Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Teignmouth Medical Practice

Teignmouth Medical Practice, 2 Den Crescent, Teignmouth, TQ14 8BG

Tel: 01626773222

Date of Inspection: 10 December 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Teignmouth Medical Practice
Registered Manager	Dr. Elizabeth Brown
Overview of the service	Teignmouth Medical Practice is a doctor's surgery situated in the town of Teignmouth, Devon. The practice supports around 7,500 patients. They offer general and enhanced services. The range of services includes health screening, immunisations, maternity services, management of chronic diseases, minor surgery, travel advice and sexual health advice. There is a small branch surgery based at Teignmouth Hospital. The doctors also provide a service to local care homes and nursing homes.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

We had a tour of the practice, spoke with the practice manager and two GPs.

What people told us and what we found

Patients were very positive about the care they received. We received no negative comments during our conversations. Patients told us they thought the practice was "marvellous" and "all I need" and "very good". Another patient said "I've been coming here for many years. In that time I have never experienced a problem." Another patient said "Top marks! I have no complaints at all."

We were told that staff treated patients with respect, dignity and patients had been involved in the decisions made about their care

Patients told us they could see the doctor they preferred although it meant they sometimes had to wait longer for an appointment. Patients said the appointment system had changed in recent months and was "much better." Patients said it was easy to make a same day appointment.

All staff knew the correct local safeguarding procedures to follow if abuse was suspected and all had attended safeguarding training.

Patients told us that they always felt safe in the care of the staff. There were appropriate arrangements in place which ensured that staff kept their knowledge and skills up to date. Staff spoke about the supportive environment.

The practice was very organised and well led. There were effective systems in place to monitor the quality of the service provided and patients felt able to give feedback about the service they received.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with seven patients who were attending Teignmouth Medical Practice on the day of our inspection.

Patients were very positive about the care they received. We received no negative comments during our conversations. Patients told us they thought the practice was "marvellous" and "all I need" and "very good". Another patient said "I've been coming here for many years. In that time I have never experienced a problem." Another patient said "Top marks! I have no complaints at all."

Patients were able to express their views at the practice. There were contact details on the web page of how patients could contact practice staff with complaints, compliments and suggestions.

There was a small Patient Reference Group at the practice to act as a voice for patients. This was a group of patients who provided feedback to the doctors and managers at the practice. There were 5 members on the group. We met with a member of the group who told us they had been able to influence change. For example, give feedback on the appointment system and inform the new satisfaction questionnaire which was due to be sent out. We saw adverts on the website inviting more patients to become members of this group.

Patients all said they had been involved in the decisions made about their care. One patient said "I see it as a two way process, I tell them the problem and together we come up with a plan." Another patient said "The thing I like about this place is that they really listen to you."

We were told that staff treated patients with respect and dignity. Patients all said staff were "delightful", "very kind" and "friendly." One patient said "I am here quite a lot and so they

all know me."

Patients told us about the choice of seeing doctors at the branch surgery based in a room at the local hospital. One patient said "It makes no odds where you are seen. It's the same doctors and same nurses." Another patient said "It's not far away so I will go wherever there is an appointment, although I go there in the summer as parking is easier."

There were screens available to help maintain patient privacy when examinations were undertaken. Patients knew about the chaperone service available for them and posters in treatment rooms prompted patients to request the service. One patient said "When I have examinations they are very good. They use the curtains and sheets." Staff had access to policies which included information about consent and confidentiality.

Patients told us they felt in control of their treatment and gave consent where needed. One patient said "They asked me to sign a form before they gave my kids the injections." Another patient said "they always make sure you are OK before they start anything." Patients also said they were supported to make decisions even if they chose an option which had not been recommended by the doctor. For example, one patient said "I did not want to go straight on to cholesterol tablets so we tried other things first. He (the doctor) was OK about it."

Nursing staff and one of the doctors showed us electronic recording systems used to confirm the patient had given written consent, been told about lifestyle choices and involved in their treatment.

There were facilities for disabled access at the practice. The building was on five levels with the practice using three of these floors. There was level access to the lower ground floor and a passenger lift accessing the other floors used at the practice. There were accessible toilet facilities. The corridors and doors were wide enough to accommodate wheelchairs. The front door on the lower ground floor had an automatic opening.

We heard interactions between reception staff and patients. These were friendly yet professional. There were facilities available near to the reception desk where patients could discuss private issues with staff and glass screens at reception desks which helped provide privacy.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Practice staff cared for approximately 7,500 patients. We were told that 27% of the patients were elderly and the practice cared for illnesses and diseases associated with social deprivation. Care and treatment included chronic diseases, asthma, pulmonary diseases, diabetes, and heart disease. Staff also provided child immunisation, flu vaccines, and phlebotomy (the process of taking blood). Maternity services were provided by a visiting midwife. The GPs provided additional care and support.

The practice staff provided a travel immunisation service, and were a designated yellow fever centre for the area. There were also advanced family planning and minor surgical procedures available.

The practice had five GPs who were partners at the practice. This meant they all held equal responsibility for the running of the practice. There were no salaried GPs but there was one locum working at the practice to cover the absence of one GP. There were four practice nurses and two healthcare assistants on the clinical team. There were additional reception, administration and management staff.

The Practices had opening times between 8.30 am to 6 pm Monday to Friday with extended opening hours of 7.30 am- 8pm four days a week. The practice manager explained these were "commuter clinics" for patients who worked.

Patients told us they could see the doctor they preferred and liked this, although it sometimes meant they had to wait a little longer for an appointment. One patient said "If you really want to see a specific doctor you have to go with an appointment they have spare. I sometimes have to wait a couple of weeks to see him but I don't mind because he knows me." Another patient said "I don't care who I see. I am not here often but whenever I have been they have all been good."

Patients said the telephone system had improved in the last few months and said it was "much easier" to make a same day emergency appointment or "speak with a doctor" when they needed. One patient said "It was a nightmare trying to get through before. Now you phone and the doctor phones you back. You are seen if they think you need to be seen."

Another patient said "It's still early days but it seems to be better."

Patients told us they did not feel rushed when seeing the GP. One patient said "I have never been rushed. They take their time." Another said "The doctors and nurses are wonderful. I never feel they are trying to get me out of the door."

We spoke with patients who were very complimentary about the service they received. One patient said "I have no complaints at all. I have been cared for very well in the 40 years I have been a patient." Another patient said "They really seem to care. I am very lucky to be here when you hear all the stories in the press."

Parents were very pleased with the care and treatment their children received. One parent said "I never worry about bringing them here. The doctors are excellent and the nurses have been lovely when they have given the children their jabs (injections)."

We saw that staff worked well with other health care professionals and outside agencies. For example, doctors held a monthly multi-disciplinary meeting with the occupational therapist, physiotherapist, district nurses, and palliative care team. This was a time where very vulnerable patients would be discussed. Visiting midwives were considered part of the team and were able to access the patient computer system.

There were patient information leaflets available on medical conditions, self-help groups and government agencies. We saw that public health services were provided including information on contraception and sexual health.

Patients said that any referrals to National Health Service hospitals had been made promptly. We saw that there was a system in place to make sure that referral letters and health screening sessions were triaged and sent promptly. We saw that audits and systems were in place to monitor this process. One patient said "I was referred to the specialist very quickly."

Patients told us they felt their medical conditions were managed well. One patient told us about their diagnosis by the GP, about the routine healthcare checks received and the on-going monitoring and support from the practice to manage their condition. This had included advice on lifestyle choices and diet. This patient said they had felt "secure in their (the doctors) judgement and treatment."

Patients said it was easy to get repeat prescriptions. One patient said they posted them into the box at the surgery and another said theirs was sent to a nearby pharmacy.

We looked at computerised medical records for a selection of patients which contained areas for recording assessments, past medical history, medications, personal and social factors and diversity. There were also prompts for staff to obtain additional information when patients attended the surgery. These included routine blood pressure checks and blood tests to enable repeat prescriptions to be issued.

Records we saw were easy to use and understand. There were also prompts to communicate important information about risks to patients.

There were arrangements in place to deal with emergencies. Staff had received training in basic life support. Emergency equipment, including oxygen, a defibrillator and emergency drugs were available and were efficiently stored. Staff we spoke with were aware of where

the emergency equipment was held. The surgery had a contingency plan in place to deal with emergencies. These included information on how to manage loss of computer systems, telephone systems, failure of services such as gas and electricity and how to communicate with patients.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

All the patients we spoke with told us they felt well cared for at the practice. One patient said "All the staff, and I mean all have been marvellous." Another patient said, "I've never encountered anyone who has been rude or off."

We spoke with staff about safeguarding. They told us they had received training in child protection and vulnerable adult procedures. We saw certificates for this stored in the staff member's training file. This meant that staff had been given information about what to do if they suspected abuse or were the first staff to see signs of abuse.

Staff told us who the safeguarding lead at the practice was but added that the patient's GP would also be informed. We spoke with a GP who had a good knowledge of safeguarding procedures, Mental Capacity Act 2005 and had access to contact details of the adult and child safeguarding teams.

There was a willingness shown by all staff to report any allegations. Staff demonstrated an understanding of the correct contact agencies to report abuse to. There was a whistle blowing policy for staff to use if they needed to raise concerns with external agencies such as safeguarding team, police or CQC.

There were multi-agency child and adult safeguarding policy documents which referred to the local agencies to be contacted if abuse was suspected. This meant that staff had clear guidance to follow in a timely way.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Patients told us they felt confident in the hands of the all the staff. One patient said, "I feel very lucky to be a patient here."

Staff told us they felt supported and were able to access a varied training programme which was relevant to their role. One member of staff said "We don't have problems attending training."

There was a sense of shared mutual respect. One member of staff said, "We are a good team." Another member of staff said "we have been short staffed recently but we have all pulled together. Another said "we can always phone, email or simply knock on each other's doors if we have concerns or need a chat."

Staff were clear about the lines of accountability and knew who to go to for support and guidance. Staff had access to policies and procedures to follow. Staff spoke highly of the management team and said the practice manager was "lovely" and "excellent."

Staff told us the informal communication at the practice was "very good" but this was supported by structured more formal staff meetings. These included management meetings, clinical meetings and health professional meetings. Staff explained these were used to communicate changes but also encourage discussion, time of support and the sharing of ideas.

Staff told us that they appreciated the training programme. Staff training records showed that staff had training specific to their roles. For example, the nurses had attended update training including diabetes, asthma, pulmonary disease, and ear irrigation.

There was a well organised appraisal system in place which was conducted by the line manager for each member of staff. We saw that clinical staff were appraised by other clinical staff who could assess the competencies accurately. We saw that where training needs had been identified training had been arranged for staff.

GPs had an internal and external network of support and appraisal. The GPs met with

other doctors who were recognised appraisers. This was a time where the GP appraiser checked the GP had kept up to date with his or her knowledge.

Two of the doctors showed us evidence of continuous professional development. These included study days in basic life support, diabetes, contraception and caring for the dying patient. The evidence also showed that the GP appraisal included discussions of significant events, evidence of knowledge and discussions of audits performed.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We spoke with patients about how able they felt to give feedback or make a complaint about the practice. Patients told us they would either "speak to one of the receptionists" "look on the website" or "tell the doctor." One patient told us they had been asked to complete a survey in the past.

We saw the results of a survey published in April 2013 which had looked at access to appointments, attitudes and confidence in staff and other issues such as complaints management and health information. The report showed that overall there had been dissatisfaction from the 231 respondents about the appointment system. This had led to a change of how appointments were managed. This shows that the practice is responsive to the needs of patients. The feedback regarding confidence of staff was very high and indicated the practice were achieving higher scores that the national average.

We saw that all concerns and complaints were monitored each year to identify any trends. We saw there had been no trends and complaints had been dealt with robustly, openly and managed within timescales. We also noted the formal compliments recorded outweighed the number of complaints received in the last year.

We saw that a system was in place to formally review and learn from significant events. For example, there were formal significant events meetings. This was where events, practice business and complex cases were formally reviewed to ensure appropriate action had been taken. We saw records of these reviews which showed all staff at the practice used them to openly look at what could be improved.

The practice was very organised and clearly led, with systems in place to monitor the effectiveness of the service provided. We were given many examples of audits and reviews performed by staff. These all showed that the care and service was kept under review. For example, there had been a study into the referrals to specialists to check they had been appropriately referred.

Another study performed at the practice had included looking at hospital admissions of patients who lived in care homes. The audit had looked at whether appropriate end of life treatment escalation plans had been completed correctly. It also looked at whether information had been communicated effectively to the out of hours doctor service. The study resulted in a trial system being introduced in Teignmouth which had reduced admissions from care homes and increased communication and confidence between the GPs and care home staff. This showed that the practice staff worked well with other healthcare professionals and actively ensured best practice was followed.

We were told there was work taking place on looking at the effectiveness and cost of many medications at the practice. The manager for the practice explained a report from the clinical commissioning group had led to a review of medication used at the practice and that the practice used the services of a pharmacist to assist with this.

Teignmouth Medical Practice participated in the annual national Quality and Outcomes Framework (QOF). This was a nationally recognised voluntary annual reward and incentive programme for GP surgeries in England. The practice had to achieve targets called indicators in four main sections, called domains. These included clinical care, which looked at areas such as coronary heart disease, high blood pressure and heart failure to make sure the practice staff were caring for these patients adequately. We saw records to show that the practice staff were on track to meet or exceed national targets for the management of many of these diseases.

We saw that the practice used the QOF and other reporting systems to monitor the quality of services at the practice. For example, internal reviews included a study of patients who were on a specific drug. This ensured these patients received the correct treatment and medication.

The practice also carried out checks to ensure the service was effective and safe. For example, regular audits of the medicines, emergency oxygen, defibrillator and refrigerated medicines had been undertaken and audited efficiently. However, the provider may wish to note that the audit records had not shown that a small number of emergency equipment, including syringes and airways had expired past their use by date.

Systems were in place to ensure medicines reviews took place on a regular basis. Patients told us they received written prompts on their repeat prescription forms. For example, one person said "I received a note to get my blood pressure checked. I was given the option to come to see one of the nurses, use my machine at home or use the automatic machine in the waiting room.

The building was clean, tidy and well maintained. We saw systems in place to monitor the cleanliness of the building. There were cleaning schedules throughout the practice which showed that routine cleaning had taken place on a daily basis and were monitored by practice management. There were service records and contracts which showed equipment and systems were kept under review. For example we saw contracts for the management of waste, lift maintenance and fire systems. We saw that where action was required, this was done promptly.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

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