skills to ensure these patients received good care. One GP had a special interest and had developed excellent links with local drugs workers and rehabilitation centres. All GPs had extended skills in the management of substance misuse and attended regular drug and alcohol training updates as part of this speciality work.

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 safe. Patients we spoke with told us they felt confident with the care they received and felt well looked after by the practice.

The practice had systems to help ensure patient safety and responded to emergencies well.

Recruitment procedures and checks were completed as required to ensure that staff were suitable and competent. There was a system in operation which encouraged and supported staff to learn from any significant events or incidents. There were suitable safeguarding policies and procedures in place that helped identify and protect children and adults who used the practice from the risk of abuse.

The same day access to a GP ensured patients did not wait for an assessment if needed. All staff which included receptionists GPs and locums had been trained to apply this system.

There were suitable arrangements for the efficient management of medicines. The practice was clean, tidy and hygienic. We found that suitable arrangements were in place to ensure the cleanliness of the practice was maintained to a good standard. There were effective systems in place for the retention and disposal of clinical waste.

Are services effective?

Good

The practice is rated as good for effective. Data showed patient outcomes were at or above average for the locality. National Institute for Health and Care Excellence (NICE) guidance was referenced and used routinely. Patients needs were assessed and care was planned and delivered in line with current legislation. This included assessment of capacity and the promotion of good health.

Staff had received training appropriate to their roles and further training needs had been identified and planned. Multidisciplinary working was evidenced. Some staff had had formal appraisals undertaken with them but not all. This was planned for the future.

Are services caring?

Good

The practice is rated as good for caring. Feedback from patients about their care and treatment was consistently and strongly positive. We observed a patient centred culture.

Summary of findings

We found strong evidence that staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We found many positive examples to demonstrate how patients choices and preferences were valued and acted on.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for responsive. We found the practice had initiated many positive service improvements for their patient population that were over and above their contractual obligations, particularly for people in vulnerable circumstances.

The practice had reviewed the needs of their local population and engaged with the NHS Local Area Team (LAT) and the local clinical commissioning group (CCG) to secure service improvements where these had been identified. Historical surveys showed a significant demand for extended hours, patients wanted to see the GP of their choice and extended hours did not facilitate this. As a result of this the practice introduced a patient access system which offered all patients a same day telephone consultation regardless of urgency or importance. Those patients who required an appointment were offered one on the same day. The system allowed flexibility. For example all patients were offered a 15 minute appointment and longer if needed. patients said access to the service was good.

There was a large part of the local population who had problems related to substance misuse. The practice developed skills to ensure these patients received good care. One GP had a special interest and had developed excellent links with local drugs workers and rehabilitation centres. All GPs had extended skills in the management of substance misuse and attended regular drug and alcohol training updates as part of this speciality work.

There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for well-led. The practice had a clear vision and strategy to deliver this. 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 regular governance meetings had taken place. There were systems in place to monitor and improve quality and identify risk.

Summary of findings

The practice proactively sought feedback from staff and patients and this had been acted upon. Staff had received inductions, and attended staff meetings and events. Some staff had received regular performance reviews.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. It had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

The practice was rated as good for the population group of people with long term conditions. Patients had an annual review of their condition and their medication needs were checked at this time. When needed, longer appointments and home visits were available. Patients at risk of being admitted to hospital due to their condition had a care plan in place, and this was regularly reviewed by a GP.

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. 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. Emergency processes were in place and referrals were made for children and pregnant women whose health deteriorated suddenly.

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.

Summary of findings

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.

People whose circumstances may make them vulnerable

Outstanding 

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 people, travellers and those with a learning disability. It had carried out annual health checks for patients with a learning disability and 95% of these patients had received a follow-up. It offered longer appointments for patients with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. 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.

There was a large part of the local population who had problems related to substance misuse. The practice developed skills to ensure these patients received good care. One GP had a special interest and had developed excellent links with local drugs workers and rehabilitation centres. All GPs had extended skills in the management of substance misuse and attended regular drug and alcohol training updates as part of this speciality work. The practice was one of two Plymouth practices who offered the Violent Patient Enhanced Service. It also had obtained excellent feedback from the Racial Equality mystery shopper.

People experiencing poor mental health (including people with dementia)

Good 

The practice is rated as good for the care of patients experiencing poor mental health (including people with dementia). 97% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of patients 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

Summary of findings

organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for patients with mental health needs and dementia.

Summary of findings

What people who use the service say

We spoke with six patients during our inspection. The practice has a virtual patient participation group (PPG).

The practice had provided patients with information about the Care Quality Commission prior to the inspection. Our comment box was displayed and comment cards had been made available for patients to share their experience with us. We collected 21 comment cards which contained detailed positive comments.

Comment cards stated that patients were grateful for the caring attitude of the staff and for the staff who took time to listen effectively. Comments also highlighted patients' confidence in the advice and medical knowledge, access to appointments and praise for the continuity of care and not being rushed.

These findings were reflected during our conversations with patients. The feedback from patients was overwhelmingly positive. Patients told us about their experiences of care and praised the level of care and support they consistently received at the practice. Patients said they were happy, very satisfied and they received good treatment. Patients told us that the GPs were excellent.

Patients were happy with the appointment system and said it was easy to make an appointment.

Patients appreciated the service provided and told us they had no complaints and could not imagine needing to complain.

Patients were satisfied with the facilities at the practice. Patients commented on the building being clean and tidy. Patients told us staff used gloves and aprons where needed and washed their hands before treatment was provided.

Patients found it easy to get repeat prescriptions and said they thought the website was good.

St Levan Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist advisor, a practice manager specialist advisor and a nurse specialist advisor.

Background to St Levan Surgery

The practice provides primary medical services in a modern purpose built building with good disabled access in the South West area of Plymouth. The practice provides services to a diverse population age group and is situated in a town centre location.

The practice comprises of a team of five GP partners and one managing partner. They hold managerial and financial responsibility for running the business. In addition there is three registered nurses, two healthcare assistants, and additional administrative and reception staff.

Patients who use the practice have access to community staff including district nurses, community psychiatric nurses, health visitors, physiotherapists, mental health staff, counsellors, chiropodist, midwives and substance misuse workers.

St Levan is open between Monday and Friday from 08.30am- 6pm. Outside of these hours a service is provided by another health care provider accessed by patients dialling the national 111 service.

Why we carried out this inspection

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. This 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.

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

How we carried out this inspection

The inspection team carried out an inspection of St Levan surgery. This was an announced inspection on 4th November 2014. We spoke with six patients and 12 members of staff.

We observed how staff dealt with patients in person and over the telephone. We discussed anonymised patient care plans. We spoke with and interviewed a range of staff including GPs, the managing partner, the practice nurses, reception and administrative staff. We also reviewed comment cards where patients shared their views and experiences of the service. These had been provided by the Care Quality Commission (CQC) before our inspection took place. In advance of our inspection we talked to the local clinical commissioning group (CCG) and the NHS England local area team about the practice

- Is it safe?
- Is it effective?

Detailed findings

- 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)

Good

Are services safe?

Our findings

Safe track record

We saw evidence that the practice had a good track record for maintaining patient safety. Information from the quality and outcomes framework (QOF), which is a national performance measurement tool, showed that significant events were appropriately identified and reported. GPs told us they completed incident reports and carried out significant event analysis as part of their on-going professional development. The management team, GPs and practice nurses discussed significant events at their regular meetings. The practice provided evidence of new guidelines, complaints, and incidents being discussed positively and openly. These significant events were also discussed at meetings between senior managers who ensured there was shared learning from incidents. All the staff we spoke with, including reception staff, were aware of the significant event policy and knew how to escalate any incidents. They were aware of the forms they were required to complete and knew who to report any incidents to at the practice.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. We saw evidence to confirm that staff had completed a significant event analysis which included identifying any learning from the incident. We saw evidence to confirm that, as individuals and as a team, staff were actively reflecting on their practice and critically looked at what they did to see if any improvements could be made. Significant events, incidents and complaints were investigated and reflected on by the GPs and the senior management team. The team recognised the benefits of identifying any patient safety incidents and near misses.

The practice kept records of significant events that had occurred and these were made available to us. Two monthly meetings were held to discuss any clinical significant events that had occurred. This was then followed up at three monthly meetings to discuss and finalise.

Staff used incident forms on the practice intranet and sent completed forms to the practice manager. They used the system to manage and monitor incidents.

Reliable safety systems and processes including safeguarding

Patients told us they felt safe at the practice and knew how to raise any concerns. A named GP had a lead role for safeguarding. They had been trained to the appropriate advanced level. There were appropriate policies in place to direct staff on when and how to make a safeguarding referral. The policies included information on external agency contacts, for example the local authority safeguarding team. These details were displayed where staff could easily find them.

There were monthly meetings with relevant attached health care professionals including social workers, district nurses, palliative care nurses, physiotherapist and occupational therapists. The purpose of these meetings was to discuss and to review patients with more complex health care needs. Health care professionals were aware they could raise safeguarding concerns about vulnerable adults at these meetings. Staff said communication between health visitors and the practice was good and any concerns were followed up. For example, if a child looked unkempt or was losing weight, the GP could raise a concern for the health visitor to follow up. The computer-based patient record system allowed safeguarding information to be alerted to staff. When a vulnerable adult or 'at risk' child had been seen by different health care professionals, they were aware of their circumstances. The staff told us they had received safeguarding training. Training records confirmed this. Staff told us they were aware of whom the safeguarding lead was and demonstrated knowledge of how to make a patient referral or escalate a safeguarding concern internally.

A chaperone policy was in place and was displayed in the waiting room. Chaperone training had been undertaken by all nursing staff.

Medicines management

There were clear systems in place for medicine management. The practice had both pharmacy support from the Medicines Management Team of the clinical commissioning group (CCG) and were successful in obtaining Prime Minister Challenge fund monies to fund a project where a pharmacist undertook face to face and telephone reviews of patients who were prescribed multiple medications.

Good

Are services safe?

Patients were informed of the reason for any medicine prescribed and the dosage. Where appropriate, patients were warned of any side effects, for example, the likelihood of drowsiness. All patients said they were provided with information leaflets supplied with the medicine to check for side effects. Patients were satisfied with the repeat prescription processes. They were notified of health checks needed before medicines were issued. Patients explained to us they could use the box in the practice or send an e-mail. Patients also explained they could collect their medicines from the pharmacy which was located next to the practice. The GPs were responsible for prescribing medicines at the practice. There were no nurse prescribers employed. We saw that medicines and prescription pads were stored safely. All prescriptions were authorised by the prescriber. The computer system highlighted high risk medicines, and those requiring more detailed monitoring. We discussed how patients' records were updated following a hospital discharge. We saw that systems were in place to make sure any changes made to a patient's medicines were authorised by the prescriber.

There were systems in place to make sure any medicines alerts or recalls were actioned by staff.

There were appropriate arrangements for controlled drugs management and those medicines requiring cold storage. There were systems in place so that checks took place to ensure products were kept within expiry dates. Those medicines which required refrigeration were stored in secure fridges. Fridge temperatures were monitored daily to ensure that medicines remained effective.

We conducted a visual check on a sample of medicines to check they were in date. We found they were, with the exception of one spray in a drawer in the nurse's room. This was immediately disposed of and replaced. We also checked emergency equipment and medicines with the nurse, the resuscitation kit, additional portable kit, defibrillator and oxygen all were in order. There were no controlled drugs kept at the practice.

Cleanliness and infection control

The practice had a lead for infection control. This staff member had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training.

We saw evidence that the lead nurse responsible for infection control had carried out audits by the way of a checklist system to check standards remained good. There had been no reported incidents from sharps injuries or spillage. All staff had received induction training about infection control (specific to their role) and thereafter annual updates.

We observed the premises to be clean and tidy. An extensive cleaning and repair and maintenance contract was in place to ensure the cleanliness and safety of the practice. We noted that the infection control policy and supporting procedures were available for staff to refer to. This enabled them to plan and implement control of infection measures and to comply with relevant legislation.

Equipment

Emergency equipment available to the practice was within the expiry dates. The practice had an effective system to monitor the dates of emergency medicines and equipment which ensured they were discarded and replaced as required. Equipment such as the weighing scales, blood pressure monitors and other medical equipment were serviced and calibrated where required.

Staff told us they had sufficient equipment at the practice.

Staffing and recruitment

Staff told us there were suitable numbers of staff on duty and that staff rotas were managed well. The practice had a low turnover of staff. The practice said they used locums as staff cover but tried to use the same one for continuity.

The practice used a team approach where the workload for part time staff was shared equally. Staff explained this worked well but there remained a general team work approach where all staff helped one another when one particular member of staff was busy.

Recruitment procedures were safe. Staff employed at the practice had undergone the appropriate checks prior to commencing employment. Clinical competence was assessed at interview. Once in post staff completed an induction which consisted of ensuring staff met competencies and were aware of emergency procedures.

Criminal records checks were performed for GPs, nursing staff and all administrative staff.

The practice had clear disciplinary procedures to follow should the need arise.

Good

Are services safe?

Nursing and Midwifery Council (NMC) status was completed and checked annually for the registered nurses to ensure they were on the professional register to enable them to practice as a registered nurse.

Monitoring safety and responding to risk

The practice had a system in place for reporting, recording and monitoring significant events. There were procedures in place to assess, manage and monitor risks to patient and staff safety. The practice ensured the appropriate checks and risk assessments had been carried out. There was a system in place to inform the building management company of any concerns staff had.

The management team had procedures in place to manage expected absences, such as annual leave, and unexpected absences, for example staff sickness. Annual leave for staff was managed to ensure there were sufficient reception staff on duty each day.

The practice had a suitable business continuity plan that documented the practice's response to any prolonged period of events that may compromise patient safety. For example, this included computer loss and lists of essential equipment.

Arrangements to deal with emergencies and major incidents

Appropriate equipment was available to deal with an emergency, for example if a patient should collapse. The staff we spoke with all knew where to locate the equipment and emergency medicines. The emergency equipment was well maintained and effective checks were in place to ensure emergency medication and equipment did not expire. All staff, including administration staff had received training in emergency procedures.

We saw the practice had a small supply of medicines for emergency use. Records showed these were checked regularly to make sure they were safe to use.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

There were examples where care and treatment followed national best practice and guidelines. For example, emergency medicines and equipment held within the practice followed the guidance produced by the Resuscitation Council (UK). The practice followed the National Institute for Health and Care Excellence (NICE) guidance and we saw that where required, guidance from the Mental Capacity Act 2005 had been followed. The practice used The quality and outcome framework (QOF) to measure their performance. The QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice in their surgeries. The QOF data for this practice showed that they generally achieved high or very high scores in areas that reflected the effectiveness of care provided. The local clinical commissioning group (CCG) data demonstrated that the practice performed well in comparison to other practices within the CCG area.

The practice referred patients appropriately to secondary and other community care services. National data showed the practice was in line with national standards on referral rates for all conditions. We saw evidence of appropriate use of Two Week Wait referrals. We saw minutes from meetings where regular review of elective and urgent referrals was made, and that improvements to practise were shared with all clinical staff.

We saw no evidence of discrimination when making care and treatment decisions.

New NICE guidance was discussed and noted in minutes of practice meetings and disseminated to all relevant staff.

Management, monitoring and improving outcomes for people

The practice routinely collected information about patients care and outcomes. It used the QOF to assess its performance and undertook regular clinical audit. QOF data showed the practice performed well in comparison to local practices. For example, 98% of patients with diabetes had received an annual review of their condition.

The practice had a system in place for completing clinical audit cycles. The management team told us clinical audits were often linked to medicines management information and safety alerts. We saw an example of a clinical audit cycle relating to the prescribing of specific medicines.

Medicine reviews were carried out for patients where it was felt a change in prescribing guidelines would affect their medication. Records were kept of the decision making process, and where changes to medicines were not appropriate the reasons were recorded.

GPs in the practice undertook minor surgical procedures and joint injections in line with their registration and NICE guidance. The staff were appropriately trained and kept up to date. There was evidence of regular clinical audit in this area which was used by GPs for revalidation and personal learning purposes.

Effective staffing

The managing partner was responsible for staff training. The practice had held the Investors In People Award since 1997 and had the Platinum Health at Work award. The practice had run a system of 360% partner appraisal for over 15 years. We saw evidence that confirmed all GPs had undertaken annual appraisals and that they had either been revalidated or had a date for revalidation.

All clinical staff had been appraised in the last year and had identified their learning needs although we did not see how the practice planned to address these. Some non-clinical staff had been formally appraised in the last year but not all. This had been planned for the near future.

The practice was accredited by the University of Exeter and NHS Education (South West) as a suitable teaching centre for medical students. One of the GPs was the link for these members of staff although all staff had involvement with students.

Working with colleagues and other services

We found that the practice worked with other service providers to meet patients' needs and manage complex cases. Blood results, X-ray results, letters from hospital A and E and outpatients and discharge summaries, out of hours providers and the 111 service were received electronically or by post. These are seen and actioned by a GP on the day they are received. Outpatient letters are reviewed in less than five days from receipt. The GP seeing

Good

Are services effective?

(for example, treatment is effective)

documents and results was responsible for the action required. They either recorded the action or arranged for the patient to be contacted and seen as clinically necessary. We saw that this process worked well.

Once a month there was a meeting to discuss vulnerable patients, high risk patients and patients receiving end of life care. This included the multidisciplinary team such as social workers, palliative care team, physiotherapists, occupational therapists, community matrons and the mental health team.

Information sharing

The practice proactively identified patients including carers who may have needed ongoing support. New patients were offered a consultation to ascertain details of their past and medical and family history.

Consent to care and treatment

We saw examples of how young people, those with learning disability, those with mental health problems and those with dementia were supported to make decisions. When patients did not have capacity the staff we spoke with gave us examples of how the patient's best interest was taken into account. Best interest meetings were well attended by GPs when necessary. The staff demonstrated a clear understanding of Gillick competencies.

We saw how consent to treatment was recorded on the computer system, for example, for minor operations and coil fittings.

Staff could not recall an instance where restraint had been required. They were aware of the distinction between lawful and unlawful restraint.

Health promotion and prevention

New patients had a screening assessment and those with more complex illnesses or diseases were offered an appointment for review. This enabled the clinicians to recommend lifestyle changes to patients and promote health improvements which might reduce dependency on healthcare services. All patients with a learning disability had been offered a health check in the past twelve months. These were undertaken either at the practice or in the person's home.

The practice worked in partnership with patients. Staff provided support and trained patients to monitor their own conditions, especially older or younger patients with chronic conditions such as asthma. There was a range of leaflets and information documents available for patients within the practice and on the website. These included leaflets for mental health issues, smoking cessation, diet, how to live a healthy lifestyle and support groups such as domestic violence support. The practice website had links for patients to follow which included how to obtain urgent medical advice and support, healthy lifestyle, holiday health and self-treatment of common illness and accidents.

The practice offered a full range of immunisations for children. Flu vaccination was offered to all patients over the age of 65, those in "at risk" groups and pregnant women. Shingles vaccination was offered according to national guidance to older patients. The practice offered a full travel vaccination service.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed patients being treated with respect and dignity throughout our time at the practice. We saw that the nurse displayed a positive attitude towards her patients.

Patients were given the time they needed to ensure they understood the care and treatment they required. Three patients we spoke with confirmed that they never felt rushed. We left comment cards at the practice for patients to tell us about the care and treatment they received. We collected 21 completed cards which contained very detailed positive comments. All comment cards stated that patients were happy with the service they received.

Privacy and dignity was well respected. Privacy screens and window blinds were present in all clinical rooms. We saw that the doors to clinical rooms were locked when a nurse was undertaking a procedure with a patient.

Bereaved family members were offered the opportunity to speak with the GP or nurse whenever they wanted. A counselling service was also available.

Care planning and involvement in decisions about care and treatment

Patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. They rated the practice well in these areas. Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in their care decisions. They 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 they wished to receive.

Patient/carer support to cope emotionally with care and treatment

Patients were positive about the emotional support provided by the practice. The patients we spoke to on the day of our inspection and the comment cards we received were very positive about the support they received.

Notices in the patient waiting room sign-posted patients to a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us families who had suffered bereavement were called by their usual GP. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or signposting to a support service. Patients we spoke to who had suffered bereavement confirmed they had received this type of support and said they had found it helpful.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice had initiated many positive service improvements for their patient population that were over and above their contractual obligations, particularly for people in vulnerable circumstances.

Historical surveys showed a significant demand for extended hours, patients wanted to see the GP of their choice and extended hours did not facilitate this. As a result of this the practice introduced a patient access system which offered all patients a same day telephone consultation regardless of urgency or importance. Those patients who required an appointment were offered one on the same day. The system allowed flexibility. For example all patients were offered a 15 minute appointment and longer if needed.

There was a large part of the local population who had problems related to substance misuse. The practice developed skills to ensure these patients received good care. One GP had a special interest and had developed excellent links with local drugs workers and rehabilitation centres. All GPs had extended skills in the management of substance misuse and attended regular drug and alcohol training updates as part of this speciality work.

Tackling inequity and promoting equality

We found the practice was responsive to patients needs and had sustainable systems in place to maintain the level of service provided.

Patients reported good access to the practice with appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs.

There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff and other stakeholders.

There had been very little turnover of staff during the last ten years which enabled good continuity of care and accessibility to appointments with a GP of choice. All patients needing to be seen urgently were offered same-day appointments.

The practice had achieved and implemented the gold standards framework for end of life care. They had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss patient and their families care and support needs.

Access to the service

Patients told us if they needed to see a GP there were urgent and emergency appointments available on the same day. The practice opening hours were clearly displayed in the practice and on its website and patient information leaflet. Details of who to contact were clearly displayed in the practice, on the website and in the practice information leaflet for patients who required GP assistance out of practice hours

Most patients, especially younger people, were not worried which GP or nurse they saw, but those with complicated and/or long-term conditions usually tried to see their preferred GP. These patients were appreciative of the reception staff and told us they really helped patients who were regular and known to them.

Patients told us they were happy with the appointment system. They made and contacted the practice easily for an appointment, were given an appointment when needed and often saw their GP of choice.

Listening and learning from concerns and complaints

The practice had an effective complaints procedure in place. The management had an open door policy for patients to discuss any concerns. All six patients we spoke with indicated that they knew how to make a complaint. Information on how to raise a complaint or concern was displayed within the practice and information was also available on the website. The process included timescales

in which the practice would respond and information of other regulatory bodies to whom patients could complain.

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. Staff knew and understood the vision and values and knew what their responsibilities were in relation to these.

There was a stable staff group and staff spoke positively about communication, team work and their employment at the practice. They told us they were actively supported in their employment and described the practice as having an open, supportive culture and being a good place to work.

Staff said they communicated informally through day to day events and more formally through meetings and internal email. They felt this worked well and that individual voices were heard and listened to.

Governance arrangements The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop of any computer within the practice. We looked at four of these policies and procedures. Most staff had completed a cover sheet to confirm that they had read the policy and when. All four policies and procedures we looked at had been reviewed annually and were up to date.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse responsible for infection control and a GP lead for safeguarding. We spoke with eight members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

Leadership, openness and transparency

We spoke with GPs, nurses, health care assistants and administration staff during the inspection process. They all spoke highly and respectfully of their colleagues, their employment at the practice and the standard of leadership they worked under. There were clear lines of accountability and staff were aware of each other's roles and responsibilities. They all said that the GP partners and managing partner were very approachable and said there was a strong team ethos throughout the practice. All of the staff we spoke with made very positive references to the open culture within the practice.

The practice had been awarded two awards. The National HSJ Acute and Primary Care Innovation Award for its appointment system which has improved outcomes and patient experience. The practice obtained the Investors in People award in 1997 and has continued to maintain the award since then. This showed a commitment to adhere to the principles of excellence in people management.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from 145 patients through patient surveys and, comment cards. We looked at the results of the annual patient survey and saw patients agreed telephone consultations would be useful. We saw as a result of this the practice had changed the appointments system. The results following the change were 97% of patients asked said they were satisfied with the consultation by telephone and rated it as good, very good or excellent. The results and actions of these surveys were available on the practice website.

The practice had a virtual patient participation group (PPG) which they were always trying to recruit new patients to join.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice had a whistle blowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at three staff files and saw that regular training took place. Staff told us that the practice was very supportive of training and they were given lots of opportunity to attend training.

The practice was accredited by the University of Exeter and NHS Education (South West) as a suitable teaching centre for medical students.