

West Hoe 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 30 September 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to equipment checks and recruitment checks. This relates to the formal recording of these processes.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with 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.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should

- Maintain written records of all checks made on electrical equipment and clinical equipment, to show it has been checked and to ensure it is safe to use.

Summary of findings

- Ensure recruitment records include all necessary written induction, training and competencies information.

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?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events

Good



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

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 and 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. Pneumococcal, flu and shingles vaccines were provided at the practice for older people. Vaccines for older people, who have problems getting to the surgery, were administered by the GPs or Practice Nurse on a home visit.

All patients over 75 years of age had their own allocated GP. The practice worked well with the local pharmacy for the provision of prescriptions for patients. The local pharmacist provided blister packs when required for appropriate patients and delivered them to any patients that were house bound.

The practice had a carers register in place and were offering carers wellbeing checks.

Good



People with long term conditions

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 due to their long term condition were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

The practice employed two nurses that ran clinics for patients with diabetes, COPD (chronic obstructive pulmonary disease), asthma, heart failure, hypertension and high cholesterol.

They attended regular clinical updates to keep their clinical knowledge up to date. The practice also had a locum practice nurse who worked frequently who had extensive knowledge in the care of the diabetic patient. They saw diabetic patients with more complex

Good



Summary of findings

needs and worked with the patient to provide detailed management care plans. Another nurse had a special interest in respiratory diseases and had a COPD diploma. She was skilled in spirometry and management of the patient with chronic respiratory problems

The practice had been working with one of the medicines optimisation pharmacists who had a specialism in respiratory disease. They facilitated joint GP, nurse and pharmacist reviews for patients. This provided a holistic team approach and helped ensure patients were prescribed the correct medicines in line with current guidance.

Families, children and young people

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 routine health screening for children living in disadvantaged circumstances, or those at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high and in line with national averages 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 good examples of joint working with midwives, health visitors and school nurses. A midwife visited one day a week to provide antenatal care and a health visitor ran an open clinic once a month.

The practice was a Chlamydia test and treatment centre (this was for patients aged between the ages of 15-24). Patients could be tested and provided with a course of treatment if required.

The practice had a reciprocal arrangement with a local practice to provide private immunisations to patients who do not fit NHS criteria. This was arranged in response to requests by patients to have their children immunised against Meningitis B outside the current schedules.

Good



Working age people (including those recently retired and students)

The practice is rated as good for working age people. Advance appointments (up to four weeks in advance) were available for patients to book. The practice offered an online appointment booking service. Extended hours were also available one evening a week so that patients that could not attend in their working day could see a nurse or GP. Book on the day appointments were also available every morning, five days a week.

Good



Summary of findings

Suitable travel advice was available from the GPs and nursing staff within the practice and supporting information leaflets were available within the waiting areas.

The staff were proactive in calling patients into the practice for health checks. This included offering referrals for smoking cessation, providing health information, routine health checks and reminders to have medicine reviews. This gave the practice the opportunity to assess the risk of serious conditions on patients which attend. The practice also offered age appropriate screening tests including cholesterol testing.

People whose circumstances may make them vulnerable

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.

The practice were able to refer patients with alcohol addictions to an alcohol service for support and treatment. The support service visited the practice if required. The practice were also able to refer patients with depression/stress/anxiety to a service for support and treatment. One GP was a specialist in drug and alcohol misuse and had forged good links with the local Harbour Centre (the Harbour centre offered support and help to patients affected by the misuse of drugs and alcohol). A drug misuse support worker also regularly visited the surgery to see patients there.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

The practice were a member of the Safe Place Scheme. This was a nationally recognised scheme which helped people to deal with any incidents that take place when they are out in the community. The scheme is aimed at helping people feel confident and safe when in their community, knowing that assistance was available at the practice if required.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

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

Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing in line with local and national averages. There were 105 responses which represents 42.5% response rate.

- 78.5% find it easy to get through to this surgery by phone compared with a CCG average of 84.4% and a national average of 74.4%.
- 96.1% find the receptionists at this surgery helpful compared with a CCG average of 90.5% and a national average of 86.9%.
- 87.6% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 71.6% and a national average of 60.5%.
- 88.6% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 91% and a national average of 85.4%.

- 98.3% say the last appointment they got was convenient compared with a CCG average of 95.1% and a national average of 91.8%.
- 91.1% describe their experience of making an appointment as good compared with a CCG average of 83.3% and a national average of 73.8%.
- 75.5% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 71.2% and a national average of 65.2%.
- 66.3% feel they don't normally have to wait too long to be seen compared with a CCG average of 63.7% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received. Patients described the staff as friendly and helpful.

Areas for improvement

Action the service **SHOULD** take to improve

- Maintain written records of all checks made on electrical equipment and clinical equipment, to show it has been checked and to ensure it is safe to use.

- Ensure recruitment records include all necessary written induction, training and competencies information.

West Hoe 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 another CQC inspector, a GP specialist advisor and a nurse manager specialist advisor.

Background to West Hoe Surgery

West Hoe Surgery was inspected on Wednesday 30 September 2015. This was a comprehensive inspection.

The practice provides GP primary care services to approximately 4600 people living in and around Plymouth City Centre. The practice has a Personal Medical Service (PMS). They also offer Directed Enhanced Services, for example the provision extended hours to enable patients to consult a health care professional, face to face, by telephone, or by other means at times other than during core hours.

There are four GP partners and one salaried GP. The practice is registered as an under graduate teaching practice. Partners hold managerial and financial responsibility for running the business. The team are supported by a practice manager, two practice nurses, two health care assistants and additional administration staff.

The practice is open from Monday to Friday 8.30am to 6pm. Appointments are available between 08.30am and 5.30pm on Monday to Friday. There are extended appointment

times on Monday evening until 8.45pm. Outside of these times there is a local agreement that the out of hours service (Devon Doctors Out of Hours Service) take phone calls and provide an out-of-hours 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.

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

Detailed findings

- 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 living with dementia)

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

on 30 September 2015. We spoke with eight patients, four GPs, one of the nursing team and with members of the management, reception and administration team. We collected 18 patient responses from our comments box which had been displayed in the waiting room. We observed how the practice was run and looked at the facilities and the information available to patients.

We looked at documentation that related to the management of the practice and anonymised patient records in order to see the processes followed by the staff.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events. For example, a patient with the same name as another was booked in for a blood test. This was picked up quickly by the staff and prompt actions were taken by the practice to put further safety checks in place including checking the patient's date of birth when booking an appointment. All actions were shared with all staff to prevent it from happening again.

There were systems, processes and practices in place to ensure all care and treatment was carried out safely and lessons were learned and improvements made when things went wrong.

Staff were aware of whom to report concerns and incidents to and had work processes in place to minimise these occurrences. The provider exercised a duty of candour and where things went wrong we saw patients had been kept informed and had received an apology.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for

further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available for staff to refer to. The practice had up to date fire risk assessments and regular fire drills were carried out. Not all electrical equipment was checked to ensure it was safe to use and clinical equipment checked to ensure it was working properly. Annual checks by an outside contractor had been made but some equipment had been missed. Weekly checks had been undertaken by staff but these were not always recorded. We discussed this with the practice manager who took steps to get this completed. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, and handling). However on the day of the inspection we found that the stock medication was not stored securely. We saw that all medicines had been checked and were in date but that there were no fully completed

Are services safe?

formal records of the checks that had been undertaken. We discussed this with the practice manager and they took immediate steps to ensure all medicines were locked away securely and that a system for recording weekly checks was implemented.

- Each GP detailed a list of emergency drugs that they had available to them on visits which would allow them to provide initial treatment for the various medical emergencies.
- One GP used an application on their smartphone which alerted them when a drug was going out of date.
- Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- The GPs used written scripts for prescriptions, which patients took to dispensing pharmacies of their choice. Patients could request repeat prescriptions in person via the practice repeat prescription drop box or request on-line. There were systems in place to ensure repeat prescriptions were checked and monitored. Systems were in place to ensure repeat prescription requests were reviewed, and if appropriate, approved by GPs within 48 hours to ensure there were no delays in people receiving their prescribed medications. All administrative/reception staff had received training in processing prescription requests, including querying unusual or overly frequent repeat prescription requests with the patient's GP.
- The practice had introduced a new policy to ensure staff recruitment was fair and protected patients as under previous management this had not always been completed robustly. For example, we read recruitment files for two permanent staff members. One file had one verbal reference but no written references for the applicant prior to them starting employment and the second file had two written references, but one was received after the staff member commenced

employment at the practice. This meant the practice could not be satisfied of the suitability of the staff for employment prior to them commencing work at the practice. We discussed this with the practice manager who confirmed that more stringent processes were now in place and being followed.

- Staff records for permanent staff contained a training record and a detailed induction record, including review of performance during and after their induction period. The practice used locum staff to cover staff vacancies. They were well known to the practice and they had worked there for many years, their professional identities and insurance status were checked. However, their induction was not formally recorded and there was no record of their current competence. The practice manager agreed to get this information updated and recorded in the individual staff file.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a

defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF (or other national) clinical targets. Data from health and social care information centre showed;

- Performance for diabetes related indicators was similar to the national average. For example the percentage of patients on the diabetes register with a record of a foot examination within the past 12 months was 91.48%; this was higher than the national average of 88.35%.
- The percentage of patients with hypertension having regular blood pressure tests was 70.05%; this was worse than the national average of 83.11%.
- The dementia diagnosis rate was 68.42%; this was below the national average of 83.82%

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been seven clinical audits completed in the last two years. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example an audit was undertaken to capture what percentage of deaths of patients registered at West Hoe Surgery registered on EPACCs (Electronic Palliative Care Co-ordination

System) and the percentage of patients who had a TEP (Treatment Escalation Form) in place (January- May 2015). A TEP form is a way of the GP recording the patient's individual treatment plan, focusing on which treatments may or may not be most helpful for them.

The rationale was for patients who were 'approaching the end of life' when they were likely to die within the next 12 months. (GMC 2010). The audit showed there had been 12 deaths in that period and only 25% of patients had a TEP form in place and the number of patients approaching end of life that had their care plans recorded on EPACCs was four (40%).

As a result of this audit improvements were put into place. These were

- Updated practice on update TEP form with mental capacity questions.
- Additional tools were offered to the practice – a local hospice aid for patients and relatives to discuss resuscitation.
- Discussions on difficult conversations and how to approach them.

There was another review of deaths from May- September 2015 and a repeat audit cycle undertaken. This showed there had been 10 deaths and all 10 had TEP forms completed which specified the patient's wishes and 71% of these patients had had their care appropriately recorded in the electronic palliate care system. This meant that care could be coordinated effectively by all the professionals involved in that care plan.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. This was recorded on the computer system and alerts notified the practice manager when updates were due.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of GPs. All staff had received an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

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

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

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of

legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and six out of 16 had received an annual physical health check to date (37.5%). Those patients that did not attend for their health check were contacted to offer further appointments. The practice performance for cervical screening uptake was 76.92%, which was higher than the national average of 81.88%.

Childhood immunisation rates for the vaccinations given were slightly lower on average to national averages. For example, the PVC Booster (pneumococcal vaccine) given to 12 month old showed an uptake of 88.9% compared to the local average of 95.7%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey which showed responses up until July 2015. The evidence from all these sources showed patients were satisfied they were treated with compassion, dignity and respect. For example, data showed that

- 95.1% of respondents said that their overall experience was good. These results were above the regional Clinical Commissioning Group (CCG) average of 91.2% and the national average of 85.2%.
- 100% of respondents said they had confidence and trust in the practice nurse, which was above the regional CCG average of 98.28% and the national average of 97.2%.

We looked at the results of the Family and Friends test for December 2014 which asked patients whether they would recommend their GP practice to their friends and family if they needed similar care or treatment. We saw that 78% of respondents said they were extremely likely to recommend this practice, 14% were likely and 8% did not respond.

Patients completed Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 18 completed cards and all were positive about the service experienced. All patients said they felt the practice staff were helpful, caring, supportive and friendly. They said staff treated them with kindness, dignity and respect. We also spoke with two patients on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

- 90.1% said the GP was good at listening to them compared to the CCG average of 92% and national average of 88.6%.
- 85.6% said the GP gave them enough time compared to the CCG average of 90.9% and national average of 86.8%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 97.2% and national average of 95.3%

- 94.1% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89.7% and national average of 85.1%.
- 98.6% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93.4% and national average of 90.4%.
- 96.1% patients said they found the receptionists at the practice helpful compared to the CCG average of 90.5% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

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

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

- 90.2% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.4% and national average of 86.3%.
- 91.8% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87.3% and national average of 81.5%

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room, on the display screen and patient website 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. We saw written information available for carers to ensure

Are services caring?

they understood the various avenues of support available to them. The practice website contained useful information for patients. For example there was a section which had links to a 'symptoms checker'.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

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

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available daily.

There were disabled facilities, hearing loop and translation services available.

Access to the service

The practice was open from Monday to Friday 08.30am to 6pm. Appointments were available between 08.30am and 5.30pm on Monday to Friday. There are extended appointment times on Monday evening until 8.45pm. Outside of these times there is a local agreement that the out of hours service (Devon Doctors Out of Hours Service) take phone calls and provide an out-of-hours service.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 80.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.6% and national average of 75.7%.
- 75.8% patients said they could get through easily to the surgery by phone compared to the CCG average of 84.4% and national average of 74.4%.
- 91.1% patients described their experience of making an appointment as good compared to the CCG average of 83.3% and national average of 73.8%.
- 75.5% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71.2% and national average of 65.2%.

Listening and learning from concerns and complaints

The practice had a written complaints policy and held a log of all complaints received. This included written complaints, verbal complaints and comments lefts anonymously in the practice suggestion box. Twelve complaints had been logged in the last 18 months. All complaints were investigated and responded to in a timely way. The complainant was contacted, where known, and offered a meeting with the practice manager to resolve the issue where applicable. Where learning was identified to improve the practice services as a result of the complaints investigation the learning points were cascaded to the staff team and discussed in the whole team staff meetings. Where a complaint was partly or wholly upheld the person receiving the complaint received a written apology from 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 a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice 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 that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they agreed that the waiting room needed attention so improvements were made including the information displays and patient information.

West Hoe Surgery was a small practice and this had the benefit of a small and stable staff group, many of which had been employed for over ten years. The practice gathered the majority of feedback from staff through informal discussion, but also more formally through the appraisal process and team meetings. Staff said they always felt involved and included and were often asked for their ideas and opinions.

Innovation

The practice was a teaching practice for undergraduate students.

There was a strong focus on improvement and consideration was given to any idea or scheme which may improve patient care. For example the practice had recently accessed some funding from the British Lung Foundation for a local singing teacher to train to be a leader for a singing group for patients with chronic lung disease. They were hopeful this group would be up and running within the next few months.