Drs Bloomer, Devlin and Baxter

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Redfern Health Centre was inspected on Wednesday 1 October 2014. This was a comprehensive inspection.

Redfern Health Centre provides primary medical services to people living in the town of Salcombe, Devon and the surrounding areas. The practice provides services to a homogeneous population group and is situated in a rural location.

At the time of our inspection there were approximately 4,450 patients registered at the service with a team of three GP partners. GP partners held managerial and financial responsibility for running the business. In addition there were three state registered nurses, a phlebotomist, a practice manager, and seven administrative and reception staff.

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

We rated this practice as good.

Our key findings were as follows:

The practice was clean, well organised, had well maintained facilities and was well equipped to treat patients. There were robust infection control procedures in place. Patients had relatively easy access to appointments at the practice and liked having a named GP which improved their continuity of care.

Feedback from patients about their care and treatment was positive. The practice encouraged a non-discriminatory, patient centred culture. Practice staff were trained and experienced. They provided compassionate care to their patients. External stakeholders were very positive about the practice.

The practice was well-led and had a clear leadership structure in place. Checks were in place to improve quality and identify risk and systems to manage emergencies.

Patient's needs were assessed and care planned and delivered in line with current legislation. This includes assessment of a patient's mental capacity to make decisions about their care and treatment, and the promotion of good health.

Summary of findings

Recruitment of staff, pre-employment checks, induction and appraisal processes were effective. Staff had received training appropriate to their roles and further training needs had been identified and planned.

Information about the practice provided evidence that the practice performed comparatively with all other practices within the clinical commissioning group (CCG) area.

Patients felt safe in the hands of the staff and confident in clinical decisions made. There were effective safeguarding procedures in place.

Evidence showed that significant events, complaints and incidents were investigated. Improvements made following these events were discussed and communicated with staff.

Staff told us homeless patients could access the practice as there was no requirement for patients registered at the practice to have a fixed home address.

We saw an area of outstanding practice:

- The practice provided joint GP and health visitor appointments for mothers with babies. This joined up approach enabled effective care of mothers and their babies, direct joint working between health professionals promoted an holistic approach and provided a convenient service to mothers with babies who would otherwise need separate appointments to see either a GP or a health visitor.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

Redfern HealthCentre is rated as good for being safe. Patients we spoke with told us they felt safe, confident in the care they received and well cared for. The practice had processes to help ensure patient safety and responded to emergencies well.

Significant events were investigated fully. The learning points from these incidents had been discussed with staff. Records showed that learning and actions had been taken forward following such investigations.

Human resources recruitment checks were completed as required to ensure that staff were suitable and competent. Criminal record checks had been carried out on all GPs and nursing staff. Risk assessments had been agreed when a decision had been made not to perform a criminal records check for administration staff.

Staff were aware of their obligations regarding safeguarding and the Mental Capacity Act 2005 (MCA). There were up to date safeguarding policies and procedures in place that helped identify and protect children and vulnerable adults who used the practice from the risk of abuse. These had been reviewed and updated within the last twelve months.

Medicines at the practice were stored appropriately. Secure systems were in place to protect the management of medicines and prescription pads at the practice.

The practice was well organised, clean and tidy. Appropriate arrangements ensured the cleanliness of the practice was maintained. Clinical waste and other waste was disposed of safely.

Are services effective?

Good

Redfern Health Centre is rated as good for being effective. Information which we received prior to and during the inspection demonstrated that the practice had processes in place to help ensure the practice delivered an effective service to its patients.

Information obtained both during and after the inspection showed staff had received effective support, training and regular appraisals. GP's appraisals and revalidation of their professional qualifications had been completed. Patient waiting areas at the practice had extensive health promotion material available, and also on the practice website.

Summary of findings

Care and treatment was provided to patients in line with best practice. The practice had a clinical audit system in place and audit cycles had been completed. The practice worked closely with other health professionals to achieve positive outcomes for patients who used the practice.

Are services caring?

Good

Redfern Health Centre is rated as good for being caring.

Patients spoke positively about the care provided at the practice. Patients told us they were treated with courtesy, professionalism, dignity and respect. Patients told us the practice staff communicated well with them about their health and well-being.

Evidence of feedback from patients showed that patients rated the practice highly. Feedback about care and treatment was very positive. We observed a patient centred culture and found evidence that staff offered compassionate care to patients. Patient's choices were valued and respected. External stakeholder's opinions of the caring nature of the service provided by the practice were very positive.

Patients told us they were included in discussions and decisions about their care and had enough time to speak with their GP. Patients said they felt supported both during and after these discussions with their GP or with other staff at the practice.

Are services responsive to people's needs?

Good

Redfern Health Centre is rated as good for being responsive to people's needs.

The practice was responsive and met patients' needs. Patients told us it was relatively easy to get an appointment at the practice and that they were able to see a GP on the same day if it was urgent. Patients said that the practice staff responded to their wishes and had great professionalism.

The practice had on display in the waiting room and in their website details of how to make a complaint should patients wish to do so. Complaints were managed in line with the practice policy and within reasonable timescales. Records showed any learning points gained from complaints.

The practice had responded to feedback by assisting the formation of a patient support group. We spoke with a representative from this group. They told us the practice recognised the importance of patient feedback and responded to it positively.

Are services well-led?

Good

Redfern Health Centre is rated as good for being well-led.

Summary of findings

There was a clear vision and practice commitment statement in place. Staff were clear about their responsibilities in relation to this. There was an easy to understand leadership structure and staff felt supported by management. All staff demonstrated they understood their responsibilities including how and to whom they should escalate any concerns. Significant events and complaints were managed well. There was a process to assess and manage risk to the health and safety of patients.

Staff were positive about working at the practice. Staff told us they were supported in their work by the management at the practice and that there was an open, supportive culture where honest opinion was valued.

The practice had policies in place to ensure good governance. Regular clinical governance meetings had taken place. The partners at the practice and the practice management had attended these. There were clinical risk management tools in place which were used to minimise any risks to patients, staff and people who visited the practice.

Summary of findings

The six population groups and what we found

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

Older people

Good

Redfern Health Centre is rated as good for the population group of older people.

Patients aged 75 and over had their own allocated GP. Patients could see an alternative GP if they preferred. Routine vaccinations were provided at the practice for older people during routine appointments. Vaccines for older people who had problems getting to the practice or those in local care homes were administered in the community by the practice nurses. GPs undertook home visits for older people and for patients who required a visit following discharge from hospital.

A patient support group provided free patient transport to patients in this population group or other patients with specific mobility needs.

The practice sent out annual letters to patients in this population group to offer a health check. Patients could be referred onwards to a memory clinic.

The practice worked jointly with other health care professionals to help enable patients to remain at home and avoid unnecessary admissions to hospital. The practice worked with Community Matrons to put in place care packages in order to support patients.

People with long term conditions

Good

Redfern Health Centre is rated as good for the population group of people with long term conditions.

The practice identified patients who might suffer from long term conditions and ensured they were offered consultations. The staff at the practice maintained links with external health care professionals for advice and guidance.

There were a range of clinics offered by the practice for patients with long term conditions. These included asthma, hypertension, diabetes and coronary heart disease clinics. Patients with long term conditions had care plans in place. Patients were satisfied with the care they received for their long term conditions.

GPs from the practice carried out home visits and medication reviews for patients with long term conditions who had been recently discharged from hospital.

The practice had links with a patients support group, which provided transport services for patients with long term conditions.

Summary of findings

Families, children and young people

Good

Redfern Health Centre is rated as good for the population group of families, children and young people.

Families, children and young people we spoke with were satisfied with the treatment they received at the practice. There were immunisation programmes available to ensure babies and children could access a full range of vaccinations and health screening.

The practice co-ordinated care with other health professionals to support this population group. This included working closely with the health visitor to provide fortnightly mother and baby clinics at the practice. Processes alerted health visitors when children had not attended routine appointments and screening. Effective procedures were in place to help safeguard children or young people who may be vulnerable or at risk of abuse.

The practice provided joint GP and health visitor appointments for mothers with babies. This joined up approach enabled effective care of mothers and their babies, direct joint working between health professionals promoted an holistic approach and provided a convenient service to mothers with babies who would otherwise need separate appointments to see either a GP or a health visitor.

The practice offered a wide range of contraception services and sexual health screening including a contraception clinic and chlamydia testing. Patients could also access a family planning service. There was a baby changing unit in the patient toilets.

Working age people (including those recently retired and students)

Good

Redfern Health Centre is rated as good for the population group of working age people (including those recently retired and students).

Patients we spoke with in this group were satisfied with the treatment they received.

Patients who received repeat medications were able to collect their prescription at a dispensary of their choice. Within the next three months the practice plans to introduce an electronic prescribing system which sends the approved prescription directly to the pharmacy of the patient's choice.

GPS at the practice supported this population group by offering advance appointments in the early morning twice a week to assist patients not able to access appointments due to their working hours. They are also able to be seen up to 6.30pm Monday to Friday. The practice used a text message appointment reminder system for patients who wished to use this service.

Summary of findings

People whose circumstances may make them vulnerable

Good

Redfern Health Centre is rated as good for the population group of people living in vulnerable circumstances.

The practice had a vulnerable patient register. This register was reviewed on a monthly basis. The practice were able to determine which patients were particularly vulnerable, due to their health condition and needs or particular circumstances.

Staff told us that during the summer months there were a few patients who had a first language that was not English. A language line telephone translation service was available and staff knew how to access this service.

Patients with learning disabilities were offered a health check every year during which their long term care plans were discussed with them and their carer if appropriate. The practice used a community matron who visited any vulnerable patients to assess and facilitate any needs they had.

Staff told us homeless patients could access the practice as there was no requirement for patients registered at the practice to have a fixed home address.

People experiencing poor mental health (including people with dementia)

Good

Redfern Health Centre is rated as good for the population group of people experiencing poor mental health (including people with dementia).

The practice had effective links with the local mental health teams to support this population group. This included regular contact with a mental health crisis team and a community psychiatric nursing team.

A community mental health nurse visited the practice every month or more frequently if required and provided a service to patients at the practice. Patients who had depression were seen regularly and were followed up if they did not attend appointments.

There was communication, referral and liaison with a psychiatry specialist who offered advice and support. The practice could refer patients for mental health assessment. This included advice and assessments for patients with dementia.

GPs and nursing staff at the practice were aware of the Mental Capacity Act 2005 (MCA) and had received training on this within the last twelve months.

Summary of findings

What people who use the service say

We spoke with eight patients during our inspection. We spoke with representatives of the patient support group Friends of Redfern Centre. The practice had provided patients with information about the Care Quality Commission (CQC) prior to the inspection. Our CQC comment box was displayed and comment cards had been made available for patients to share their experience with us. We collected 36 comment cards which contained overwhelmingly positive comments.

These comment cards recorded that patients thought that staff at the practice were very caring, professional and friendly. They reported that the practice was clean and well organised. Patients expressed satisfaction in their treatment at the practice and had confidence in their GPs. Comments also highlighted a confidence in the advice and medical knowledge, access to appointments and satisfaction with the amount of time they had with their GP.

The majority of patients were satisfied with the appointment system and said it was easy to make an appointment. Two patients told us that they sometimes had difficulty getting through to the practice on the telephone at 8.30am. All patients told us they had no complaints, but that they understood the process to follow should they wish to do so.

All of the patients we spoke with thought that the building was clean, well organised and safe. Patients we spoke with were pleased with the facilities at the practice. Patients commented on the building being clean and tidy. Patients told us that GPs and nurses used personal protective equipment where required and were seen to wash their hands prior to treatment.

Outstanding practice

We saw an area of outstanding practice:

- The practice provided joint GP and health visitor appointments for mothers with babies. This joined up approach enabled effective care of mothers and their babies, direct joint working between health professionals promoted an holistic approach and provided a convenient service to mothers with babies who would otherwise need separate appointments to see either a GP or a health visitor.

Drs Bloomer, Devlin and Baxter

Detailed findings

Our inspection team

Our inspection team was led by:

A lead Inspector, a second Inspector, a GP Specialist Adviser, a Practice Manager Specialist Adviser and an Expert by Experience.

Background to Drs Bloomer, Devlin and Baxter

Redfern Health Centre provides primary medical services to people living in the town of Salcombe, Devon and the surrounding areas. The practice provides services to a homogeneous population group and is situated in a rural location.

At the time of our inspection there were approximately 4,450 patients registered at the service with a team of three GP partners. GP partners held managerial and financial responsibility for running the business. In addition there were three state registered nurses, a phlebotomist, a practice manager, and seven administrative and reception staff.

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

Redfern Health Centre is open between Monday and Friday: 8.30am – 6.30pm with 7.30am appointments twice a week. These are pre-bookable appointments designed to be used by patients going to work.

Outside of these hours a service is provided by another health care provider for which patients are given the telephone number. .

Routine appointments are available daily and are bookable up to three months in advance. Urgent appointments are made available on the day and telephone consultations also take place.

Why we carried out this inspection

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

How we carried out this inspection

Before conducting our announced inspection of this practice, we reviewed a range of information we held about the service and asked other organisations to share what they knew about the service. Organisations included the local Healthwatch, NHS England, the local clinical commissioning group and local voluntary organisations.

We requested information and documentation from the provider which was made available to us either before, during or 48 hours after the inspection.

Detailed findings

We carried out our announced visit on Wednesday 1 October 2014. We spoke with eight patients and seven staff at the practice during our inspection and collected 36 patient responses from our comments box which had been displayed in the waiting room. We obtained information from and spoke with the practice manager, two GPs, two receptionists/clerical staff, three practice nurses, and a health care assistant. We observed how the practice was run and looked at the facilities and the information available to patients. We also spoke with a representative from the patient support group Friends of Redfern Centre.

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

We observed staff interactions with other staff and with patients and made observations throughout the internal and external areas of the building.

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

- 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
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

Good

Are services safe?

Our findings

Safe Track Record

The practice kept records of significant events that had occurred. Appropriate learning had taken place and the lessons learnt were communicated to staff at meetings and one to one supervisions. Staff told us about the significant event reporting process and how they would escalate concerns within the practice. All staff we spoke with felt able to raise any concerns with the management team. Following a significant event, the GPs undertook an analysis to establish the details of the incident and the full circumstances surrounding it. Staff told us these meetings were useful to ensure lessons were learnt.

Learning and improvement from safety incidents

GPs discussed incidents daily on an informal basis and also at three monthly clinical governance meetings. We looked at the records of the two most recent significant events. A standard form captured the relevant information from each incident. This supported staff who completed it to help ensure that what had happened was recorded, how it could have been avoided, what lessons could be learnt, what action could be taken and by when. We saw that all of these fields had been completed and that the documents had been signed and dated by the member of staff completing them. The practice manager ensured that information from national patient safety alerts was disseminated to staff and acted upon. Information from these and similar alerts was discussed at team meetings.

Reliable safety systems and processes including safeguarding

Patients told us they felt safe at the practice and staff knew how to raise any concerns. A GP at the practice had a lead role for safeguarding older patients, young patients and children. Staff at the practice knew this GP was the safeguarding lead. The lead GP had been trained in safeguarding adults and children to the appropriate level. There were policies in place to provide guidance to staff on how to make a safeguarding referral.

The policies included information on the local authority safeguarding team. These details were displayed where staff could easily find them. There were regular meetings with other health professionals including mental health professionals, midwives, social workers and district nurses where those patients with complex health care needs were reviewed and any safeguarding needs considered and acted upon.

A chaperone system was in place at the practice and its availability was displayed on notices to patients throughout the practice. A written policy supported this. A chaperone is a member of staff or person who accompanies a patient during a medical examination or treatment. Patients were aware they were entitled to have a chaperone present for any consultation, examination or procedure.

Medicines Management

Prescriptions were well managed at the practice. Patients were issued medicines via prescription from their GP. Patients were notified of health checks needed before medicines could be issued. Patients told us they could use the prescriptions box in the practice, send an e-mail, or use the on-line request facility for repeat prescriptions.

Medicines were safely and securely stored at the practice. Checks and temperature records were maintained to audit and protect the medicines issued. All of the medicines we saw were in date. Storage areas were clean and well ordered. Deliveries of refrigerated medicines were immediately checked and placed in the refrigerator. We saw that medicines such as vaccinations which required refrigeration were stored appropriately.

All patients we spoke with said they were provided with information supplied with the medicine to check for side effects. Appropriate controlled drug storage facilities and registers were in place at the practice.

Cleanliness & Infection Control

On the day of our inspection we collected 36 completed comment cards from patients who used the service. Twenty of these specifically commented on the practice being clean and tidy. Patients told us GPs used personal protective equipment such as gloves, aprons, disposable bed rolls and disinfectant surface wipes. The practice had up to date policies on infection control. The nurse and health care assistant we spoke with had received training in infection control. Treatment rooms, public waiting areas,

toilets and treatment rooms were clean. There was a daily cleaning schedule which was monitored effectively. There were hand washing posters on display to show effective hand washing techniques.

Clinical waste was disposed of safely. There were clinical waste bins in the treatment rooms. The practice had a contract with an approved contractor for disposal of waste. Clinical waste was stored securely in a dedicated secure area whilst awaiting its collection from a registered waste disposal company.

Equipment

Portable appliance testing (PAT) where electrical appliances were routinely checked for safety had been carried out on an annual basis. Staff told us they had safe and modern equipment to carry out their roles. The practice had an effective system using checklists to monitor the dates of emergency equipment which helped ensure they were replaced when required. Equipment such as the weighing scales, blood pressure monitors and other medical equipment had been checked and serviced when required.

Staffing & Recruitment

Staff told us there were suitable numbers of staff on duty and that staff rotas were managed well. The majority of staff who worked at the practice had been there for many years. The practice said they used locums as staff cover if required. GPs told us they covered for each other during short absences. Professional registrations of nursing staff at the practice had been kept up to date.

The practice had an up to date human resources policy and staff showed us how they accessed this, either via the intranet system or on a paper copy. The practice had disciplinary and grievance procedures to follow. An effective recruitment policy was in place. GPs and nursing staff employed at the practice had undergone criminal record checks using the Disclosure Barring Service (DBS) prior to commencing employment. However, not all administrative staff had received these checks. The practice manager told us they carried out a risk assessment for this but there was no written evidence to record this. The practice manager stated this would be rectified immediately.

Monitoring Safety & Responding to Risk

The practice had systems, processes and policies in place to manage risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative. We saw evidence that risks were discussed at GP partners' meetings and within team meetings.

Medical alert notifications about safety were communicated by email from the practice manager. Staff told us these were also discussed at team meetings.

Arrangements to deal with emergencies and major incidents

The practice management had ensured that there was a system in place to ensure there was a duty GP available to carry out consultations, home visits and respond to any emergencies if required.

Emergency equipment was easily accessible to staff in case of any patient emergency. There was an emergency first aid kit and an automated external defibrillator (AED) at the practice. An AED is a device used to resuscitate patients in the event of a collapse or cardiac arrest. We saw evidence that staff had received training in how to use the AED and in first aid procedures.

Emergency medicines and equipment stored at the practice followed the guidance produced by the UK Resuscitation Council.

There was an emergency business continuity plan in place. This set out the response to unexpected events which would disrupt the provision of service from the practice. For example, adverse weather conditions during winter in this rural area, fire or flooding.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care & treatment in line with standards

The practice followed the National Institute for Health and Care Excellence (NICE) guidance and had held regular meetings to discuss any developments. Records showed that guidance from the Mental Capacity Act 2005 (MCA) had been followed. The MCA provides a legal framework to support patients who need assistance to make important decisions.

Information we received from the local clinical commissioning group showed that Redfern Health Centre performed well compared to other practices in the area. GP practices use a system called the quality and outcome framework (QOF) to measure their performance. The QOF is a system where practices receive financial incentives to implement best practice. The QOF data for this practice showed they had achieved higher than average ratings in areas that reflected the effectiveness of care.

Management, monitoring and improving outcomes for people

Minor operations such as excisions and injections were recorded by GPs and carried out according to NICE recommendations. Clinical staff had been appropriately trained and kept up to date. GPs had conducted clinical audits, for example repeat prescription audits to ensure appropriate medicines were being safely administered. The management at the practice, which included the practice manager and GPs, had systems in place to monitor outcomes for patients in order to make improvements. Nursing staff had received training including carrying out routine care and treatment such as administering vaccinations.

Effective Staffing, equipment and facilities

We spoke with the most recently recruited member of staff who told us about their induction process. We saw that there was an up to date recruitment policy in place. A disciplinary and grievance policy was in place and had been reviewed annually. Staff had received annual appraisals and kept up to date with continuous professional development. Both of the GPs we spoke with had participated in the appraisal system leading to five year revalidation of their professional qualifications.

There was a full range of appropriate staffing policies which staff showed us they could access via the intranet computer system or via a paper copy. The staff training programme was monitored by the practice manager. We saw records which showed mandatory training such as first aid, infection control, safeguarding and fire safety had been completed.

Working with other services

The practice had strong relationships with other health providers. There were regular meetings with other services such as mental health professionals, midwives, physiotherapists, occupational therapists, health visitors, district nurses and community matrons. Communication with the Out of Hour's service was in place. GPs at the practice had been kept up to date when their patients were discharged from hospital, in order to provide continuity of care and treatment.

Information Sharing

The practice had a policy in place for sharing information with other health services when required. It also had a policy to allow patients access to their own records. A Freedom of Information policy (FOI) was in place should members of the public wish to make information requests of the practice.

Consent to care and treatment

Patients told us that GPs and nursing staff at the practice always sought their consent prior to conducting any treatment. Staff had been trained on the Mental Capacity Act 2005 and understood their responsibilities in relation to this. There was evidence that the consent for treatment for patients aged under 16 years had been sought and recorded from both the patient and their parent or guardian. GPs told us they always sought informed consent prior to any treatment being carried out.

Health Promotion & Prevention

A range of health promotion and prevention clinics were offered by the practice to support their local population in and around Salcombe. Family planning, contraception and sexual health clinics were provided at the practice. Diabetes, asthma and stop smoking clinics were available. The practice offered a travel vaccination service. The practice offered annual health checks to certain population groups such as patients over 75 years of age or those with learning difficulties.

Good

Are services effective?

(for example, treatment is effective)

There was a support group in place for patients with caring responsibilities at the practice. There was a wide range of leaflets available for patients which provided details about all of these services in the patient waiting area of the practice. There was further information available on the practice website.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

Evidence showed that the practice took seriously respect, dignity, compassion and empathy with its patients. All of the patients we spoke with told us that these values were very much in evidence at the practice. They told us that GPs and practice staff treated them with courtesy and compassion. We also saw comments cards from 36 patients. Of these, 34 spoke very highly of the staff's warmth, friendliness and professionalism. The remaining two did not complain about the staff or their attitude toward patients.

Comment cards completed by patients stated that staff provided them with enough time to have a discussion about their issues and agree a way forward. Patients commented on staff kindness and compassion together with medical expertise shown by the GPs at the practice. Several patients provided us with examples where the GPs had taken additional time and care to explain medical matters to them or deliver bad news.

Patients spoke with us about the use of chaperones. A chaperone is a member of staff or person who accompanies a patient during a medical examination or treatment. Posters around the practice displayed informed patients they were able to have a chaperone should they wish. Administration staff at the practice act as chaperones as required. They told us they had received appropriate training to carry out this role.

Patient confidentiality was taken seriously at the practice. The waiting area had a large seating area which was located away from the main reception desk. As a result, private conversations at the reception desk could not be overheard. There was a lower reception window available for patients who were wheelchair users, so that they could speak in private. During our inspection we saw that GPs came out into the waiting area to invite the next patient into their consultation room. There was a historic light and buzzer system at the practice but this was no longer in use. Patients told us that they approved of this personal approach.

Care Planning and involvement in decisions about care and treatment

Staff we spoke with were able to record patients' consent for treatment on medical records. We saw evidence of patient consent for medical procedures such as flu vaccinations and minor excisions.

Patients we spoke with told us that GPs always sought their consent prior to treatment. Patients also told us that both GPs and other staff at the practice always listened to their views and involved them in making decisions about their treatment. Comment cards we looked at also provided evidence that GPs had involved patients in decisions about their care.

Evidence showed that where patients did not have the mental capacity to consent to a specific treatment, the practice acted in accordance with the law to make decisions in the patient's best interest. GPs gave us specific examples where they had been involved in best interest decisions and where they had involved independent mental capacity assessors (IMCA) to ensure the decision made was in the patient's best interest.

Patient/carer support to cope emotionally with care and treatment

Staff we spoke with told us that patients who had experienced bereavement were contacted by their GP who delivered the news on a face to face basis. There was a counselling service available for patients to access.

We examined the patient survey results of Jan 2013 – Jan 2014. There had been 150 respondents to this survey which included questions about emotional support. Patients rated the practice highly in this area. 91% of the 150 respondents stated that their GP gave them the opportunity to express concerns and fears. 92% felt reassured by their GP and other staff. The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this information. For example, all of the patients we spoke with on the day of our inspection felt they received support from their GP.

Notices in the patient waiting room and patient website signposted people to support groups. The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers, which advertised the support available to them.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to meeting people's needs

Patients told us the staff at the practice were responsive to their needs. They told us that they were confident that staff at the practice met their needs. GPs told us that home visits were made by the GP who had the greatest knowledge and past contact with the patient. A patient support group the Friends of Redfern Centre told us about the way the practice responded to patient's needs. For example, the practice staff had worked closely with the support group to raise funds for additional equipment at the practice to help numbers of patients who suffered from high blood pressure. The additional equipment allowed patients to test their own blood pressure and so aided self monitoring. A member of this support group told us that the practice always responded well to patient's changing needs.

Tackle inequity and promote equality

The practice had a policy on equality and diversity which had been updated within the last twelve months. Staff showed us they knew where to find this policy and had received training on it.

The number of patients with a first language other than English in this rural area of South Devon was low. During the summer months the practice did treat visitors whose first language was other than English. The practice staff knew how to access language translation services if information was not understood by the patient, to enable them to make an informed decision or to give consent to treatment.

Patient facing areas of the practice were based on the ground floor with the exception of the health visitor clinics. These are held on the first floor where there are also staff areas. The practice had an open waiting area and sufficient seating. The reception and waiting area had enough space for wheelchair users. Consulting rooms and treatment rooms all had level access.

Patients we spoke with were satisfied that they had never experienced or witnessed any instances of discrimination at the practice.

Access to the service

The practice had set up a support group called the Friends of Redfern Centre. This group actively raised funds to provide additional equipment for the surgery, together with providing free transport to patients from outlying villages to allow access to the practice which would otherwise not be available.

The 2013-2014 patient survey showed us evidence that 97% thought access to the service at this practice was either rated as good or excellent. Patients accessed the service in a way that was convenient for them and said they were very pleased with the system. Of the 36 comment cards we received, two mentioned occasional difficulty in getting an appointment at a time that was convenient to them. These findings were reflected during our conversations. Patients were happy with getting an appointment and could get a same day appointment if they needed.

GPs at this practice managed a personal patient list system. Patients whose GP was absent due to annual leave, training or other reasons received treatment by another GP. Patients told us they liked this system

Patients knew of the out of hours arrangements when the practice was closed. This was communicated by information displayed in the practice, on the website and on the telephone answering machine.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. Information for patients was displayed in the waiting room, at reception and on the practice website. Patients we spoke with told us they knew how to make a complaint should they wish to do so. The complaints policy set out how complaints would be investigated by the practice manager. We saw evidence that the practice manager maintained records of complaints and had responded to previous complaints within a reasonable timescale. The practice manager told us that they always tried to resolve complaints on a face to face basis as soon as possible, or in writing if that was not possible.

Staff told us learning points had been shared with them following complaints. Complaints were also discussed as an agenda item at the quarterly practice team meetings. The minutes of staff meetings confirmed this. For example, additional training for staff had been provided on customer service.

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 management had agreed upon a practice commitment statement and had a vision to deliver high quality care and promote positive healthy outcomes for patients. Staff said this small practice often communicated informally through day to day business and more formally through meetings and appraisals.

During our inspection we observed good relations between the management and the staff at the practice. There was mutual respect shared between all staff. Staff told us they enjoyed the team atmosphere at the practice and this had directly resulted in high levels of staff retention.

Staff told us they felt supported by the management team at the practice and that the open door policy of the practice manager was well known by staff. Individual staff members gave us several examples of how the management had supported them in their roles.

Governance Arrangements

The practice used the Quality and Outcomes Framework (QOF) to assess quality of care as part of the clinical governance programme. The QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice in their surgeries. The QOF scores for the practice were above the national average in England.

The clinical auditing system used by the GPs assisted in driving improvement. All GPs were able to share examples of audits they had performed. In addition to the incentive led audits there was a real sense that GPs wanted to perform audits to improve the service for patients and not just for their revalidation or QOF scores. These examples included medication audits, audits on inadequate cervical smears. Audits were thorough and followed a complete audit cycle but were not kept readily available to provide a resource for trainees and staff.

GPs at the practice told us that they spoke informally with each other on a daily basis. They told us they discussed with their colleagues any urgent or arising issues. These discussions often resulted in an immediate solution which was then confirmed via email or on paper record. More formal weekly and monthly meetings also took place which formalised this process. We saw evidence that staff meetings took place regularly. In September 2014 the staff had met to discuss patient issues, safety and the forthcoming CQC inspection. In July 2014 staff had discussed rostering, security, safeguarding, the QOF and a new telephone line being installed at the practice.

Leadership, openness and transparency

There was a clear leadership structure in place at the practice. The partner GPs worked closely with the practice manager to maintain an open and transparent culture. Staff were clear about this leadership structure which included members of staff in lead roles.

One of the GPs was lead for safeguarding, another was lead for training. Staff spoke with us and confirmed that effective team working took place, that they understood their own and other colleagues' roles and responsibilities. Staff told us that they were supported and knew how to access support from other staff at the practice. They told us that they were unafraid to speak their mind and give honest opinion to management.

The practice had a full range of human resources policies including recruitment, disciplinary and grievance policies. These had been updated within the last twelve months.

Practice seeks and acts on feedback from users, public and staff

The practice carried out an annual patient survey and sought feedback on comment notes from patients. We saw that 150 respondents had participated in the 2013-2014 survey. The results of this survey had been extremely positive. For example, 97% of patients believed they felt their GP had given them enough time and listened to their views.

We spoke with the patient support group. They told us that due to feedback from patients, the practice had increased the number of raised chairs with arms in the waiting room. Also as a direct result of patient requests, the practice had introduced more up to date toys in the children's corner. Patients told us they were very satisfied with these actions.

Staff we spoke with told us they always felt their voices were heard at the practice and that the practice had an open culture. We saw at team meetings records showed that there had been open discussions between staff and

Are services well-led?

Good

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

management. Staff gave us examples of where their views had been taken on board and improvements made to working practices. For example, in changes to back office functions at the practice.

Management lead through learning & improvement

Patient safety alerts were swiftly disseminated to staff at the practice by management and learning points implemented. There was a systematic processes followed to ensure that learning took place when events occurred, or ways of working changed. The practice held regular meetings to discuss any recent changes to working practices. The practice kept up to date with recommendations from national health advisory bodies such as National Institute for Health and Care Excellence (NICE). Staff told us they had enough time to complete their continuous professional development and they enjoyed access to other training as required.

The practice manager had completed risk assessments to identify and manage risks to the patients, staff and visitors that attended the practice. The practice had a business continuity plan to manage the risks associated with a significant disruption to the service. For example, how the service would cope with adverse weather conditions, fire or flooding.