Millbrook GP Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Millbrook Surgery over two days on 18 and 25 November 2015. Since assuming responsibilities for the service 4 months ago, a comprehensive action plan had been put in place to ensure at systems and the premises were safe for patients and staff. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care.
- The practice had facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The provider should:

Audit patient record systems to provide assurance that data is continuously reliable for monitoring people with chronic health conditions.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- The practice had put in place systems to use every opportunity to learn from internal and external incidents, to support improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- Staffing levels and skill mix had been reviewed and plans were progressing to increase the total staff numbers so that patients received safe care and treatment at all times.
- The arrangements in place to safeguard adults and children from abuse reflected relevant legislation and local requirements had been strengthened, particularly in engagement with external agencies.
- The practice had put arrangements in place to respond to emergencies and other unforeseen situations such as the loss of utilities.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed that the practice was on target or had identified potential risks in monitoring people with long term conditions and had taken action to reduce these. For example, by appointing appropriately qualified staff to manage the needs of these patients.
- Staff assessed needs and delivered care in line with current evidence based guidance. We saw evidence to confirm these guidelines were positively influencing and improving practice and outcomes for patients. For example, the administration of childhood vaccines.
- A programme of clinical and administrative audits had been agreed by Access Health Care ltd. However, it was too early to report about the effectiveness of these.
- GPs demonstrated their on-going professional development through clinical audits aimed at improving the healthcare of patients using the practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and were supported to maintain and develop their professional skills
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Patients' feedback about the practice said they were treated with kindness, dignity, respect and compassion while they received care and treatment.
- Patients told us they were treated as individuals and partners in their care.
- Information for patients about the services available had been updated in line with changes being made and was easy to understand and accessible.
- We also saw that staff treated patients with flexibility, kindness and respect, and maintained confidentiality.
- The practice routinely identified patients with caring responsibilities and supported them in their role.
- We observed a strong patient-centred culture.
- Views of external stakeholders were very positive and aligned with our findings.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Feedback about the appointment system and waiting times had been sought from patients and this had been reviewed twice. The practice had identified that routine waiting time within their service was too long. The practice had negotiated with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services and obtained additional short term funding for an additional GP and nurse practitioner.
- Further negotiation was underway for permanent funding increases to support additional staff to increase extended opening and reducing waiting times for patients.
- Patients said they found it easy to make a routine appointment with a named GP and particularly liked that there was continuity of care.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Since commencing services Access Health Care Ltd. had set up systems so that learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

Good

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

- The new providers vision and strategy was still in the early stages of development after the change of provider and is subject to public consultation about the longer term plans. When we inspected, the practice had a 12 month temporary contract to deliver medical services to people.
- The whole team demonstrated a desire to deliver high quality care and good outcomes for patients. Staff were being enabled to make improvements for patients and gradually increasing their responsibilities in relation to this after receiving appropriate training and support.
- Staff felt supported by management during an unsettling time. The practice was in the process of overhauling all the policies and procedures to govern activity. The practice had a strong relationship with commissioners and reporting systems in place, which provided external governance and greater scrutiny during this temporary contract period.
- An overarching governance framework was in the early stages of implementation following the change of provider. An action plan was in place to introduce each stage within a set timeframe and would support the delivery of the strategy and good quality care.
- The provider demonstrated a strong awareness of and complied with the requirements of the Duty of Candour. A culture of openness and honesty was promoted.
- Since taking over, the new provider had implemented its plan to achieve a high level of constructive engagement with staff. Induction procedures were in place for any new staff.
- The practice had implemented an action plan to proactively seek feedback from patients. In a short period since taking over, two surveys had been carried out and findings acted upon. Active recruitment was underway to set up a patient participation group.
- The practice was focussed on developing and supporting staff to continuously learn and improve for the benefit of patients. Core and role specific training needs had been reviewed and gaps identified were being addressed.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example emergency admission avoidance.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Specifically the GP's were proactive in visiting older people without an acute medical need. We found integrated working arrangements with community teams.
- The practice worked closely with carers and liaised well with a Carers support worker to provide the support and advice they might need.

People with long term conditions

Good

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

- All patients with a long term condition had a named GP who reviewed their healthcare needs with them.
- Patients at risk of hospital admission were identified as a priority. Community nursing teams reported that communication with them about vulnerable people was effective and proactive. A more formalised approach was in the process of being set up so that regular monthly meetings would be taking place.
- Patients diagnosed with long term conditions were supported for specific conditions such as, asthma, chronic obstructive pulmonary disease (COPD) and diabetes. A recently appointed nurse with chronic disease management qualifications was prioritising seeing these patients for reviews.
- Longer appointments and home visits were available when needed.

Families, children and young people

Good

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were satisfactory 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:
- Women's health was promoted. For example, cervical cytology screening uptake was comparable with local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Baby changing facilities were updated during the inspection as a result of identified infection control risks.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group such as health checks for men and women and flu clinics outside of working hours.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. No travellers were registered at the practice.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. More formalised arrangements with regular monthly meetings were due to start within two months of the inspection.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

Good

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

- People diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The GPs were promoting advance care planning for patients with dementia and worked closely with adult social care providers and carers on this.
- The practice had systems in place to advise patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The new provider had begun an investigation into a complaint which highlighted potential areas for improvement regarding responding to patient needs at the weekend. It was too early to report the outcome of this at this inspection.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The most recent national GP patient survey results published on 4 July 2015 reflect a period prior to Access Health Care Ltd taking over Millbrook Surgery practice.

The practice had carried out its own surveys twice since beginning their GP service in July 2015 and was acting on feedback from patients. For example, patients highlighted that waiting times for routine appointments could be too long. The practice knew that the average waiting time for routine appointments was around 3 weeks in July 2015. Access Health Care Ltd. had recently negotiated extra funding to cover another GP post and secure extra nursing appointments.

We also looked at the practices NHS Choices website to look at comments made by patients. (NHS Choices is a website which provides information about NHS services and allows patients to make comments about the services they received). No comments related to the period since Access Health Care Ltd. took over the practice four months ago.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. For example all commented on the care and respect demonstrated by staff and the majority remarked that there was little impact as changes being made were for the better.

Results of the Friends and Family test for each month since July 2015 scored highly and the comments were all positive showing a trajectory of improvement in care since commencement of the new service.

We spoke with 11 patients during the inspection. All 11 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Audit patient record systems to provide assurance that data is continuously reliable for monitoring people with chronic health conditions.

Millbrook GP Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP Specialist Advisor, Practice Manager Specialist Advisor and an Expert by Experience.

Background to Millbrook GP Surgery

Millbrook Surgery is located within a coastal village in Cornwall. The practice runs a branch surgery at Lodge House Surgery. There were 2621 patients on the practice list and the majority of patients are of British white background. There is a higher percentage of patients over 55 years registered at this practice. Social deprivation is in the lower-range in a coastal area.

Since 1 July 2015 Access Health Care Ltd , which also runs the Clock Tower GP surgery and Cranbrook Medical Centre, has been responsible for providing medical services and care to the patients registered at Millbrook Surgery. Access Health Care Ltd is part of the Devon Doctors Group, which has an executive board providing governance oversight for all policies, procedures, support and clinical leadership. The practice is four months into a 12 month contract term. A public consultation is currently underway and being managed by NHS England to obtain the views of the local community about their future healthcare needs.

The practice is run by a non-clinical registered manager and a business manager. They are supported by two female salaried GPs, two female practice nurses and an administrative team. The nursing team has been further increased to include a nurse with advanced qualifications to run clinics for patients with chronic and long term diseases.

Millbrook Surgery is open 8.30am – 6pm Monday to Friday except Tuesdays. On Tuesdays the practice opens for a half day from 8.30 am – 1pm. The branch practice Lodge House Surgery covers between 1pm and 6pm. Extended hours had just restarted in October 2015, with evening appointments being offered to working age patients on a Monday evening. Outside of these hours, Cornwall Health the Out of Hours service provider cover for patients in line with the agreed contract. The practice closes 4 half days a year for staff training and information about this is posted on the website. The practice has consulted with their patients about their needs regarding appointments via surveys. Recruitment is underway for members to reinstate the PPG (Patient Participation Group) so that they can help drive improvements forward.

The practice has an Alternative Medical Service (APMS) contract. Services provided at the practice are:

- Minor surgery
- Child health surveillance
- Influenza, pneumococcal, rotavirus and shingles immunisations for children and adults
- Patient participation in development of services.
- Learning Disability health check scheme
- Pertussis vaccinations for pregnant women
- Women's health – maternity medical care, cervical screening and contraceptive services

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. A focussed inspection took place in August 2014 when the practice was under different ownership.

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 and 25 November 2015. During our visit we:

- Spoke with a range of staff including the Practice Manager, Reception staff and a salaried GP, a locum GP and a practice nurse.
- We spoke with 11 patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 26 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

Since assuming responsibility for GP services on 1 July 2015 the company had carried out Health and Safety risk assessments in all areas identified by their Practice Manager and prioritised actions based on risk. A programme had been put into place to rectify these, for example, the fire safety processes had been improved. We saw that plans were in place to continue the programme of improvements.

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events. There was a positive learning culture adopted by all of the staff. Lessons were shared to make sure action was taken to improve safety in the practice. For example, after reviewing a significant event the clinical team had strengthened the procedures for handling patient samples to be sent to the lab for analysis. This included asking patients to complete an information checklist to accompany any sample left at reception for testing. Staff told us that this system was working well and no further issues had been reported.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. These provided clear clinical support through the Devon Doctors Group as well as having a named duty GP onsite at the practice for safeguarding. The named GP at the practice 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. Nearly all the staff were trained to appropriate safeguarding levels. Access Health Care Ltd. had identified that three staff still needed to do this training. We saw an action plan was in place for this to be completed and staff reported that they were now able to access online training.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had a policy for only named staff with a current DBS check to be involved in chaperone duties. Staff confirmed that the practice nurse acted as the chaperone. Staff verified that they were due to receive log in details to access online chaperone training as an update.
- The practice maintained appropriate standards of cleanliness and hygiene. Access Health Care Ltd action plan from 1 July 2015 highlighted that the premises needed to be de-cluttered as part of the infection control risk management system. 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, which referenced the Health and Social Care Act 2008: Code of practice for health and adult social care on the prevention and control of infections and related guidance. All of the staff had received up to date training and demonstrated they understood the procedures to follow to reduce the risk of cross infection. An infection control audit had be done since Access Health Care Ltd took over in July 2015. Action was taken to address any improvements identified as a result. For example an appropriate baby changing table had been fitted in a ground floor toilet to reduce the risk of cross infection. We also saw plans in place for regular audits to be done.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing,

recording, handling, storing and security). The practice had implemented a system of regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, a vaccination storage audit had identified gaps, which were rectified so that there was appropriate safe separation and storage of vaccines. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSD) for specific injectable medicines. All the PDGs and PSDs had been signed by an authorising GP and both nurses and were in date.

- We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Records held for locums used over the last four months were also checked and contained all the required documentation.
- Since assuming responsibility for the GP service additional safeguards had been introduced into the system of electronic recording, including tasks had been implemented in patient records. The purpose of this was discussed at a team meeting in September 2015 and documented in minutes. This was explained as providing an audit trail of actions taken following up test results, hospital letters and treatment of patients.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. We saw a contract demonstrating that the practice had appropriate arrangements for waste disposal, including sanitary wear. The practice had up to date fire risk assessments and had begun a schedule of regular unannounced fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. For example, we looked at PAT test records for electrical appliances and found these were all in date. 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. Legionella system testing was being carried out by a contractor on the second day of the inspection.
- Arrangements were in place for planning and monitoring the number of staff and skill mix 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. This was reviewed prior to and at the point of taking over the practice in July 2015 and quickly identified that following staff resignations there were insufficient clinical staff to safely meet patient demand. Patient feedback was also sought through two surveys to determine their views. The practice had obtained increased funding for locum GP and nursing sessions, which had begun at the time of the inspection. Staff worked across both sites ensuring that an effective skill mix was offered to patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation 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 rooms. The practice had compiled a training matrix and identified that three administrative staff needed a basic life support update. Staff verified that this was planned for the end of October 2015, but the training had been postponed for a few weeks.
- 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.
- At the point of taking over the practice, Access Health Care Ltd identified that there was no evidence of checks of emergency equipment being done and immediately put a system in place. Records since July 2015 demonstrated this was done regularly. 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.

Good

Are services safe?

In July 2015, the practice initiated the development of a comprehensive business continuity plan. We saw the draft plan which provided staff with guidance about managing major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. This was due to be ratified by the Devon Doctors Group board in November 2015.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records for example the practice nurse had reviewed the protocol for managing patients on anticlotting therapy with the lead prescribing GP. We saw examples of how these patients were managed, which demonstrated that this was in line with current NICE guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). Due to the change in provider 3 months ago data relevant to the current provider was limited. Data from July to the end of October 2015 demonstrated the practice was running slightly behind with national targets in some domains. These were identified on the risk register and actions put in place to improve the monitoring of people with chronic diseases.

Some of the data did not correspond with the more positive picture seen when a manual check of patients was done. For example, we checked the register for patients with a diagnosis of atrial fibrillation (a heart condition which could put them at risk of developing blood clots). This initially highlighted potential gaps in treatment of these patients. The practice carried out a manual check of all patients, which provided assurance that these patients had been reviewed and were on appropriate treatment. Immediately following the inspection, the practice asked the patient record contractor to look at set templates and codes used to increase their assurance that the data being used was accurate for monitoring patient needs.

In November 2015, the overall QOF achievement was running at 54% with another five and half months of the financial year to go.

- Performance for diabetes related indicators was 40.9% on target for the current year.
  - The percentage of patients with hypertension having regular blood pressure tests was 97.6% on target for the current year.
  - Performance for mental health related indicators was 35.6% on target for the current year.
  - The dementia diagnosis rate was 10% on target for the current year and had been 76.9% for the previous year, which was comparable with CCG and national averages. We saw evidence of the practice plans to improve dementia diagnosis rate, for example information in the waiting room encouraged patients to attend for a review if they or relatives had any concerns regarding memory loss.
  - Four adult social care providers verified that older people, some of whom were diagnosed with dementia, were closely monitored by the practice. They told us that a named GP regularly visited these patients and was proactive in reviewing their needs.
  - Six out of 11 patients we spoke told us they had chronic diseases or long term conditions. All six verified that they were seen regularly to monitor their treatment. For example, an older person with diabetes and other conditions explained that they had six monthly reviews to monitor their diabetes as well as monthly blood checks.

Clinical audits demonstrated quality improvement.

- There had been 3 clinical audits initiated over the last 3 months.
- We reviewed 4 completed clinical audits. For example, a GP had carried out an audit of patients diagnosed with osteoporosis. This highlighted that patients had undergone appropriate bone scans and secondary care specialist advice had been obtained where needed.
- Findings were used by the practice to improve services. For example, a medicines audit looked at patients who were prescribed non steroid anti inflammatory medicines to ensure that risks associated with taking other medicines were reduced as far as possible.

Good

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff verified that their induction lasted 3 months during a probationary period and that they had named mentors to support them with this.
- The practice nurse with chronic disease management qualifications who ran these clinics left at the point of takeover by the new provider. Funding had been obtained and a practice nurse holding chronic disease management qualifications had just begun running clinics for people identified with long term conditions.
- Funding had been obtained and advanced nurse practitioner sessions had started during the week of the inspection. Patients were being offered alternatives, such as appointment with the nurse practitioner to diagnose and treat minor illnesses.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors and the new revalidation process for nurses. The practice nurse told us that they had been discussing the revalidation process being introduced by the registering body and showed us examples of evidence they were collecting in preparation for this. All staff had had an appraisal within the last 24 months. Since taking over the practice in July 2015, Access Health Care Ltd. identified that staff appraisals were behind or incomplete and had begun to do these at the time of the inspection.
- 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 investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. Community nursing staff verified that GPs were approachable and responsive if they had any concerns about patients. This included when people moved between services, including when they were referred, or after they are discharged from hospital. Access Health Care Ltd. risk assessment and action plan identified that when they took over there had been no formal arrangements in place to proactively review care plans for patients with complex needs. Community nursing staff verified that there was frequent communication between them and the practice about vulnerable patients and their needs were met. They verified that since taking over the practice, plans had been put in place to start monthly multidisciplinary meetings within the next two months.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Good

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. For example we saw consent had been obtained and recorded for minor surgical procedures.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. For example, a dietary leaflet had been developed by the practice nurse and was given to patients on anti clotting medicines. This provided patients with easy read information about foods containing nutrients that could interfere with their blood results and needed to be limited.

Practice nurses held a register for every women eligible for cervical screening and demonstrated they monitored this closely knowing when each person was due to be recalled from the national register. The practice also had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme, prior to the change in provider was 79.4% which was comparable with the CCG average of 77.7% and the national average of 76.9%. At the time of the inspection, the uptake was on target for the current year. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Practice nurses held a register for every child eligible for immunisation and monitored this closely. This was used as a failsafe system to accompany the central recall system which was managed by the public health department. Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages.

Data covering flu vaccination rates for the over 65s and at risk groups was only available for the previous provider. Access Health Care Ltd. verified that the winter flu campaign was on target. Information about the winter flu campaign was covered in the practice patient Autumn newsletter. Three clinics were held at Millbrook Surgery and two at the Lodge House branch Surgery in October. Staff told us that patients who were eligible were also being targeted at other appointments. Four adult social care providers verified that patients had a named GP who was proactive in offering flu vaccination.

Patients had access to appropriate health assessments and checks. These included health checks for new patients. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The action plan for the practice highlighted that health promotion was an area for further development. Practice nurse sessions had increased as a result of further funding from NHS England, which included a short term contract for an advanced nurse practitioner.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We saw that consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Results from the national GP patient survey were only available for the period prior to Access Health Care Ltd taking over. However, the practice had carried out two surveys with patients that showed an improving picture of satisfaction between July and October 2015 regarding:
- The opportunity the GP / Nurse gave me to express my concerns or fears - had risen from 69% to 96% of patients rating this as extremely or very good.
- The manner in which I was treated by the receptionist – was similar with 93% to 94% of patients rating this as extremely or very good.

All of the 26 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Care planning and involvement in decisions about care and treatment

Results from the previous GP survey related a period before Access Health Care Ltd ran the practice. Therefore this data has not been included in the report. On 1 July 2015 an action plan was put in place to help improve patient feedback. In four months, the practice had carried out two surveys with patients that showed patient satisfaction levels had increased between July and October 2015 regarding:

- The GP / Nurse explanations of the treatment and choices available to me – had risen from 67% to 91% of patients rating this as extremely or very good.
- The respect shown to me by the GP / Nurse – had risen from 74% to 93% of patients rating this as extremely or very good.

All 11 patients told us on the day that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice website signposted patients to support groups and health advice leaflets.

The practice's computer system alerted GPs if a patient was also a carer. Being a small GP practice, patients told us that the team of staff knew them well. Interviews with staff demonstrated that a caring approach was taken and staff used every patient contact to identify when a person was a carer. The practice was proactive in identifying carers, for example new patient's registering were asked whether they were carers and if so consented to being added to the list. Written information and information on the practice website was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. A recently bereaved person was picked up when they attended for an appointment as a newly registered patient. Records showed that the patient's mood had been screened and in addition to seeing the practice nurse they were also seen by their new GP. Appropriate bereavement counselling had been put in place.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Bookable appointments up to 6.00pm with GP's and nurses were available up to six weeks in advance. Access Health Ltd. had listened to patient feedback from the outset about the delays in waiting up to 3 weeks for a routine appointment. This was highlighted on the risk register and being monitored by practice.
- Extra funding had been negotiated twice from the commissioners enabling the practice to steadily increase appointment availability and choice for patients. For example, appointments with an advanced nurse practitioner had been made available every Monday. This included extending opening times from 6pm every Monday evening for working people. Four further GP sessions had been added increasing the availability of appointments with a GP for patients. The total appointment hours available at Millbrook Surgery had increased from 28.8 to 38 hours per week. The branch surgery appointment hours at Lodge House had increased from 25.5 to 32 hours per week since Access Health Care Ltd took over.
- There were longer appointments available for people with a learning disability and chronic diseases.
- Home visits were available for older patients / patients who would benefit from these. The GP's were proactive in visiting older people without an acute medical need.
- Three adult social care providers reported that the GPs proactively managed the needs of people living in their care homes, with weekly visits and regular medicines reviews taking place.
- There was a system in place for children and those with serious medical conditions to be seen the same day. We saw staff arranging an appointment for a child in this position on the first day of the inspection, who was seen quickly and assessed by a GP.
- There were disabled facilities, hearing loop and translation services available.
- There were arrangements in place for access for disabled patients. For example, the entrance to the premises was wide enough for patients using wheelchairs and consultation rooms were on the ground floor.
- Parents of young children we spoke with had confidence in the care of the GPs and nurse and felt their children were safe. The environment within the practice was child friendly.
- A total communication approach was used for people with learning disabilities and a practice nurse took the lead in carrying out annual reviews for people. They demonstrated that they understood each person's communication needs, using either pictures or easy read information, and had developed a good rapport with people.

Access to the service

Millbrook Surgery is open 8.30am – 6.00pm Monday to Friday except Tuesdays. On Tuesdays the practice opens for a half day from 8.30 am – 1pm. The branch practice Lodge House Surgery covers between 1.00pm and 6.00 pm. Extended hours had just restarted in October 2015, with evening appointments being offered to working age patients on a Monday evening. Outside of these hours, Cornwall Health the Out of Hours service provided cover for patients in line with the agreed contract. The practice closes 4 half days a year for staff training and information about this is posted on the website.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website and leaflets were available

We looked at three written complaints received in the last 12 months, two of these related to a period when Access Health Care Ltd. was not running the practice. We found that Access Health Care Ltd. had dealt with these in a timely way and investigations were still on-going. There was openness and transparency with dealing with the

Good

Are services responsive to people's needs?

(for example, to feedback?)

complaints, which also demonstrated a good working relationship with other stakeholders. Staff verified that lessons were learnt from all types of feedback, including concerns and complaints and action was taken as a result to improve the quality of care. The practice had a policy to hold resolution meetings with patient to discuss the outcome and receive an apology.

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

Since assuming responsibility for the GP service 4 months ago, a comprehensive action plan had been put in place to ensure patients experienced a well led service. These included:

- The practice vision and strategy was still in the early stages of development after the change of provider and is subject to public consultation about the longer term plans. When we inspected, the practice had a 12 month temporary contract to deliver medical services to people.
- The whole team demonstrated a desire to deliver high quality care with good outcomes for patients. Staff were making improvements for patients and gradually increasing their responsibilities with the appropriate training and support. For example, a practice nurse had taken a lead role for the management of infection control.

Governance arrangements

The new provider had carried out a comprehensive analysis of the service when it began providing the GP service at the practice on 1 July 2015, which included risk rating and development of an action plan. This demonstrated that the plans had been prioritised according to areas of most urgent need, several of which had been completed.

Being part of the Devon Doctors Group there was 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.
- We saw evidence that all policies that relate to Access Health Care Ltd and specifically the practice were available on the computer systems shared drive for ease of access to all staff to enhance cross site working.
- A comprehensive understanding of the performance of the practice was being monitored in conjunction with the governance department at Access Health Care Ltd. Monthly governance meetings at the practice were due to start in January 2016.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements had been agreed with key staff taking the lead for these.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

Being part of the Devon Doctors Group, Access Health Care Ltd had two non clinical managers running the practice. They had a track record of running two other GP practices demonstrating they had the experience, capacity and capability to run it and ensure high quality care. On-going access to clinical leadership was provided for salaried GPs and practice nurses through the Devon Doctors Group arrangements. For example, there was a clinical lead for safeguarding for the Devon Doctors Group who the duty lead at the practice could seek support from. The managers had prioritised the safe delivery of high quality and compassionate care for patients. For example, we saw documentation demonstrating that the practice had identified at the outset that they were offering insufficient GP sessions at Millbrook Surgery. Specifically, the practice wanted to meet patient demands by reducing waiting times for routine appointments. Additional funding had been agreed and locum GP and nursing cover put in place to increase access for patients.

Staff told us that the managers were approachable and always take the time to listen to their concerns and needs. However, being responsible for two other GP practices meant they were at Millbrook Surgery twice a week, providing telephone support at other times. They had recognised that the level of changes required at the practice meant that these arrangements needed to be reviewed again.

Access Health Care Ltd was aware of and complied with the requirements of the Duty of Candour. The provider was very open regarding the need to prioritise in the short time since taking over, and the initial priority had been to focus on patient and staff safety. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

Are services well-led?

Good

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

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

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

- Staff told us that the practice had begun regular monthly team meetings for example separate monthly clinical and administrative meetings. The location of these meetings alternated to ensure that staff based at the branch surgery were also enabled to take part. Since beginning services at Millbrook Surgery, Access Health Care Ltd had worked towards integrating the team into the support systems provided by the company. This promoted cross working and development of a support network for staff.
- The practice had listened to concerns raised by staff about lone working at the location and branch surgery. Interim arrangements were put in place until the proposed permanent solution of an intercom system was installed.
- A monthly newsletter was produced ensuring all staff were kept up to date, for example the latest one covered information about the flu campaign, setting up a PPG and getting feedback from patients. Within the news letter, the practice had a section entitled 'You Said… We did…' and had acted on patient requests to have a selection of magazines for adults and children's story books in the waiting room.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and encouraged to identify opportunities to improve the service delivered by the practice.
- Access Health Care Ltd. had introduced a formal system of regular 1:1 meetings with staff, which included appraisals. Staff reported that this had been discussed at the last team meeting and were due to meet with their line manager.

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

When Access Health Care began providing GP services at Millbrook Surgery on 1 July 2015 there was no active Patient Participation Group (PPG) at the practice. The practice encouraged and valued feedback from patients, the public and staff and had taken the following steps to increase this since taking over:

- Notices were on display in the waiting room about setting up a PPG, with expression of interest forms for patients to fill in.
- A member of the previous PPG had been contacted and was interested in reinstating the group.
- Information about the PPG had been covered in the practice quarterly newsletter to raise awareness and encourage patient feedback.
- Minutes of practice meetings demonstrated that the team at Millbrook Surgery have discussed the setting up and being involved in the new PPG.
- Support from the patient engagement team at Devon Doctors (the parent company for Access Health Care Ltd) had been sought. A practice led survey of patients had been completed twice since the start of the new service, which showed 96% patients rising to 98% would recommend Millbrook Surgery to their friends and family.
- The practice had also gathered feedback from staff via monthly meetings, in one to ones and informally. Meeting minutes documented a variety of items that staff had raised under the struggles and successes agenda item. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example staff had raised concerns about the impact of not having an appropriately qualified nurse with chronic disease management qualifications. Staff told us they felt involved and engaged to improve how the practice was run. Access Health Care Ltd. had negotiated extra funding from commissioners to enable them to appoint an appropriately qualified practice nurse. This nurse was just about to begin working at the practice when we inspected.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. All members of the team were keen to improve the quality of service provided for patients by listening and acting on their

Are services well-led?

Good

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

feedback. Millbrook Surgery is a small practice, where patients told us that the team knew them well. Staff had developed fail safe systems to compliment national health screening programmes. For example, practice nurses held their own register of women eligible for cervical screening which they demonstrated that they scrutinised daily to ensure patients were being called. They went the extra mile to engage women and had received positive feedback from the national screening service about this. The uptake rate for women attending for cervical screening had been steadily climbing at the practice, which was the opposite to the national picture for this group.