

# College Surgery Partnership

## 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            | Outstanding |  |
|--|-------------|---|
| Are services safe?                         | Good        |  |
| Are services effective?                    | Good        |  |
| Are services caring?                       | Good        |  |
| Are services responsive to people's needs? | Outstanding |  |
| Are services well-led?                     | Outstanding |  |

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of College Surgery Partnership on 12 August 2015. Overall, we rated the practice as outstanding. Specifically, we found the practice to be good for providing caring, safe services and effective services and outstanding for providing, responsive and well led services.

We also found the practice outstanding for providing services to older people and good for people with long term conditions, poor mental health including people living with dementia, working age people (including those recently retired and students) and families, children and young people and people whose circumstances make them vulnerable.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- There were arrangements in place to respond to the protection of children and vulnerable adults and to respond to any significant events affecting patients' well-being.
- The practice worked well with other health care services to enable a multi-disciplinary approach in meeting the health care needs of patients receiving a service from the practice.
- The practice managed complaints well and took them seriously. Information about how to complain was available and easy to understand.
- There was a clear management structure with approachable leadership. Staff were supported and had opportunities for developing their skills, were well supported and had good training opportunities.

# Summary of findings

- The practice had modern central facilities designed with patients and staff for future population growth.
- The practice had a vision and informal set of values which were understood by staff. There were clear clinical governance systems.

We saw several areas of outstanding practice including:

- The practice had increased the flexibility of access to appointments and could demonstrate the impact of positive patient survey results. The practice offered a same day service (SDS) for patients who had more urgent problems; this was facilitated by two GPs. The practice also offered appointments outside of core hours on four days per week.
- The practice had reached out to the local community by supporting people who were vulnerable by facilitating a walking group, vegetable growing at the practice and 'knit and natter' a social group held at the café on site, this increased wellbeing amongst patients who said they really enjoyed taking part.
- The practice has an extremely engaged and active patient participation group (PPG) with over 200 members participating remotely, as well as regular face to face engagement. We saw examples of the PPG being able to influence practice behaviour to benefit patients, for example by continually campaigning to keep the branch surgeries open. They also organised health promotion events.
- The practice was fully committed to working in partnership with the other stakeholders and has recently been part of a two year research project led by

the University of Westminster with the aim of improving the health outcomes for those patients with Type 2 Diabetes and those at risk of developing Diabetes. The project, led by the health facilitator, showed clear evidence of health gains for diabetics with reduced HbA1c (a blood test which showed lowered blood sugar levels) reduced weight and waist measurements. This was undertaken over nine months and involved 124 patients. This evidence has led NHS England to sponsor the health facilitator for more work in this area.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Formally record Hepatitis B status within the personal files of staff.
- Ensure cleaning schedules are signed and dated as tasks are completed, so that equipment is known to be ready for use.
- Ensure robust systems are in place to ensure communications are promptly seen by the GP.
- Review procedures for blank prescription forms kept at branch surgeries.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

**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 were systems in place to help protect the safety of patients and staff. Policies and procedures had been regularly reviewed and improvements made where needed. Staff carried out their role in accordance with most safety systems, however we found that some systems were not being followed wholly, for example the recording of hepatitis B status within the recruitment files, written confirmation that cleaning, as stated on the cleaning schedules, was being undertaken and the procedures in place for the management of blank prescriptions at branch surgeries.

Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The practice used every opportunity to learn from incidents to support improvement. Information about safety was highly valued and was used to promote learning and improvement.

Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. One GP had recently implemented a risk register to forward plan for events which may affect the practice. For example the difficulty in the recruitment of practice nurses due to a local shortage. There were enough staff to keep people safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. The practice used innovative and proactive methods to improve patient outcomes and it linked with other local providers to share best practice.

The practice had well established procedures for reviewing the needs of patients with diabetes and pre diabetes, in conjunction with other health professionals. We found the practice was supporting people to live healthier lives through health promotion and prevention of ill health. There was good evidence of how the practice worked with other healthcare professionals, and involved patients in decisions about their care, to improve health outcomes.

Good



# Summary of findings

## Are services caring?

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

Good



## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services. The practice had initiated positive service improvements for patients, which were over and above its contractual obligations. For example there was continuity of care by the introduction of a 'same day' appointments service. It acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group (PPG). For example around twelve years ago the partners introduced a nationally proscribed programme for GP access called "Advanced Access", whereby patients were only able to book same day appointments. Within 48 hours, the Patient Participation Group had stopped the trial of this system and within a week or two had proposed an entirely different system planned with one of the GP partners, which separated same day access from booked appointments and thus enabled patients to decide whether they needed access to a doctor or nurse or preferred to book an appointment with the doctor of their choice

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Outstanding



## Are services well-led?

The practice is rated as outstanding for providing well-led services. They had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. There was strong evidence throughout the practice that team spirit and motivation was high.

The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems

Outstanding



# Summary of findings

in place to monitor and improve quality and identify risk. There was a strong learning culture evident in the practice. This came across clearly during staff interviews, and was also evident in the approach to adopting and championing new initiatives.

The practice proactively sought feedback from staff and patients, which they acted on. Staff had received an induction, and underwent regular performance reviews and attended staff meetings and events.

# 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 outstanding for the care of older people.

Nationally reported data showed that outcomes for patients were good for medical conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in their population.

Every patient had a named GP so they received continuity of care. Alongside this there was a system of 'microteams' of four GPs who covered cover each other in an effective way to ensure that when the patients named GP was not available that another would be familiar to the patient.

Appointments were pre-bookable at all 5 practice sites, double appointments and telephone appointments were available. The practice offered a same day service (at Cullompton) for urgent problems, Duty Doctors accessed reserved surgery/telephone appointments with patient's named GP/team GPs, who know the patient. Extended hours four days a week facilitated working family members (or carers/support workers) accompanying elderly relatives needing transport/support to attend the practice. The practice had access to a volunteer car service for hospital/GP appointments.

Clinics were held at the practice which made access for elderly and more vulnerable patients easier. For example on-site Geriatrician clinics (Care of the Elderly) were held bi-monthly at the practice also audiology, physiotherapy and, retinal screening.

The practice worked hard to support those patients who were socially isolated. They used innovative and proactive methods to improve patient outcomes, for example, they funded and facilitated several activities aimed at improving the patients' health and wellbeing, including a walking/exercise for health group, a gardening club, the 'knit and natter' group, a cookery club and vegetable growing which was situated in the car park, The organic fruit and vegetables and herbs garden were often used at the six weekly cookery demonstrations for diabetics provided in the onsite café. Other initiatives included patient led health activities such as "disease of the month" and health and "question time".

Staff were responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Outstanding



# Summary of findings

## People with long term conditions

The practice is rated as outstanding 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. Longer appointments and home visits were available when needed. These patients had a named GP and a structured annual review to check that their health and medication needs were being met.

Health promotion and self-help was given as a top priority alongside clinical treatment with many health promotion initiatives in place. We saw evidence that the practice continued to develop and improve services for people with long term conditions. For example the practice was engaged with Westminster University in a research project to improve the health outcomes for patients with Type 2 diabetes and those at risk of diabetes.

Outstanding



## Families, children and young people

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

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Children and young people were treated in an age-appropriate way and were recognised as individuals. We saw that staff dealing with young people under 16 years of age without a parent present were clear of their responsibilities to assess Gillick competency. Sexual health, contraception advice and treatment were available to young people including chlamydia screening. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors who were based at the practice. Health visitors had access to the clinical system so notes could be made on records, or progress checked, easily.

Immunisation rates were in line with local averages for all standard childhood immunisations. For example, vaccination rates for five year old children were 95%. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors. Cervical screening rates for women aged 25-64 were 83.44%, which was comparable to the CCG average of 81.88%.

Outstanding





# Summary of findings

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

The practice is rated as outstanding for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example the practice offered evening appointments from Monday to Thursday with the last appointment being 7.15pm. Early morning appointments were available from 7.30am on Wednesday mornings. The practice was proactive in offering online services for repeat prescriptions and as well as a full range of health promotion advice and support.

Outstanding



## **People whose circumstances may make them vulnerable**

The practice is rated as outstanding 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. Longer appointments and home visits were available when needed.

The practice was accessible for any vulnerable group. The practice had identified patients with learning disabilities and treated them appropriately. Patients were supported to participate in health promotion activities, such as breast screening, and smoking cessation. The practice funded a health facilitator to meet the needs of their patients to improve mobility and health management. A hearing loop was available for patients who had hearing impairments.

The practice had an Increasing numbers of Eastern European patients, employed in local agriculture and meat processing industries. Also some Asian families mainly in hospitality and care work. The practice used Language line, booked translators and had patient information in other languages to help facilitate the language barrier.

Outstanding



## **People experiencing poor mental health (including people with dementia)**

The practice is rated as outstanding for the care of people with poor mental health (including patients with dementia). The practice held a register of patients experiencing poor mental health and there was evidence they carried out annual health checks for these patients. The practice regularly worked with the multi-disciplinary teams in case management of people experiencing poor mental health, including those with dementia; this ensured patient care was communicated and delivered most effectively.

Outstanding



# Summary of findings

Patients had continuity of care by having their named GP and preferred nurse. One GP had a special interest in mental health and was the lead in this area of care. The practice had told patients experiencing poor mental health about how to access various support groups and mental health charities including national organisations such as MIND and SANE. Patients were also signposted to a local memory café, and local support groups such as 'singing for the brain' and 'upstream'.

They had systems in place to follow up patients who had attended Accident and Emergency (A&E). All staff had received training on how to care for people with dementia.

# Summary of findings

## What people who use the service say

All of the 11 patients we spoke with were complimentary about the services they received at the practice. They told us the staff who worked there were very helpful and friendly. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Patients were largely happy with the appointments system.

We reviewed the one Care Quality Commission comment card completed by a patient prior to the inspection. This was complimentary about the practice, the staff who worked there and the quality of service and care provided. We spoke with two care homes in the area who received services from the GPs at the practice; both were complimentary about the care that their patients received.

None of the patients we spoke with had any serious complaints regarding the practice. Patients praised the continuity of care, having had the same named GP.

Patients said they did not feel rushed during their consultations although waiting times often were longer than 15 minutes. Patients told us they had a good rapport with their GP and felt no improvements were needed. They said GPs always phoned them back when they said they would.

The latest National GP Patient Survey completed in 2014/15 showed patients were satisfied with the services offered at the practice.

The results were:

- 91% of respondents said the last GP they saw or spoke to was good at giving them enough time this was equal to the local (CCG) result of 91% and higher than the national average of 87%.
- The proportion of respondents who gave a positive answer to how easy it was to get through to someone at the GP practice on the phone was 91% compared to the local (CCG) average of 84% and higher than the national average of 87%.
- 71% of respondents said they usually waited 15 minutes or less after their appointment time to be seen this was equal to the local (CCG) average of 71% and higher than the national average of 65%.
- The percentage of patients rating their experience of making an appointment as good or very good was 85% this was higher than local (CCG) average of 83% and the national average of 73%.

These results were based on 124 surveys returned (246 were issued, with a completion rate of 50%). We discussed this result and the practice manager said the practice were fully aware of where improvement was needed. The practice was constantly striving to improve patient satisfaction.

## Areas for improvement

### Action the service SHOULD take to improve

- Formally record Hepatitis B status within the personal files of staff.
- Ensure cleaning schedules are signed and dated as tasks are completed, so that equipment is readily available for use.
- Ensure robust Systems are in place to ensure communications are promptly seen by the GP.
- Review procedures for blank prescription forms kept at branch surgeries.

## Outstanding practice

We saw several areas of outstanding practice including:

- The practice had increased the flexibility of access to appointments and could demonstrate the impact of

# Summary of findings

positive patient survey results. The practice offered a same day service (SDS) for patients who had more urgent problems; this was facilitated by two GPs. The practice also offered appointments outside of core hours on four days per week.

- The practice had reached out to the local community by supporting people who were vulnerable by facilitating a walking group, vegetable growing at the practice and 'knit and natter' a social group held at the café on site, this increased wellbeing amongst patients who said they really enjoyed taking part.
- The practice has an extremely engaged and active patient participation group (PPG) with over 200 members participating remotely, as well as regular face to face engagement. We saw examples of the PPG

being able to influence practice behaviour to benefit patients, for example by continually campaigning to keep the branch surgeries open. They also organised health promotion events.

- The practice was fully committed to working in partnership with the other stakeholders and has recently been part of a two year research project led by the University of Westminster with the aim of improving the health outcomes for those patients with Type 2 Diabetes and those at risk of developing Diabetes. The project, led by the health facilitator, showed clear evidence of health gains for diabetics with reduced HbA1c (a blood test which showed lowered blood sugar levels) reduced weight and waist measurements. This was undertaken over nine months and involved 124 patients. This evidence has led NHS England to sponsor the health facilitator for more work in this area.

# College Surgery Partnership

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a pharmacist inspector, a GP specialist advisor, a practice manager specialist advisor and nurse specialist advisor.

## Background to College Surgery Partnership

College Surgery Partnership was inspected on Wednesday 12 August 2015. This was a comprehensive inspection.

The practice provides GP primary care services to approximately 16,800 people living in and around the area of Cullompton covering an area of approximately 120 square miles. College Surgery is the main practice working alongside four branch surgeries in Bradninch, Uffculme, Willand and Sampford Peverell.

There are 12 GP partners, seven male and five female and one female salaried GP. Each week collectively the GPs work the equivalent of approximately 10 full time GPs.

The practice is registered as a GP teaching and training practice for under and post graduate education. There are three GP trainers and nine approved medical student assessors.

The team are supported by a practice manager, an operations manager, finance and data manager, two nurse practitioners, three practice nurses, three health care assistants and two phlebotomists. The clinical team are supported by additional reception and administration staff.

Patients using the practice also have access to community staff including community matron, district nurses, community psychiatric nurses, health visitors, physiotherapists, speech therapists, counsellors, podiatrists and midwives.

The practice offers appointments from Monday to Friday between the hours of 8.30am and 6.30pm. It also offers extended hours four evenings a week for those people and a same day service for patients that have more urgent needs.

Outside of the above opening hours the practice directs patients to a Devon Doctors the Out-of-Hours service.

## 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

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

# Detailed findings

- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people living with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to

share what they knew. We carried out our announced visit on 12 August 2015. We spoke with 11 patients, five GPs, three of the nursing team and with members of the management, reception and administration team. We collected one patient response from our comments box which had been displayed in the waiting room. We observed how the practice was run and looked at the facilities and the information available to patients.

We looked at documentation that related to the management of the practice 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 all areas of the building.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Patients affected by significant events received a timely and sincere response and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the computer system. All complaints received were entered onto the system and automatically treated as a significant event.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a letter was sent to the wrong patient with the same name and a similar date of birth. The action and learning points derived from this included improved dictation by the GP so that the administrative staff could double check and be sure the correct patient had been identified.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) e-form to report patient safety incidents.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. 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.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. Clinical staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. However, although staff told us that cleaning took place, schedules were not recorded to say tasks had been completed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We checked how medicines were stored in the main dispensary, and found that they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines needing refrigeration were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed that fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.
- There were records of room temperature monitoring kept, however the temperature had been identified and recorded as being above 25 degrees centigrade on occasions recently. Dispensary staff told us that the installation of ventilation and cooling system was being arranged, which would ensure that medicines would

## Are services safe?

always be kept at suitable temperatures. Systems were in place to check that medicines were within their expiry date and suitable for use. Expired and unwanted medicines were disposed of in line with waste regulations. Systems were in place to deal with any medicines alerts or recalls, and records kept of any actions taken.

- The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. Systems were in place to make sure that prescriptions were signed by the prescriber, before medicines were dispensed or handed out to patients. Medicines were scanned using a barcode system to help reduce any dispensing errors. Some medicines were dispensed into a tray system to help some patients take their medicines correctly, and these were always dispensed and checked by two trained staff. There were arrangements in place to ensure that patients were given all the relevant information they required.
- The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency annually reviewed.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored

in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.

- Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However there was no confirmation within the clinical staff files to show the individuals Hepatitis B immunity status.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. This had been tested when the practice had a power failure; the systems were used effectively and showed the plan worked well.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners.

We saw that guidance from local commissioners was readily accessible in all the clinical and consulting rooms.

We discussed with the practice manager, GP and nurse how NICE guidance was received into the practice. There was a lead GP who downloaded new guidance and information from the website and disseminated it to staff. We saw minutes of clinical meetings which showed this was then discussed and implications for the practice's performance and patients were identified and required actions agreed. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

Staff described how they carried out comprehensive assessments which covered all health needs and was in line with national and local guidelines. They explained how care was planned to meet patient need, and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with diabetes had regular health checks and were referred to other services when required. Feedback from patients confirmed this.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF – a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice had achieved 100% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets.

Data from 2013-2014 showed:

- Performance for diabetes assessment and care was higher than the national averages.

- The percentage of patients with hypertension having regular blood pressure tests was higher than the national average.
- The dementia diagnosis rate was higher than the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve patient care and treatment and outcomes. There had been five formal clinical audits completed in the last year, three of these were completed audits where the improvements had been implemented and monitored. The practice had a rolling audit program, operated through their quality committee, of 59 clinical areas which were looked at with a new cycle monthly, quarterly or annually.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included an audit to examine infection rates following minor surgery. This audit was undertaken over a three month period and included patients who had received joint injections, excisions and curette and cautery procedures. There were 115 patients in total. The outcome showed there was a 0% infection rate and confirmed that procedures were safe and effective.

Another example showed where a repeat audit was undertaken following on from an initial audit in 2011/2012. The audit examined the early discontinuation of a contraceptive implant and the effects and reasons for this. The most recent audit showed that the early removal rate had reduced from 43% in 2010/2011 to 13.5% in 2014/2015. The family planning faculty suggests the rate should be less than 25%. The GPs explained that the reasoning for this reduction, whilst not definitive, may be attributed to the introduction of an electronic counselling template which the GPs used at the time of the procedure. Another re audit was planned to further support and continue this good practice.

The practice regularly monitored the Primary Care Web Tool for review of comparative performance of the practice against others and also regularly monitored achievements about the quality and outcome framework using the reporting mechanisms inherent in the practice database to identify patients in need of call and recall. At the end of the

# Are services effective?

## (for example, treatment is effective)

year, an overview of QOF performance was shared amongst the partners and reasons for any lapses were investigated. The practice also used the National Cancer Intelligence website for views on cancer incidence and performance.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of GPs. All staff had received 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 intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when patients were referred to specialist services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patient's needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after

discharge from hospital. We saw evidence that multi-disciplinary team meetings took place on a three monthly basis and that care plans were routinely reviewed and updated.

The practice worked with other service providers to meet patients' needs and manage complex cases. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. However, on the day of the inspection we saw communications (post) of non-urgent information that had not been seen by the GPs for five working days. We were told this was because of staff holidays and that this was not usual. We discussed this with the GPs who agreed that this would be promptly looked at and dealt with.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure the practice responsibilities within legislation were met and relevant national guidance had been followed.

### Health promotion and prevention

Patients who may be in need of extra health or well-being support were identified by the practice. These included patient's carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. The uptake for the cervical screening programme was 83.44%, which was comparable to the CCG average of 81.88%. There was a policy to offer telephone reminders for

## Are services effective? (for example, treatment is effective)

patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 95% and for five year olds 94%.

Flu vaccination rates for the over 65s were 72%, and at risk groups 52%. These were below CCG and national averages. The practice was proactively trying to improve these rates by raising awareness and taking every opportunity for vaccination when an eligible patient attended for an appointment.

In May 2015 the practice was asked to lead a Department of Health initiative on self-care in clinical areas. Some of the outcomes of this project included advice and information on disease areas, which had previously been poorly covered by practices, the concept of “an intelligent waiting room” and the idea of a “facilitated social prescription” were looked at. The practice led local and national

development of the latter concept and had shown their drive and commitment by employing a health advisor/ social prescriber out of its own PMS contract. As part of their work, they recently completed a study of practice patients at risk of diabetes or with Type 2 diabetes. Their role was one of support and advice with the aim to help patients that had either been referred by their own GP or by self-referral to ‘help them to help themselves’. They advised on health issues such as weight management, heart disease and anxiety or depression, offered baseline health checks and signposted patients to the most appropriate organisation or self-help group. They co-ordinated activities for patients. For example, a weekly walking group, a ‘knit and natter’ group which met weekly in the café (situated on site), and growing vegetables in the vegetable garden. The project, showed clear evidence of health gains for diabetics with reduced HbA1c (a blood test which showed lowered blood sugar levels) reduced weight and waist measurements. This work was undertaken over nine months and involved 124 patients. This evidence has led NHS England to sponsor the health facilitator for more work in this area.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients were happy with how they were treated; that this was with compassion, dignity and respect. The patient satisfaction scores on consultations with doctors and nurses were as follows:

- 92% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 91% said the GP gave them enough time compared to the CCG average of 91% and national average of 89%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 92% patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and national average of 87%.

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

Patients we spoke with told us that health issues were discussed with them and 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 day 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:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available.

Staff told us that if families had suffered bereavement, their usual GP contacted them within an appropriate time. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The GP and nursing team fitted in urgent patient appointments during their day and took time with patients to deliver health promotion and advice. The GPs and nurses communicated well with each other to ensure the best possible service was given to patients. It was evident from our interviews with staff that the whole team worked well together and strived to provide a responsive patient focussed service.

The practice regularly monitored patient satisfaction rates as recorded in the National GP Patient Survey, against which it benchmarked well against other practices. From December 2014 the practice had implemented the Friends and Family test getting real time feedback. The latest results for February 2015 showed that over 95% of people would recommend the practice to someone else. In addition the practice had regularly conducted the IPQ (Improving Practice Questionnaire) patient satisfaction tool and was the first practice in the UK to receive feedback with IPQ. Each individual GP received feedback at personal level as part of their personal development. Appraisal and composite data from these surveys had been used to further inform their understanding of their patient's perception and direct their response to further meet their needs.

The practice told us they engaged regularly with the NHS England Area Team and clinical commissioning group (CCG) and other practices to discuss local needs and service improvement priorities. We saw minutes of meetings where this had been discussed and actions agreed to implement service improvements to better meet the needs of patients. Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example:

- The practice offered evening appointments Monday to Thursday with the last appointment being 7.15pm. Early morning appointments were available from 7.30am on Wednesday mornings.
- There were longer appointments available for people with a learning disability.

- Home visits were available for older patients or for patients who would benefit from these.
- There were disabled facilities, hearing loop and translation services available.
- The building was modern and spacious with all facilities being fit for purpose. There was a quiet room next to reception for patients who wanted to talk to someone privately or for breastfeeding.
- A separate entrance was available for any patient with any infectious disease to use so that all patients were protected.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.30 every morning to 6pm daily but often this remained flexible with appointments being made after these core hours if the GP felt it necessary. Appointments were pre-bookable up to six weeks in advance in all five surgeries. Nurse appointments were available at the same core hours throughout the week but early and late appointments were made as required. For example we saw a phlebotomist appointment had been made on the day of our inspection for 7.40am.

The practice also offered a same day service (SDS) for patients who had more urgent problems. The reception staff offered the patient contact with the SDS team. Brief details of the problem were taken by a member of reception staff and one of the team then contacted the patient within one hour to discuss. Following this they may have been offered advice, an appointment or a home visit depending on the urgency.

Results from the national GP patient survey showed that patient satisfaction with access to care and treatment was better than local and national averages. Patients we spoke to on the day told us they were able to get appointments when they needed them. For example:

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 96% patients said the last appointment they made was convenient to them compared to the CCG average of 95% and national average of 92%.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The complaints policy and procedures were



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

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. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at 15 formal complaints received in the last 12 months and found they had been satisfactorily handled, dealt with in a timely way, showing openness and transparency in the response. For example, one complaint

from a patient who had to wait longer than usual for their appointment. An explanation was given to the patient and an apology this demonstrated the practice showed responsibility with duty of candour.

Lessons were learnt from concerns and complaints and action was taken to improve the quality of care. For example, an urgent blood sample was not sent the same day and this resulted in a patient not being able to start their treatment promptly. Staff discussed the incident and learning was shared with all staff. Procedures were put in place for staff to identify urgent specimens at the point of receipt and deal with them appropriately. This was also raised as a serious event and discussed at the practice meeting.



# Are services well-led?

Outstanding



(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 which was displayed in the waiting areas and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. Their vision was to

- To provide high quality family medicine with an emphasis on personal care and continuity.
- Providing integrated services under one roof.
- Enabling patients to self-care and improving personal health
- To de-medicalise health and care wherever possible and appropriate
- A commitment to training and innovation

The practice held business planning meetings twice a year to focus on future strategies and challenges. The planning meetings had considered their strengths, weaknesses, opportunities and threats within a changing environment. We also saw the Executive Board's work plan which detailed the individual work streams, their progress to date and the outcomes and key dates for completion. For example, implementing transformation projects such as the proposed opening of a Health, Resource and Training Centre this autumn, whereby the GP partners would be increasing their engagement with the local community and those involved in health related services with the formation of a "Local Health Forum", which would co-ordinate plan and implement new initiatives in local health improvement.

The practice aims and objectives were made clear in their statement of purpose and these included developing and maintaining a happy, sound practice, responsive to patient needs and expectations and which reflected where possible the latest advances in Primary Health Care. These values were evident during the inspection from meeting and talking with patients and staff.

### 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 and demonstrated :

- 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
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit had been used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

Two GPs and the practice manager formed part of a 'Trium' who constituted the executive board. They were key in developing the vision and strategy of the practice. They consulted with the other GPs at the practice most of whom had lead roles, for example in palliative care, prescribing and safeguarding to ensure good quality innovative, safe, care was provided.

The GP partners had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

There was strong evidence that the practice valued teamwork had good communication with all staff and was quality driven with innovative methods. For example, the structure of the team was managed in a well organised way with the system of 'microteams' of four GPs who crossed cover each other in an effective way. This was beneficial to patients as they not only had their named GP but also had three others that they knew and could help with continuity of care.

Thirty minutes was timetabled into morning surgeries at the main site each day between 10.30 – 11.00 to give all the working doctors the chance to discuss and review clinical cases of interest or concern. This would include options and alternatives to secondary care referral, second

# Are services well-led?

Outstanding



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

opinions, review of unplanned and possibly inappropriate admission occurring both in and out of hours and feedback on the quality of out of hour's services. It also provided a forum for complex case management, interaction with GP trainees and medical students as well as sharing knowledge and learning.

There was a quality committee in place. This consisted of two GP partners, who met each month and regularly set up searches and audits to ensure that patients were getting all the required tests and checks against a wide variety of clinical indicators. For example abnormal HBA1C (blood sugar test) for those patients on specially prescribed drugs, to ensure they are having the correct checks and monitoring. Reports were produced automatically to each partner whose duty it was to action and implement them. As an extra layer of quality control, the quality team reviewed a sample of these each month to ensure that they were actioned and the patients were getting the right treatment and to mitigate, for example, staff absence or sickness.

Staff told us that regular team meetings were held; that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident and supported in doing so. Staff said they felt respected, valued and supported, particularly by the GP 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 and had gathered feedback from patients through the patient participation group (PPG) surveys and complaints received. It had an active PPG of 12 actual members and over 200 virtual members. Patients could raise issues via the PPG, who met with the practice GPs at least four times per year, any issues were immediately actioned and addressed by the practice and they fed back on actions and outcomes at subsequent PPG meetings. We spoke with two members of the PPG, they were very positive about the role they played and told us they felt engaged with the practice. The PPG were very active in fundraising for the practice, for example they had purchased a piece of equipment that was in the waiting

room which patients could use to measure their height, weight and take their blood pressure. We also saw evidence that the practice had reviewed results from the national GP survey to see if there were any areas that needed addressing. The practice was actively encouraging patients to be involved in shaping the service delivered at the practice. The PPG continued to be a proactive part of the service development and major decisions were shared with them. For example they have been instrumental in the development of complementary and self-care services, driven improvement in telephone access, the website, the waiting room arrangements and the use of monies raised. A particularly contentious issue in recent years had been the maintenance of the branch surgeries. Meetings were held with patients in the branch surgeries and through strong support to keep the branch surgeries open and, keeping constant with their consultation, the branch surgeries remained open.

The Patients Group had a regular newsletter that was widely read by patients of the practice and provided two way communications of views and opinions. Members of the Patients Group sat on a number of other planning groups, which included for instance, the steering group for the Diabetes Prevention Project and the locality forum for the new Devon Clinical Commissioning Group.

Over years, the Patients Group has also developed a leading role in numerous areas of "coproduction" throughout the surgery. This included running the integrated library, organising health evenings and "disease of the month" education, open days, art exhibitions on health from local primary schools, walks and talks and other volunteering projects. They have also raised money for specific projects such as the blood pressure/weight/BMI machine at the entrance of the surgery and for ECG, ultrasound and pulse oximetry equipment.

The practice had also gathered feedback from staff through staff meetings, training days, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

## Innovation

The practice held a 'journal club' consisting of a weekly education session held at the practice where items of



# Are services well-led?

Outstanding



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

interest for learning were raised. One GP was the lead for NICE and regularly circulated to partners and relevant clinical staff the latest NICE guidance. Specific elements of this relevant to general practice were identified for either the partners or an outside expert (e.g. hospital consultant) to present at a 'journal club' meeting for the benefit of the appropriate staff. The presentations were then available to all other staff.

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at four staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training and that they had staff training afternoons twice yearly where guest speakers and trainers attend.

The practice was a teaching practice with a strong track record and commitment to training new GPs. The practice is registered as a GP teaching and training practice for under and post graduate education. The practice had excellent feedback from trainees about their experience at College Surgery and two recent trainees had just joined as partners at the practice.

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 a 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.