

Abbey Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

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 Abbey Surgery, Tavistock on 16 December 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Risks to patients were assessed.
- Urgent appointments were always available on the day they were requested however some patients reported long waits beyond their appointment times for routine and urgent appointments.
- Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.

- The practice had proactively sought feedback from patients.
- The majority of patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and that there was good continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

The areas where the provider must make improvements are:

- Establish and operate effective audit and governance systems to evaluate and improve practice. This is in respect of having a programme of clinical audits and re-audits to demonstrate improved patient outcomes.
- Assess monitor and and mitigate risks relating to the health safety and welfare of service users. This is in

Summary of findings

respect of reviewing practice procedures for excluding patients from the quality outcomes framework programme so that all eligible patients are offered a review of their health.

In addition the provider should:

- Review arrangements for the signing of repeat prescriptions, to ensure that good practice and guidance is followed.
- Initiate a carers register in line with good practice and guidance.

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 are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.
- Risk management was assessed and recognised as the responsibility of all staff.
- Staffing levels and skill mix was planned and reviewed so that patients received safe care and treatment at all times, staff had received training to a high standard in areas of clinical speciality.
- The practice had arrangements in place to respond to emergencies and other unforeseen situations such as the loss of utilities.
- The arrangements for managing medicines, including controlled drugs, in the dispensary kept patients safe.

Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Requires improvement



- The practice used the information collected for the Quality Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Patients determined unsuitable to be included in QOF had been exempted by the practice. The practice had significantly higher than national or local exemption rates which meant lower numbers of patients had received a clinical review for a number of chronic conditions.
- There was no programme of clinical audit that was driving improvement in performance to improve patient outcomes.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient needs.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services caring?

The practice is rated as good for providing caring services.

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

The practice did not have a carers register which could be used proactively to provide support and health checks.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patient needs. The practice provide facilities free of charge to a number of external services. Patients were therefore able to access care and treatment for anxiety, depression and dietary conditions conveniently at the practice. This has also resulted in improved communication and team working for the benefit of patients.
- The practice employed a driver to deliver medicines to patients who lived in remote areas.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments always available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice had an effective system in place to monitor significant adverse events, however we found that there was under reporting and missed opportunities for learning to be shared.
- The practice proactively sought feedback from patients through the friends and family test survey and had an on-line patient participation group (PPG).
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- There was a documented leadership structure and staff felt supported by management.

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 people in its population. We saw that important information was handed over to the out of hours service, which ensured patient needs were met when the practice was closed. We also saw that GPs were provided with protected time to carry out regular medicines review for older patients.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Longer appointments were available and the practice responded well to requests for home visits by older patients living in rural areas who found it difficult to attend the surgery. Every patient who requested a same day appointment was accommodated.
- The practice were responsible for providing care to twelve nursing and residential homes and the percentage of nursing home patients (% per GP registered) was 1% compared to a national average of 0.5%.
- The practice encouraged other agencies and allied professionals to work within the building at no charge, for example a local carers organisation held clinics within the surgery that patients could book in to, and a charitable centre also held sessions for older patients requiring support.
- The Abbey Surgery had shared responsibility for monitoring patients (16 beds) at Tavistock Community Hospital.
- 70% of patients aged 65 and older had received a seasonal flu vaccination (01/09/2013 to 31/01/2014) and this was comparable to the national average.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management, For example a nurse had a leading role with diabetic patients and had initiated a programme to identify pre-diabetic patients and invite them for a review.
- Patients at risk of hospital admission were identified as a priority and were listed on the top 2% risk of admissions register.

Summary of findings

- Longer appointments and home visits were available whenever they were requested.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. GPs were allocated protected time to review medicines. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. We spoke with district nurses attached to the practice who confirmed that team working with the practice was effective and that GPs responded to requests by the district nursing team on the same day.
- Multidisciplinary meetings were held regularly with community based health staff, however, the practice reported that attendance by the community based staff was poor.
- Palliative care multidisciplinary team meetings were held monthly. We saw that a meeting was held on the day that we inspected the service. Patient care plans were updated during the meeting on the practices clinical computer system, with the outcomes of discussions.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high and comparable with local and national rates 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.
- The practice worked closely with the local college to provide sexual health advice and treatment to young people, for example annual sexual health education sessions were delivered at the college by the practice and emergency contraception was available to all, even if not registered with the practice.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

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, for example early morning surgeries had been offered but following poor uptake the practice offered a Saturday morning surgery which was well received.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

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, travellers and those with a learning disability. The practice systems did not create barriers were welcoming to homeless people and those who were registered as homeless were able to use the practice address for medical post.
- The practice had an agreement with the Mental health team to offer same day appointments with the mental health nurse to patients at risk of self harm.
- It offered longer appointments for people with a learning disability. The practice provided care for a local learning disability school with a lead GP, which ensured continuity of care for the patients and good communication pathways for the school staff.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people; however we were told that meetings were poorly attended by community staff. This meant that meetings to plan the care of vulnerable people were not always effective. It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. There were leaflets available and notices signposting patients to a number of support services, for example the local dementia support service.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing better when compared with local and national averages, apart from appointment waiting times. 246 survey forms were distributed and 119 were returned.

- 99% found it easy to get through to this surgery by phone compared to a CCG average of 84% and a national average of 73%
- 100% found the receptionists at this surgery helpful (CCG average 91%, national average 87%)
- 93% were able to get an appointment to see or speak to someone the last time they tried (CCG average 91%, national average 85%)
- 100% said the last appointment they got was convenient (CCG average 95%, national average 92%)

- 92% described their experience of making an appointment as good (CCG average 83%, national average 73%),
- 66% usually waited 15 minutes or less after their appointment time to be seen (CCG average 71%, national average 65%),

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were mainly positive about the standard of care received. Twenty eight commented on how caring and kind all the staff at the surgery were.

We spoke with 16 patients during the inspection. The majority of 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 **MUST** take to improve

- Establish and operate effective audit and governance systems to evaluate and improve practice. This is in respect of having a programme of clinical audits and re-audits to demonstrate improved patient outcomes.
- Assess monitor and mitigate risks relating to the health safety and welfare of service users. This is in

respect of reviewing practice procedures for excluding patients from the quality outcomes framework programme so that all eligible patients are offered a review of their health.

Action the service **SHOULD** take to improve

In addition the provider should:

- Review arrangements for the signing of repeat prescriptions, to ensure that good practice and guidance is followed.
- Initiate a carers register in line with good practice and guidance.

Abbey 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 second CQC inspector, a GP Specialist Advisor, Practice Manager Specialist Advisor, a medicines inspector (pharmacist) and an Expert by Experience.

Background to Abbey Surgery

Abbey Surgery is located within the town of Tavistock, in Devon. Abbey Surgery is a long established surgery serving Tavistock and the surrounding area. The practice benefits from good transport links for patients living outside of town. There were 14,448 patients on the practice list and the majority of patients are of British white background. The practice population had a higher than national average of patients over 65 years old with 26% in this age group compared to 17% nationally; 63% of patients also had a long standing health condition compared to 54% nationally. Social deprivation is mid-range in a predominantly rural area. The practice also has a branch surgery at Bere Alston. During our inspection we visited the site in Tavistock and did not visit the branch surgery at Bere Alston.

The practice is managed by nine GP partners, six male and three female and supported by five salaried GP's as well as six Practice Nurses two who are prescribers, three health care assistants (HCA) and an administrative team led by the practice manager. Abbey Surgery is a training practice providing placements for GP registrars and medical students.

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments are available 8.30am to 11.30am

every morning and 2.30pm to 6.00pm every afternoon. Extended hours surgeries are offered between 8.30am and 11.30am every Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

The practice is able to dispense medicines to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy premises.

When the practice is closed Devon Doctors On Call is responsible for providing healthcare. Patients are advised to ring the NHS on 111 for advice and guidance outside of surgery opening hours where patients are advised to attend Tavistock or Derriford Casualty or a home visit is arranged.

The practice has a General Medical Services (GMS) Contract and also offers enhanced services

Abbey Surgery is registered to provide services from the following locations:

Abbey Surgery, 28 Plymouth Road, Tavistock, Devon PL19 8BU

and at the branch surgery

Bere Alston Medical Practice, Station Road, Bere Alston, Yelverton, Devon, PL20 7EJ

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

Detailed findings

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 16 December 2015. During our visit we:

- Spoke with a range of staff including, GP's, nurses, administrative staff, allied health professionals and with 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 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.

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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed eight 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 at a meeting each week. We saw that after reviewing a significant event the clinical team put additional checks in place when immunising babies and children. This included having a named lead nurse with responsibility for disseminating up to date department of health immunisation schedule information. This member of staff dialled into a weekly national forum about immunisations to keep abreast of changes being made. Laminated immunisation schedules dated September 2015 were seen in each treatment room. Nurses had introduced a different approach to giving young children immunisations which was aimed at reducing any distress as far as possible. Two nurses gave the required immunisations simultaneously to a child, so that any discomfort was experienced once and without any delays in between. Parents reported that this was a much better approach for their child.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 the welfare of a patient. There was a lead member of staff for safeguarding for both adults and children. 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 3. Flow charts were in each treatment room outlining the procedures to follow and key contact information.

- Nursing staff were trained to appropriate safeguarding levels. They demonstrated a clear understanding of what constituted abuse and how to report it. For example, a member of the nursing team had alerted the GP about a patient's behaviour, as a new mother towards their baby. Records demonstrated that the mother was assessed by a GP, further investigations undertaken and prompt treatment put in place. The GP arranged additional support from the Health Visitor for the patient and their baby.
- A notice in the waiting room advised patients that a member of staff would act as a chaperone, 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 maintained appropriate standards of cleanliness and hygiene. The practice nurse team leader 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 was followed. The lead nurse demonstrated that they understood the national guidance on the prevention and control of infections and related guidance. For example, they worked closely with the contract cleaning company and there was a two way communication process about any issues that needed to be improved and had been acted upon. Monthly check lists covering all infection control issues were carried out, which demonstrated that protocols were being followed to reduce the risk of cross infection to patients and staff.
- All of the staff had received up to date training and demonstrated they understood the procedures to follow

Are services safe?

to reduce the risk of cross infection. For example, reception staff had been trained to check that any urine samples being brought into the practice were correctly labelled. We saw they followed safe practice, using appropriate personal protective equipment

- The practice had arranged a delivery service for some patients living more than a mile from a pharmacy to have their dispensed medicines delivered to their homes, and suitable records were maintained.
- Patients had been given relevant information about their medicines.
- The arrangements for managing medicines, including controlled drugs, in the dispensary kept patients safe (including obtaining, recording, handling, storing and security).
- Prescription pads and printer paper were securely stored and there were systems in place to monitor their use. An audit trail was maintained to track their use in the practice.
- The practice had written procedures for prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. Repeat prescriptions were not always signed before medicines were dispensed or handed out to patients. Although systems had been put in place to ensure that prescriptions were signed by the end of the day. Medicines were scanned using a barcode system, to help reduce the risk of any errors. All prescriptions for controlled drugs were double-checked by a second dispenser.
- Some medicines were made up into blister packs to help people with taking their medicines, and safe systems were in place for dispensing these.
- The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency regularly reviewed.
- Patient Group Directions (PGDs) 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. For example, health care assistants had received training and been assessed as competent to give flu vaccinations. They

verified that they did so, only under specific directions signed by a GP. We looked at all the current PGDs and saw that these were in date and an authorising GP and nurses had signed these.

- Records showed that during the working week every medicine fridge had been checked daily, sometimes twice if restocked with vaccines. Staff reported that in August 2015, these checks quickly identified that one of the fridges in the dispensary was faulty. The practice followed the appropriate national guidelines, destroyed all the affected vaccines and purchased a new fridge. A system for ensuring that the cold chain was maintained for vaccines was in place.
- We reviewed 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.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety, for example, we saw evidence that following a previous incident, potentially abusive patients were flagged on the computer system and a male member of staff was also booked to be in attendance outside the consultation room. All staff members were made aware of the process and we saw on the day that the system worked well. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular 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, a nurse had reported that a piece of equipment used for spirometry (used to check patients with respiratory conditions) was faulty. Nursing staff verified that this was immediately taken out of use and had been sent back to the supplier for repair.

- Previous testing of electrical equipment had taken place in November 2014. We saw evidence that retesting had been booked for January 2016.
- 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.

Are services safe?

- 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 for example all reception staff were trained and skilled in all areas and rotated frequently to ensure skills were maintained. The practice had been proactive in succession planning as several nurses were due to retire. Additional nurses had been employed and training plans initiated to mitigate the impact to patients. All staff worked at both the main site and the branch surgery at Bere Alston.

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

The practice had a 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

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 for consulting patients.

- 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 for example following new guidelines the lead respiratory nurse initiated an audit to identify patients at risk from systemic disease from high dose anti-inflammatory medicines. Patients were identified and invited for review. A protocol was developed which gave guidance on patient management and shared with the team. We saw evidence of a plan to repeat the audit in twelve months.
- The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records. For example the lead practice nurse had reviewed the protocol for managing patients with diabetes with the lead GP. Changes to a template used to record all contacts with the patient had been made, to ensure that patients previously diagnosed with diabetes whose condition had improved and returned to a pre-diabetic stage continued to be monitored closely, with blood tests being done at least every six months.

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). The most recent published results were 100% of the total number of points available, with 19% exception reporting which was higher than CCG (11%) and national (9%) exemption rates. This practice was not an outlier for any QOF (or other national) clinical targets. The most recently published data 2014-2015 showed;

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification

within the preceding 12 months was 99% compared to a CCG average of 89% and national average of 88% with an exception rating of 25% which was above CCG and national exception rating.

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 85 % compared to the CCG of 85% and national average 84% with an exception rating of 11% which was above CCG and National exception rating
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 97% (CCG average 86%, national average 84%) with an exception rating of 12% (CCG average 10% and national average 8%)

Published data showed that the exception rating for the practice had increased over the last 3 years. At feedback we highlighted the high exception rate to the practice. The practice told us that they had a policy regarding exemption reporting. If the patient has not responded, having been sent three letters inviting them to attend for review, the practice manager exempted them. Where there was a clinical reason, GPs had taken the decision to except certain patients. For example those patients who were clinically unsuitable. We were also told that, those patients diagnosed with dementia and diabetic patients who were under hospital care were also exempted. This meant that there was a potential for patients to not receive regular reviews.

We were shown seven clinical audits which had been completed in the last two years. Six of these did not reflect where improvements had been made, implemented and reaudited to demonstrate benefits to patient care. We also looked at a respiratory audit carried out by the nursing team. This demonstrated that patients on high dose inhaled steroids had been identified, recalled and reviewed to ensure prescribing was in line with updated national guidelines and we saw plans were in place for the audit to be repeated in twelve months time. At feedback we highlighted to the practice the quality of their clinical audit cycle and invited them to submit further evidence of audits

Are services effective?

(for example, treatment is effective)

completed in the last two years. However the additional evidence, did not demonstrate that the practice was undertaking a programme of clinical audit that had benefitted patient care.

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.
- 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 ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Nursing staff had access to training and funding to meet their learning needs, covering the scope of their work and helping them to develop extended skills. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the new revalidation process for nurses. A health care assistant had shadowed staff at a dressings clinic at Derriford Hospital as part of their training and was carrying out simple dressings for patients.
- Practice nurses told us that they had been discussing the revalidation process being introduced by the registering body and were collecting evidence in preparation for this. All nursing 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 practice was responsible for providing care to twelve nursing and residential homes and the percentage of nursing home patients per GP was 1% compared to the national average of 0.5%. We spoke with two nursing homes, both had named GPs who attended regularly to review patients. For example a new patient admitted to the home was experiencing falls. The GP reviewed the patients medicines and found that one may have caused dizziness, so made changes as a result. The nursing homes reported that if requested, the GP attended the same day, they felt that having a named GP provided continuity of care for patients and enhanced teamworking.
- The practice provided cover for the medical ward at Tavistock hospital and a lead GP was allocated half a day a week for multidisciplinary team (MDT) meetings and ward rounds. We saw that the practice admitted acute older patients to the ward which enabled patients to remain local to their families and support networks.
- The practice held regular multidisciplinary team meetings.

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 ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. For example we saw patient consent had been obtained and recorded for minor surgical procedures. When providing care and treatment for children and young people, 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, 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 example of support seen was that a dietary leaflet was given to patients prescribed anti clotting medicines.

The practice 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 was 79% which was comparable to the CCG average of 72% and the national average of 72%. 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. Non attenders were followed up. 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. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 77% to 97% and five year olds from 88% to 98%. Flu vaccination rates for the over 65s were 70% and at risk groups 49%. These were also comparable to CCG and national averages.

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

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 noted that consultation and treatment room doors were closed during consultations and that 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 telephone calls taken were responded to in a back office which could not be overheard in the waiting room

All of the 38 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.

We saw that the practice operated an on-line patient participation group, none of whom we were able to speak with on the day. We saw evidence that the practice responded to comments posted on-line from members. Examples seen included a blood pressure monitor being sited in the waiting room.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses as follows:

- 93% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 89% said the GP gave them enough time (CCG average 91% national average 87%)
- 99% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)

- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 90%, national average 85%)
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 98%, national average 90%)
- 100% said they found the receptionists at the practice helpful (CCG average 91% national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us 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 the majority felt that they 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:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%)
- 90% said the last GP they saw was good at involving them in decisions about their care (CCG average 87% , national average 81%)

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

Nurses had received additional training to meet the needs of patients, for example a nurse had received training in desensitisation in order to support needle-phobic patients to receive recommended vaccines.

Notices in the patient waiting room told patients how to access support groups and organisations such as a local befriending service and a dementia support group. The practice had an area to the side of the waiting room with a

Are services caring?

privacy screen that they called the health zone.. There was a blood pressure monitor, height and weight measuring facility. Within the health zone, health information was displayed on a television screen, leaflets and a range of printed information sheets for common health conditions were also available.

The practice provided free access to facilities for a support worker twice a month to meet with carers of patients at the

practice. This was advertised in the waiting room and appointments made direct to the support worker for carers wanting advice and support. The computer system alerted GPs if a patient was also a carer. However the practice did not hold this information in a register which could be used proactively to provide support and health checks. Other written information was available to direct carers to the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a Saturday morning clinic from 8.30am to 11.30am for pre bookable appointments for working patients who could not attend during normal opening hours. Both GP and nurse appointments were available. Appointments were also available on a Saturday morning for patients who required a review for a chronic condition, for example those with diabetes or respiratory conditions.
- The standard length of appointment offered was 12 minutes, 25 minute appointments could be booked by patients who required them.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these, for example the practice had identified older patients with medical needs and who were isolated and prioritised regular visits to these patients.
- Same day appointments were available for children and those with serious medical conditions. We saw evidence that 25 patients had been booked and seen by the duty GP for the morning same day surgery. Appointments were available for patients in the afternoon same day clinic.
- There were disabled facilities, hearing loop and translation services available. Allied health professionals normally consulted with patients upstairs but we were told that a downstairs consulting room was made available for patients unable to negotiate the stairs.
- Staff were made aware of patients with mental health needs and they were offered open access same day appointments. Arrangements were made for those who felt unable to sit in the waiting room and for them to enter through a back door to attend appointments.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning and 2.30pm to 6.00pm every afternoon. Extended hours surgeries were offered between

8.30am and 11.30am every Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people 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. People told us on the day that they were able to get appointments when they needed them.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%
- 99% patients said they could get through easily to the surgery by phone (CCG average 84% national average 73%)
- 92% patients described their experience of making an appointment as good (CCG average 83% national average 73%)
- 66% patients said they usually waited 15 minutes or less after their appointment time (CCG average 71%, national average 65%). Three patients told us on the day that the waiting time could be long. Appointments for those patients booked in on the day were running an hour late. The philosophy of the practice was to offer appointments on the day to all patients who requested them. Most patients we spoke to liked knowing they would be seen the same day and understood this may result in a long wait.

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. We saw that comprehensive information about how a complaint could be made was available on the practice's website and also in the waiting room.

We looked at four complaints received in the last 12 months and found that all had been managed with care, an

Are services responsive to people's needs? (for example, to feedback?)

apology had been offered and letters had been sent in a timely manner. Shared learning points were discussed at practice meetings and minutes shared with staff. Following one complaint the practice responded by initiating a buddy system to ensure continuity of care, particularly for patients

with complex needs. GPs were paired up so that if a patient's own GP was unavailable the patient was able to speak to the buddy GP. Rotas were reorganised to ensure one of the paired GPs was always available.

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 vision to deliver high quality care and promote good outcomes for patients.

- This included treating patients as individuals and with respect, and working in partnership with patients to ensure they received the best option of treatment and care available to them. All the GPs and staff we spoke with were positive and pro-active about providing person-centred care and treatment for their patients.
- The practice worked closely with other organisations and the local community to ensure services provided met patient needs, for example, the practice had developed a resource list so that patients could be signposted to services that meet their needs.
- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- Data we reviewed and patient feedback from the national survey showed the practice focused on delivering compassionate and responsive care. This was reflected in the views of the 16 patients we spoke with and those who completed CQC comment cards. Staff we spoke with demonstrated this commitment and the interactions we observed between staff and patients were caring and kind.

Governance arrangements

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies were available to all staff on the practice intranet.
- We were told that the policy for identifying significant events was to raise issues with the practice manager. These were then discussed at a practice meeting and a significant event form completed if felt appropriate. This had led to under reporting and recording of significant events. For example, there was no written audit trail of records showing the actions taken when a fridge used to store vaccines had failed. The actions and learning were not recorded so opportunities for shared learning across the whole practice team was limited to verbal accounts of staff.

- The practice did not have a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements for the benefits of patients.
- The practice had some arrangements for identifying, recording and managing risks, and implementing mitigating actions however we found that these were not always implemented effectively. For example, a room accessible to the public contained clinical waste, needles, syringes and instruments and the notice on the door highlighted that this was to be left open. No risk assessment had been carried out. The practice made immediate changes on the day of the inspection to ensure the room would be secure.
- Succession planning was on going, additional nurses had been employed to mitigate the risk of several nurses approaching retirement. Recruitment was not an issue for the practice having had nine applicants for a salaried GP post in the last six months.

Leadership, openness and transparency

The partners in the practice have 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 that they were approachable and always take 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 gives 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 there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.

Are services well-led?

Good 

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

- 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. For example when the practice assumed responsibility for providing primary medical services at the Bere Alston surgery two different clinical systems were being used. Staff were asked to vote on which system the practice should proceed with.

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.

- It had gathered feedback from patients through the on-line patient participation group (PPG) and through surveys and complaints received. The on-line PPG did

not meet but there was opportunity for members to make recommendations to the practice management online. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice worked collaboratively with three other GP practices in the area. Bimonthly meetings were being held with these practices, which looked at areas where quality could be improved and led to the development of a collective approach. The group had raised awareness about the challenges of working across boundaries with different health providers in Devon and Cornwall, with the aim of achieving changes that would benefit patients, for example providing services, which were normally only available in secondary care within their own practice, enabling patients to be consulted with closer to their homes.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not effectively assess monitor and improve the quality of the services provided for service users. The provider failed to operate effective audit and governance systems to evaluate and improve practice. This is in respect of having a programme of clinical audit cycles to demonstrate improved patient outcomes.</p> <p>The registered person did not assess monitor and mitigate risks relating to the health safety and welfare of service users. This is in respect of the decision taken to except those patients diagnosed with dementia and diabetic patients who were under hospital care, which meant that there was a potential for patients to not receive regular reviews.</p> <p>This was in breach of regulation 17(1), 17(2) (a)(b)</p>