

Dr Hall, Hillman, Macartney, Mr Smith-Avery, Dr Garstang, Dr Mair & Dr Lindsay

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at on Tuesday 01 March 2016. Overall the practice is rated as good.

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

There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

Risks to patients were assessed and well managed. Chronic disease was managed well, for example, the care of people with diabetes.

The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. liaised with the NHS screening programme. The screening was facilitated by the practice and patients from neighboring practices were also offered access to screening at Knowle Surgery

There were six care homes in the practice area. There was a named GP for each home to ensure continuity of care. Two GPs undertook twice weekly ward rounds within one of the larger homes, staff at the home communicated directly with those GPs, to provide proactive and personalized care.

Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Information about services and how to complain was available and easy to understand.

Patients said they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day.

The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The provider was aware of and complied with the requirements of the Duty of Candour.

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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Recruitment procedures and checks were completed as required to ensure that staff were suitable and competent.
- There were arrangements for the efficient management of medicines.
- The practice was clean, tidy and hygienic. We found that arrangements were in place that ensured the cleanliness of the practice was maintained to a good standard.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework between 2014/15 showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and were shared with other clinicians and students in the practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Summary of findings

Are services caring?

- Data from the National GP Patient Survey July 2015 showed patients rated the practice higher than others for several aspects of care. Feedback on the day of inspection and from the nine comment cards we collected also aligned with these findings.
- 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the provision of extended hours appointments.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice interacted with the Patient Participation Group (PPG) and shared information with their members.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice was accessible to patients with disabilities and staff relocated to the ground floor to see patients when needed.
- Information about how to complain was available in the practice and on the practice website, it was easy to understand and evidence showed that the practice responded quickly to all complaints. Learning from complaints was carried out and shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population. All patients over 75 had a named GP. The most vulnerable frail elderly had care plans in place. Over 75 health checks were provided.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Monthly meetings were held where patients at risk of unplanned admission were discussed and plans made for good coordinated care. These plans were agreed with the patient.
- There were six care homes in the practice area. There was a named GP for each home to ensure continuity of care. Two GPs undertook twice weekly ward rounds within one of the larger homes, staff at the home communicated directly with those GPs, to provide proactive and personalized care. The GPs also regularly visited to ensure that all chronic disease management was up to date and that these patients were not disadvantaged by not being able to attend the practice.
- The practice nurses performed complex leg ulcer dressings in the practice following extended training. This meant that patients were able to receive this complex treatment at the practice avoiding the need to attend the leg ulcer clinic at Derriford Hospital.
- Deaf and hard of hearing patients were identified by the practice and were given face to face appointments without prior telephone triage. There was a hearing loop installed in the waiting room. One GP was experienced in sign language for those patients that were hard of hearing and could sign.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Long term conditions were managed by the practice nursing team. The nurses had expertise in diabetes

Good



Summary of findings

management and managed insulin conversions for the patients. The practice also ran virtual diabetic clinics with the diabetes consultant to discuss and support those patients with more complex needs.

- The practice held a diabetic focus group with their patients and discovered they had received no structured education programme about the disease which would support and help them. As a result the practice had been trying to source an independent company that could introduce such a service and provide further education or the patients.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had good relationships with members of the community teams. For example, the GPs liaised well with the long term conditions matron to support those patients with chronic diseases and avoid hospital admissions.
- The practice maintained robust registers and provided appointments for patients with long term conditions. QOF results indicated an efficient management of chronic disease management with maximum points achieved in the last few years.
- One of the practice nurses ran a patients walking group, any patient could be referred to join.

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 patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Childhood flu clinics were undertaken at half term and after school hours.

Good



Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses. The midwife held a regular clinic at the practice.
- Safeguarding was discussed at significant events meetings within the other professionals from the community. The practice had a protocol that identified all patients who attended under the age of 18 and information was collected about who was accompanying the young person and whether they had capacity to consent as outlined in the Gillick competence framework, in addition to details of how to contact and inform the young patient if necessary after any tests.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were available until 730pm on a Tuesday and 8pm on a Thursday for a GP appointment, and a nurse clinic ran until 730pm on a Thursday.
- The practice liaised with the NHS Abdominal Aortic Aneurysm (AAA) screening programme. This was a way of detecting a dangerous swelling (aneurysm) of the aorta (the main artery of the body). The screening was facilitated by the practice and patients from neighbouring practices were also offered access to screening at Knowle Surgery
- The practice offered the Fit for Work scheme. This was a new support service, designed to help working people who face long-term sickness absence return to work more quickly.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, and those with a learning disability. The practice offered longer appointments for

Good



Summary of findings

patients with a learning disability and double appointments were offered to travellers. One GP and a nurse undertook annual health reviews for patients with learning disabilities who lived in local care homes.

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

People experiencing poor mental health (including people with dementia)

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

- 78.87% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84.01%.
The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. Any relevant information for at risk patients in this group were shared with out of hours providers to provide continuity of care.
- The practice had informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had good relationships with community teams to support patients at home. For example, the practice had a named community psychiatric nurse (CPN) that offered support to patients and provided continuity of care. The consultant psychiatrist and community psychiatric nurses (CPNS) held clinics at the practice and they also had an in-house counsellor available for patients.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing better than local and national averages. 238 survey forms were distributed and 120 were returned, showing a 50.4% response rate. This represented 1% of the practice's patient list.

- 83.57% of patients found it easy to get through to this practice by phone compared to a national average of 73.26%.
- 70.47% of patients were able to get an appointment to see or speak to someone the last time they tried (national average 76.06%).
- 85.77% of patients described the overall experience of their GP practice as fairly good or very good (national average 85.05%).
- 74.7% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (national average 79.28%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all positive about the standard of care received. Patients describe the staff as kind and caring. Reception staff were referred to as being welcoming and friendly.

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

We spoke with a manager from a care home. They gave us very positive feedback. They told us the GPs who visited the home were very supportive and efficient.

The practice sought the views of patients in regard to the service they receive and have conducted many surveys. The practice also encouraged feedback in the friends and family test. The last results (January 2016) found that out of 55 respondents, 42 would be extremely likely or likely to recommend the practice, 8 were neither likely nor unlikely, three were unlikely and two didn't know.

Areas for improvement

Dr Hall, Hillman, Macartney, Mr Smith-Avery, Dr Garstang, Dr Mair & Dr Lindsay

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission Lead Inspector, a GP specialist adviser and a practice manager specialist adviser.

Background to Dr Hall, Hillman, Macartney, Mr Smith-Avery, Dr Garstang, Dr Mair & Dr Lindsay

Knowle House Surgery was inspected on Tuesday 1 March 2016. This was a comprehensive inspection.

The practice is situated in the city of Plymouth and provides a primary medical service to approximately 12000 patients of a diverse age group. The practice operates across two sites, the main site being located at Knowle House, Meavy Way, Plymouth and the branch surgery being in Tamerton Folliot. We did not visit the branch surgery at this inspection.

The practice is a training practice for doctors who are training to become GPs and for medical students. The practice also hosts a Japanese exchange medical student for a week every year.

There is a team of six GPs partners, three male and three female and one non clinical partner who is also the practice manager. Partners hold managerial and financial responsibility for running the business. The team are supported by a salaried GP, five practice nurses, three health care assistants and additional clerical and reception staff.

Patients using the practice also have access to community nurses, midwives, mental health teams and a counsellor on site.

The practice is open from 8am to 6pm Monday to Friday. Early evening clinics are offered until 7:30pm on Tuesdays and 8pm on Thursdays. There is also a nurse led clinic available every Thursday until 7:30pm. Outside of these times patients are directed to contact the Devon doctors out of hour's service by using the NHS 111 number.

The practice provides regulated activities from its primary location at 4 Meavy Way, Plymouth, PL5 3JB and its branch surgery at Tamerton Surgery, Harwood Avenue, Tamerton Foliot, Plymouth, Devon, PL5 4NU.

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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 01 March 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of 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 patient's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of patients and what good care looked 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 Care Quality Commission 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 practice manager of any incidents and use the recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

Staff explained that this process was supportive and was used as an opportunity to learn from events.

- We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. All safety alerts were circulated to the relevant member of staff. Any national equipment or medicine safety alerts received that may compromise patient care prompted a search on the computer system for any patients affected, they were then contacted to inform them of any actions needed.

When there were unintended or unexpected safety incidents, patients received support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again. For example, a patient was mistakenly prescribed an antibiotic they were allergic to. This was immediately brought to the attention of the GP who took steps to ensure this was accurately recorded on all of the patients' notes. A full apology was also given to the patient.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff on the computer system and there was information for all staff to see throughout the practice. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for

safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.

- A notice in the waiting room and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Numerous infection control audits were undertaken, the last full audit being undertaken on October 2014 and reviewed in February 2016. We saw evidence that action was taken to address any improvements identified as a result. For example, the purchase of foot operated pedal bins.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were newly introduced systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services safe?

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. 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. The last portable appliance electrical check had been performed in May 2015. Clinical equipment was last checked in October 2015. The practice had a variety of other risk assessments and checks in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had recently employed an outside management company to address

the reception staff rota to maximise its potential and give the best cover to ensure good patient access. Changes were made to make the rotas more efficient. Staff said the new system worked well.

Arrangements to deal with emergencies and major incidents

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

- There were panic buttons on each computer which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available centrally behind the reception area.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patient's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.03% of the total number of points available, with 9.71% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the previous 12 months was 81.36% which was below the national average of 88.3%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 93.18% which was better than the national average of 89.55%.
- The percentage of patients with physical or mental health conditions whose notes recorded smoking status in the last 12 months was 95.52% which was better than the national average of 94.1%.

- The average daily quantity of hypnotic medicine prescribed per specific therapeutic age group was 0.2 which was similar to the national average of 0.26.

Clinical audits demonstrated quality improvement. There had been seven clinical audits completed in the last two years. All of these were completed audits where the improvements made were implemented and monitored. For example, an audit was performed as a result of a significant event analysis (SEA). A significant event was reported when a patient had received a medicine to prevent blood clotting by repeat prescription at the wrong dose. This had happened when the patient had been admitted to hospital and the dosage had been decreased. However, the practice were still issuing the original dose as the medicine was on a repeat prescription basis. An audit was undertaken to search for all patients who were receiving this medicine and clear information was placed on the clinical computer systems to ensure repeat prescriptions were not automatically generated for this medicine but instead it was treated as an acute prescription. (An Acute Prescription is medicine that you have received before and would like to request again without having to make an appointment even though it's not been authorised as repeat prescription).

Following the introduction of the new reception staff rota and the improved duty GP system the practice audited how quickly the telephones were being answered by reception staff. The last audit of February 2016 showed that 88% of all calls had been answered within 30 seconds. Patients confirmed they found it easy to get through by telephone, one person told us it had improved.

The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions. Staff administering vaccines and

Are services effective?

(for example, treatment is effective)

taking samples for the cervical screening programme had received specific training and updates which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- We saw the practice was proactive in their recruitment process by ensuring staff were trained appropriately before they began work. For example a practice nurse was given a comprehensive induction and training in a supernumerary capacity to ensure they felt competent and ready to fulfil their role.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, informal discussions, appraisals, and facilitation and support for revalidating GPs and nurses. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Any relevant information regarding vulnerable patients or those with complex needs were shared with out of hour's providers to enable continuity of care.
- The GPs used an NHS e-Referral Service to refer patients to secondary care (hospital trusts). Urgent cancer appointments were made usually on the same day or if

not within 24 hours. The system in place used by the administrative staff enabled them to check the referral had been received and an appointment had been made.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. All staff had undertaken e-learning in the Mental Capacity Act. When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. We spoke with a care home manager who explained that the GPs were supportive when needing to assess a residents capacity or when performing deprivation of liberty applications.
- The process for seeking consent was performed using written consent for minor surgery and joint injection and was also recorded on the clinical system.

Supporting patients to live healthier lives

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

Practice staff offered health promotion including advice on diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The practice ran travel clinics and was a registered Yellow Fever Centre.

The practice's uptake for the cervical screening programme was 81.52% which was comparable to the Clinical

Are services effective?

(for example, treatment is effective)

Commissioning Group (CCG) average and the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice explained they used the support staff from learning disabilities homes when offering the programme to patients with learning disabilities. The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were similar to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85.7% to 98.7% compared to a CCG range of 81.6% to 98.2%. Immunisation rates for

five year olds ranged from 81.9% to 95% compared to a CCG range of 91% to 97.1%. We saw many initiatives provided to attract more parents. For example, flexible appointments and opportunistic immunisations.

The practice provided enhanced services for near patient testing including in-house International Normalised Ratio monitoring (INR). This reduced the burden on hospital clinic waiting times and provided a more cost-effective and convenient service for patients in their local health communities. This had proved very popular with patients prescribed blood thinning medicines as they could be tested and received their ongoing dose regime at the same appointment.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

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

Care Quality Commission comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey (July 2015) showed patients felt they were treated with compassion, dignity and respect. The practice were similar to local and national satisfaction scores on consultations with GPs and nurses. For example:

- 90.5% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91.5% and national average of 88.6%.
- 84.8% of patients said the GP gave them enough time (CCG average 90.2%, national average 86.6%).
- 94.4% of patients said they had confidence and trust in the last GP they saw (CCG average 96.7%, national average 95%)
- 83.45% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85.34%).

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 90.58%).
- 84.6% of patients said they found the receptionists at the practice helpful (CCG average 90.4%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

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

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

- 83.7% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 89.8% and national average of 86%.
- 81.78% of patients said the last GP they saw was good at involving them in decisions about their care (national average 81.61%)
- 88.57% of patients said the last nurse they saw was good at involving them in decisions about their care (national average 85.09%)

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. A translation aid was also available of the website. One GP was skilled in the use of sign language for those patients that were hard of hearing.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 173 of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them in a timely way. This may then be followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice had systems in place to identify military veterans and ensure they received appropriate support to

cope emotionally with their experience in the service of their country in line with the national Armed Forces Covenant. The practice policy on this had been reviewed within the last 12 months.

We spoke with a manager from a care home. They told us the GPs who visited the home were very supportive and efficient. They described their working relationship with the practice as very good and said the practice were quick to respond to any concerns about their patients.

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 early evening clinics until 730pm on Tuesdays and 8pm on Thursdays. There was also a nurse led clinic available every Thursday until 730pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulties attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations.
- There were disabled facilities and translation services available.

Access to the service

The practice was open from 8am to 6pm Monday to Friday. Outside of these times patients were directed to contact the Devon Doctors out of hour's service by using the NHS 111 number.

The practice had been responsive to the increased demand for appointments and had improved their appointment system. Alongside the usual GP appointment system the practice operated a duty doctor system with two duty doctors available every morning with a mixture of same day bookable appointments, same day urgent appointments, telephone triage and telephone consultations. There was one duty doctor available in the afternoons and two on a Monday to help cope with fluctuations in patient demand.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable or slightly higher than local and national averages.

- 86.07% of patients were satisfied with the practice's opening hours compared to the national average of 72.36%.
- 83.57% of patients said they could get through easily to the practice by phone (national average 73.26%).

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

Listening and learning from concerns and complaints

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

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

We looked at twelve complaints received in the last 12 months and found complaints were satisfactorily handled and dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient had complained as the practice had decided to re distribute their patient lists more equally amongst the GPs. The patient wanted to stay with one particular GP. The practice reassured the patient and respected their choice to have the GP of their choosing and apologised to them for any distress this may have caused.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values. Staff said there was an ethos of team work with a culture of putting patients first.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on the computer system in each room. These were well structured, organised and kept under review.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings, GPs had annual weekend away days and added that they were able to discuss any issues on a daily basis in addition to this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was well established group of 14 members. The members were involved in fundraising and had purchased clinical equipment for the practice, for example, a mobile spirometry machine and they were about to purchase new baby weighing scales.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through daily informal discussion and through more formal structured meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice had also gathered feedback from medical students and GP trainees. The last feedback was consistently positive.

Continuous improvement

Staff explained that there was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had developed innovative ways at collecting data at the same time as improving patient care.

The practice was a teaching practice with a good track record and commitment to training new GPs. The practice was registered as a GP teaching and training practice for under and post graduate education.

The practice was actively involved in clinical research. Two GPs, a practice nurse and health care assistant were involved in the projects. Research had enabled increased patient visits and patients had been able to have more thorough checks undertaken. During one such check a patient was discovered to have thyroid cancer which would not have been detected so early on if the research had not been in place.

The practice had completed reviews of significant events and other incidents and shared findings with staff both informally and formally at meetings to ensure the practice improved outcomes for patients. Records showed that regular clinical audits were carried out as part of their quality improvement process to improve the service and patient care. The results of feedback from patients, through the patient participation group, patient feedback board, family and friends test, were also used to improve the quality of services.