

# Teignmouth Medical Practice

## 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 Teignmouth Medical Practice on 12 January 2016. 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, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw two areas of outstanding practice, these included;

- Nurses were trained in both asthma and diabetes care. Longer appointments of up to 50 minutes were available for patients with multiple or complex conditions.
- The practice organised an annual educational event for patients with diabetes. All patients diagnosed with diabetes were invited to attend a local community hall where they were and joined by local consultant

# Summary of findings

specialists. The specialists provided the latest information about diabetic care to attendees and offered an open forum for questions. Approximately 80 patients had attended in 2015.

We identified an area where the provider needed to make improvements;

- The practice did not have a hearing aid induction loop. The practice should review facilities for patients with hearing loss to ensure effective communication with them.

**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.

Good



- There was an effective system in place for reporting and recording significant events,
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- We found evidence that clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed 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.

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- During our inspection we observed reception staff treating patients with respect. For example, a receptionist helped a partially sighted patient to their chair in the waiting area. GPs came out of their treatment rooms and invited patients in by their names.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a GP specialist in dermatology (skin conditions) who provided a service to patients at the practice and helped save patients a potential referral to a hospital dermatologist.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

# Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- 27% of the patient population was aged over 65 years and all of these patients had a named GP, for continuity of care.
- All patients in this population group received an annual review.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nurses were trained in both asthma and diabetes care. Longer appointments of 50 minutes were available for patients with multiple or complex conditions.
- The practice organised an annual educational event for patients with diabetes. The lead diabetes nurse and lead diabetes GP invited all patients diagnosed with diabetes to attend a local community hall where they were and joined by local consultant specialists. The specialists provided the latest information on diabetic care to attendees and offered an open forum for questions. Approximately 80 patients had attended in 2015.
- 74% of patients with diabetes had received an annual review, this was higher than the national average of 70%.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

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

Good



# 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 patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice had regular liaison with health visitors, they visited the practice every six weeks and had regular email and telephone contact
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The cervical screening rate was 85%, this was higher than the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## Working age people (including those recently retired and students)

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

- The practice had introduced a commuter's clinic from 7.30am – 8am for working patients four days a week.
- The practice provided electronic prescribing services, repeat prescriptions online, online booking online of appointments and up to date information on its website.
- 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.
- The practice had achieved a 7.47% success rate in helping patients to stop smoking, this was higher than the Clinical Commissioning Group average of 6%.
- The practice did not presently have systems in place to identify military veterans and ensure their advanced access to secondary care in line with the national Armed Forces Covenant. The practice manager informed us they planned to introduce this before the end of March 2016.

Good





# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice provided clinical visits to the three residential care homes in the area for patients diagnosed with a learning disability.
- The practice had a lead GP for learning disabilities. Of the 53 patients registered patients with a learning disabilities, 80% had received an annual health review. The practice had scheduled health reviews for those patients who had not yet received one.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice liaised with a local charity to assist patients subject to deprivation. Their involvement helped patients by ensuring that they received food parcels, which they could collect from the practice.
- 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)

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

Good



- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

## Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages. 253 survey forms were distributed and 124 were returned. This represented 1.6% of the practice's patient list.

- 64% of patients found it easy to get through to this practice by phone compared to a Clinical Commissioning Group (CCG) average of 79% and a national average of 73%.
- 96% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 95%, national average 92%).
- 86% of patients described the overall experience of their GP practice as fairly good or very good (CCG average 89%, national average 85%).

- 78% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (CCG average 82%, national average 78%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patients had written that they received friendly, professional and reliable service at the practice.

We spoke with 19 patients during the inspection. All 19 patients said they were happy with the care they received and thought staff were approachable, committed and caring.

## Outstanding practice

- Nurses were trained in both asthma and diabetes care. Longer appointments of up to 50 minutes were available for patients with multiple or complex conditions.
- The practice organised an annual educational event for patients with diabetes. All patients diagnosed with

diabetes were invited to attend a local community hall where they were and joined by local consultant specialists. The specialists provided the latest information about diabetic care to attendees and offered an open forum for questions. Approximately 80 patients had attended in 2015.

# Teignmouth Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and an Expert by Experience.

## Background to Teignmouth Medical Practice

Teignmouth Medical Practice was inspected on Tuesday 12 January 2016. This was a comprehensive announced inspection.

The main practice is situated in the coastal town of Teignmouth, Devon. The practice provides a primary medical service to 7,500 patients of a diverse age group. The practice is a teaching practice for medical students.

There was a team of five GPs partners, four female and one male. Some worked part time and some full time. The whole time equivalent was 4.38. Partners hold managerial and financial responsibility for running the business. The team were supported by a practice manager, five practice nurses, two health care assistants, and additional administration staff.

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

The practice is open between the NHS contracted opening hours 8am - 6.30pm Monday to Friday. Devon Doctors out of hour's service provided cover for the practice between

8am and 8.30am and between 6pm to 6.30pm. Appointments can be offered anytime within these hours. Extended hours appointments are offered between 7.30 am – 8am on four mornings a week.

Outside of these times patients are directed to contact the Devon doctors out of hour's service by using the NHS 111 number.

The practice offered a range of appointment types including book on the day, telephone consultations and advance appointments.

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

The practice provided services from two locations. The main site is located at Den Crescent, Teignmouth, Devon TQ14 8BG. The branch site was located at Kingsdown Clinic, Mill Lane, Teignmouth TQ14 9BQ. During our inspection we visited the main site; we did not visit the branch site.

## Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 January 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing and administrative staff and spoke with 19 patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 20 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 patients 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.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, significant events were a standing item on the weekly practice meeting. A delay had occurred in the exchange of information following an expected death. The practice had introduced a system to stop this occurring again in the future, by ensuring all GPs in the locality had each other's contact details.

Another example was where a patient with an identified contagious disease entered the practice carrying a card which identified them and provided details of their condition. The practice carried out safe isolation procedures to provide care to the patient. A practice GP treated the patient in an isolation room. The practice arranged for their cleaning contractor to deep clean the room within one hour of the visit.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. These policies had been

reviewed in December 2015. 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. GPs were trained to Safeguarding level three for children.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The 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 vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). There was a monthly checking system in place to ensure emergency medicines and oxygen equipment were not past their expiry period. However, we found there had been three intermittent occasions in 2015 when these checks had been missed. The practice manager told us their checking system would be reviewed to ensure checks took place every month.
- The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for patients with specific clinical conditions. They received mentorship and support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to

## Are services safe?

allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations after specific training when a GP or nurse were on the premises.

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

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills.
- Some electrical equipment had not received portable appliance testing within the last two years. Portable appliance testing ensures that equipment was safe to use. The practice manager planned to complete this by March 2016.
- Clinical equipment, including electrical clinical equipment, had been checked to ensure it was safe to use and working properly in July 2015.

- The practice had a variety of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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

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. There was also a backup emergency panic alarm button system in GP's rooms and reception.
- 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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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 assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients 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 used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, with 3% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- Performance for diabetes related indicators was better than the Clinical Commissioning Group (CCG) and national averages. The practice scored 100% for patients with diabetes who had received an annual health check.
- The percentage of patients with hypertension having regular blood pressure tests was higher than the CCG and national averages. The practice had reviewed 100% of patients registered with hypertension.
- Performance for mental health related indicators was better than the CCG and national averages. 99% of patients registered with a mental health issue diagnosis had received an annual review. The CCG average was 89% and the national average was 82%.

Clinical audits demonstrated quality improvement.

- There had been ten clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a recent full cycle audit on hormone replacement therapy had highlighted a patient was on combined sequential hormone replacement therapy. This potentially posed a risk to health if it continued. The practice took action, adjusting the patient's therapy. The practice repeated the audit on all other patients on hormone replacement therapy, and a new policy was put in place. This provided a much clearer policy on hormone replacement therapy which met best practice

Information about patients' outcomes was used to make improvements such as referral audits. The practice had completed full cycle audits on referrals for the last three years. These audits looked at clinic letters from the local hospital, checked whether the referral had been valid, checked accuracy and checked that National Institute for Health and Care Excellence (NICE) guidance on the pathway of care were complied with. Findings from the audit concluded that there was a higher than average number of patients suffering falls and hip replacements. Shared learning included a raised awareness of the pathway of care for GPs and the fact that the practice had a higher than average number of older patients. 27% of the patient population was aged over 65 years.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered



# Are services effective?

## (for example, treatment is effective)

vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

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

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- An exercise referral scheme was available whereby GPs could refer patients to the local gym for subsidised sessions to help improve their health and wellbeing. Smoking cessation advice was available from nurses at the practice.

The practice's uptake for the cervical screening programme was 87%, which was higher than the national average of 81%. The practice had paired up a member of the administration team with a nurse in order to closely monitor this, invite patients in and send reminders out. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to Clinical Commissioning Group (CCG) and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 100% and five year olds from 90% to 100%.

Flu vaccination rates for the over 65s were 75%, and at risk groups 65%. These matched CCG and national averages.

## Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern Clinical Commissioning Group (CCG) average 92%, national average 91%).
- 85% of patients said the GP was good at listening to them compared to the CCG average of 89% and national average of 85%.
- 87% of patients said the GP gave them enough time (CCG average 90%, national average 87%).
- 99% of patients said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%)

- 92% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 96%, national average 92%).
- 93% of patients said they found the receptionists at the practice helpful (CCG average 89%, national average 87%)

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

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

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 86%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%)
- 91% of patients say the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average 92%, national average 90%).

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's computer system alerted GPs if a patient was also a carer. The practice had identified 1.7% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

## Are services caring?

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.

The practice did not presently have systems in place to identify military veterans and ensure they received appropriate support to cope emotionally with their experience in the service of their country in line with the national Armed Forces Covenant. The practice manager told me they intended to implement this by March 2016.

# 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. For example;

- The practice offered a Commuter's Clinic four mornings a week from 7.30am to 8am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- The practice was a yellow fever vaccination centre for the local area. Staff had been trained to administer yellow fever vaccines.
- There were disabled facilities and translation services available.
- The practice had a lift to improve access.
- There was a disabled toilet available at the practice.

The practice did not have a hearing aid induction loop. The practice should review facilities for patients with hearing loss to ensure effective communication with them.

### Access to the service

The practice is open between the NHS contracted opening hours 8am - 6.30pm Monday to Friday. Devon Doctors out of hour's service provided cover for the practice between 8am - 8.30am and 6pm to 6.30pm. Appointments were offered anytime within these hours. Extended hours surgeries were offered at the following times from 7.30am - 8am on four mornings a week.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

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.

- 69% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 76% and national average of 75%. The practice manager told us that a PPG survey included questions on opening hours and that they intended to review this once results were received.
- 73% of patients said they could get through easily to the practice by phone (CCG average 79%, national average 73%).
- 67% of patients said they always or almost always see or speak to the GP they prefer (CCG average 62%, national average 69%).

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

The practice had a front and a rear entrance with level access. The rear entrance provided access to the lower ground floor which had a reception and waiting area, a toilet with disabled facilities and treatment rooms. There was a lift which was large enough to accommodate a wheelchair or a pushchair, allowing access to other floors of the building.

### Listening and learning from concerns and complaints

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

- The 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. A poster was on display in all three waiting areas which explained how to make a complaint should patients wish to do so.

We looked at 12 complaints received in the last 12 months and found these had been dealt with in a timely way, openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint from a patient stated that they felt their examination had not been thorough enough. The practice manager had liaised with the GP concerned. The GP had made a full response setting out the investigations they had made during the examination. Recorded information from the complaint investigation indicated the patient had been satisfied with the response.

# 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 aims and objectives which were 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.
- The practice held a weekly partner's meeting. We looked at the minutes of recent meetings. Standing agenda items included patient safety, mortality reviews, significant events and a review of patient lists.
- Practice specific policies were implemented and were available to all staff. All staff had access to all policies on a shared computer drive system. Staff at the branch site had the same access as the main site.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings every month. Minutes of these meetings showed that items discussed included staffing levels, rotas, information technology systems and staff training.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted team away days were held annually. The practice closed five times a year to allow staff training on computer systems, medicines management and any other updates which were required or which staff had requested.
- Staff told us they could add any item they wished to the agenda prior to these meetings. For example, staff had requested extra training on a new computer system which had been introduced.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an

# Are services well-led?

Good 

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

active PPG with six members which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested that if a GP was running late with their appointments, any waiting patient should be informed of this. This had been accepted and implemented by the practice. Patients said that they now felt better informed. The service had been publicised via the practice website. The PPG had also highlighted that some front line staff could be more accommodating. As a result the practice had arranged for customer service training for staff.

- The PPG had displayed their contact details in the waiting areas and on the practice website for patients to contact them to provide feedback or to join the PPG.
- The practice gathered feedback from patients through regular surveys. We looked at an analysis of the January 2015 survey. This survey asked patients questions on how they felt they had been treated, staff attitude, involvement with care and timeliness of appointments. The survey had 59 respondents. 98% were satisfied with their care.

- The practice had gathered feedback from staff through monthly staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. Members of staff had put forward suggestions to improve the computer appointment system which had been adopted by the practice.

## Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice team was forward thinking to improve outcomes for patients in the area. For example; the practice manager had been involved in seeking a local plot of land suitable for the development of a multi-disciplinary health hub, for a possible future federation of local practices. The practice had located a suitable plot and submitted a bid for a feasibility study to NHS England.