

Ashburton Surgery

Quality Report

1 Eastern Road
Ashburton
Newton Abbot
Devon
TQ13 7AP

Tel: 01364 652731

Website: www.ashburtonsurgery.co.uk

Date of inspection visit: 12 October 2017

Date of publication: 21/11/2017

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6

Detailed findings from this inspection

Our inspection team	7
Background to Ashburton Surgery	7
Why we carried out this inspection	7
How we carried out this inspection	7
Detailed findings	9

Overall summary

Letter from the Chief Inspector of General Practice

This inspection of Ashburton Surgery was an announced focused inspection carried out on 12 October 2017 following information of concern provided by patients and also to confirm that the practice had carried out their plan to meet the areas requiring improvement that we identified in our previous inspection on 9 February 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The overall rating for the practice at the announced comprehensive inspection in February 2016 was good. The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for Ashburton Surgery on our website at www.cqc.org.uk.

At this inspection in October 2017 we looked at the Safe, Effective and Responsive domains.

Overall the practice is still rated as good overall.

The information received from patients included information about clinical care and care of patients with mental illness. We also looked at the areas requiring improvement set at the last inspection in February 2016 relating to record keeping for complaints and significant

event processes. We also looked at the areas requiring improvement regarding the assessment of dispensary staff competencies and management of expiry dates on dispensary medicines.

Our key findings this inspection in October 2017 at were as follows:

- There continued to be an open and transparent approach to safety and a system in place for reporting and recording significant events. Significant event records continued to be clear but had been further improved to reflect more of the detail of discussion, action and learning that had taken place.
- Information about services and how to complain was available. The practice continued to maintain a complaints register and reviewed this regularly. Further improvements had been made to the annual complaints review register to reflect the outcome and learning that had taken place.
- Patients we spoke with said the care and service provided was excellent and found the staff professional, caring and attentive.
- Procedures and processes had been reviewed in the dispensary, which reflect national guidelines.

Summary of findings

- Further systems to monitor safety and quality assurance in the dispensary had been introduced by the practice.
- The practice continued to use the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes. Mental health indicators between 2015 and 2016 were higher than local and national averages. Patients with mental illness were cared for in a sensitive, effective and responsive way. Systems were in place to monitor the physical and mental healthcare needs of this population group. Staff worked effectively with external healthcare professionals and referred patients to other services in a timely way.
- Records kept relating to patients were contemporaneous and contained detailed information of clinical action or treatment made and included a thorough assessment of the patients concerns and management plan.
- The practice was actively participating in research projects
- Since the last inspection, the practice had promoted the online services at the practice and had achieved a high number of patients signing up to online services. For example, 39.8% of patients had signed up to online services.

We saw one area of outstanding practice:

- Practice staff encouraged seeking out and embedding new ways of providing care and treatment. For example, staff wanted to respond to a measles outbreak in the local community but acknowledging practice childhood immunisation rates were lower than national averages due to the alternative lifestyles of significant numbers of parents in the locality. Practice staff, in accordance with NHS E guidance, had targeted patients over the ages of 16 to receive an MMR (measles, mumps and rubella) vaccination to boost immunity in the community. The practice had so far immunised 319 patients (with two vaccines each).

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.

At this inspection in October 2017 we found:

- A new checklist for monitoring the expiry dates of dispensary medicines had been introduced and responsibility shared with all staff.
- There continued to be an open and transparent approach to safety and a system in place for reporting and recording significant events. Significant event records continued to be clear but had been further improved to reflect more of the detail of discussion, action and learning that had taken place.

Good



Are services effective?

The practice is rated as good for providing effective services.

At this inspection in October 2017 we found:

- The dispensary competency document had been redesigned to reflect national guidelines.
- The practice continued to use the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes. Mental health indicators between 2015 and 2016 were higher than local and national averages.
- Patients with mental illness were cared for in an effective, caring and proactive way. For example, patients received regular reviews and could access services in the practice and community.
- Records kept relating to patients were contemporaneous and contained detailed information of clinical action or treatment made and included a thorough assessment of the patients concerns and management plan.
- The practice had promoted the online services at the practice and had achieved a high number of patients signing up to online services.
- Since the last inspection the practice population had suffered a measles outbreak in the local community. In addition to immunisation of children and babies, the practice had so far immunised 319 patients in an attempt to protect the community where possible.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

At this inspection in October 2017 we found:

The practice continued to maintain a complaints register and reviewed this regularly. Further improvements had been made to the annual complaints review register to reflect the outcome and learning that had taken place. Records were contemporaneous and contained detailed information of clinical action or treatment made and included a thorough assessment of the patients concerns and management plan.

Summary of findings

The six population groups and what we found

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

People experiencing poor mental health (including people with dementia)

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

Good



- Between 2015 and 2016 all QOF (Quality Outcomes Framework) indicators for mental health were higher than the local Clinical commissioning Group were higher than local and national averages. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had received a comprehensive, agreed care plan documented in the record. This was higher than the local average of 86% and national average of 89%.
- There were 22 patients on the mental health register. Exception reporting in the last year was for two of these patients.
- The practice was flexible with appointments for patients with mental health needs and those with dementia and offered longer appointments or telephone consultations if needed.
- Staff were familiar with patients and were able to recognise behaviours when patients were not so well or where they missed appointments.
- Where patients attended on the wrong day or at the wrong time they were fitted in for review if possible. Patients who failed to attend routine appointments, were unwell or had not been seen for a period of time were proactively chased and offered a follow up appointment or seen at home.
- Where there were concerns about a patient's capacity to attend for appointments, or understand their care and treatment, communication with relevant parties took place.
- Data showed that the practice managed annual physical health checks and medicine reviews for patients with mental illness well.
- There was an attitude of proactively attending to the patient's needs when they were in the practice rather than asking them to rebook for further tests or consultations. Patients appreciated this. The practice worked well with the crisis resolution team and offered in house counselling.

Ashburton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Ashburton Surgery

Ashburton surgery is situated in a rural town on the edge of Dartmoor national park and provides a primary medical service to approximately 6311 patients of a diverse age group. The practice is a dispensing practice. (A dispensing practice enables patients who live remotely from a community pharmacy to receive their medicines directly from the practice.)

The practice is a training practice for doctors who are training to become GPs, training for medical students is provided, and the practice is a research centre.

The practice population is in the seventh decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. Average life expectancy for the area is similar to national figures with males living to an average age of 80 years and females living to an average of 84 years.

There are five GP partners, two male and three female. The team is supported by a practice manager, nurse practitioner, three practice nurses, two phlebotomists, an assistant practitioner and additional reception, administration and dispensary staff.

Patients using the practice also had access to other health care professionals, including mental health teams either at the practice or in the community.

These include community nurses, midwives, mental health teams and counsellors.

The practice is open to patients between Monday and Friday 8.30am until 6.00pm, which is in line with local contract agreements. Patients could access pre-booked consultations or on the day appointments and could request telephone consultations. The practice is also open until 8pm either on a Tuesday, Wednesday or Thursday. Outside of opening times patients were directed to contact the Devon doctors out of hours service by using the NHS 111 number.

Patients are able to book their face to face or telephone appointments using the website so that services can be accessed outside normal working hours. The practice used text messages extensively for appointment reminders.

The practice operates from:

1 Eastern Road

Ashburton

Devon

TQ13 7AP

Why we carried out this inspection

We undertook a comprehensive inspection of Ashburton Surgery in February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good. The full comprehensive report following the inspection on February 2016 can be found by selecting the 'all reports' link for Ashburton Surgery on our website at www.cqc.org.uk.

Since this inspection we received information from patients regarding clinical care and concerning information

Detailed findings

regarding the care of patients with mental health. In response to this information we undertook an announced focussed inspection on 12 October 2017 to look at the information we had received. This inspection was also used to review in detail the actions taken by the practice to improve the quality of care following the recommendations made at the inspection in February 2016.

How we carried out this inspection

We carried out an announced focused inspection of Ashburton Surgery on 12 October 2017. This involved reviewing evidence to show that:

- Patients with mental illnesses received safe care and treatment.
- Care for patients with mental illnesses was responsive and effective.
- Complaints were managed in a timely and transparent way with evidence of duty of candour.
- The competency assessment for dispensary staff covers all aspects of the Dispensary Services Quality Scheme.

- Systems were followed to ensure expired medicines within the dispensary took place.
- Records relating to complaints and significant event management reflect the action and learning that had taken place.

During our visit we:

- Spoke with a range of staff including a practice manager and two GPs. We spoke with six patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

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

Are services safe?

Our findings

Safe track record and learning

At our inspection in February 2016 we saw the practice had a system in place for reporting and recording significant events and found they carried out a thorough analysis of the significant events and took action where appropriate. However, records did not always reflect, in detail, the action taken and learning shared.

At the inspection in October 2017 we were shown the recording tool used to review, monitor and record significant events. This had been amended to include prompts to capture more detail, evidence of recorded learning and information shared. Supporting documents, included meetings of minutes, were also referred to within this document.

Overview of safety systems and process

At our inspection in February 2016 we found routine monthly checks of dispensary medicines had not taken place for two months resulting in 12 boxes of medicines being found which had past expiry dates of January 2016.

At the inspection in February 2016 the dispensing staff demonstrated that these medicines would not be dispensed to patients because of the electronic bar code warning system used.

At the inspection in October 2017 we saw that an investigation had been performed and a new process had been added to the checks carried out previously. The investigation had highlighted one member of staff had been performing these checks but when this member of staff was absent checks had not been routinely been performed. A new checklist had been introduced and responsibility shared with all staff. We saw the checklist had been completed and saw all dispensing medicines were in date.

At the inspection in October 2017 we saw systems in place to alert staff to patient medicine allergies and prevent prescription of these medicines should allergies be known. Patients with mental illness were reviewed regularly to ensure medicines being taken were effective and continued to be safe to use. Processes were in place to ensure blood and screening tests were performed on patients taking high risk medicines.

Are services effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

Prior to this inspection in October 2017 we received concerning information regarding the care of patients with mental health.

We found that the practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients, including those with mental health illnesses. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015/16 showed the practice had achieved 99.6% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%.

Mental health indicators between 2015 and 2016 were also higher than local and national averages. For example;

- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had received a comprehensive, agreed care plan documented in the record. This was higher than the local average of 86% and national average of 89%.
- The percentage of patients at the practice with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 99% compared with the CCG average of 87% and national average of 89%.
- The percentage of practice patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review was 96% compared to the CCG average of 85% and national average of 84%.

There were 22 patients on the mental health register. Exception reporting in the last year was for two of these patients. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). We looked at why these two patients had been excepted and saw these were appropriate.

The practice had continued to use the QOF data and prompts to check care and treatment being provided was effective. This had included continuing to monitor outcomes, previously included as part of the QOF scheme and now removed, despite not receiving financial incentives.

A recall system was in place to ensure that patients taking medicines, including those for mental illnesses, were reviewed at least annually. The physical needs of the patients were also covered during these reviews. Patients on the mental health register who were not taking any medicines were also recalled ensure they were reviewed at least annually. The recall system was used for all patients taking medicines. The practice also worked with a Clinical Commissioning Group (CCG) pharmacist twice a week who reviewed patients on multiple medicines, performed medicine audits and reviewed prescribing data.

We saw minutes of clinical meetings which showed patients with complex needs and those with mental illnesses were reviewed and discussed within the team so that ideas and concerns could be readily and effectively shared to enhance the care of the patients. We saw examples where GPs proactively contacted these patients to check on wellbeing when they had not attended appointments or had displayed exacerbated symptoms of their conditions.

Records kept relating to patients were contemporaneous and contained detailed information of clinical action or treatment made and included a thorough assessment of the patients concerns and management plan.

The practice continued to work effectively with external healthcare professionals including consultant psychiatrists, safeguarding teams and community mental health staff.

Patients told us they found the care and treatment provided at the practice was 'very good', 'faultless', 'excellent' and 'caring'. Patients told us they had been involved in discussions about their care and had been called for medicine reviews and reviews of management plans.

The practice had continued to monitor the effectiveness of the practice. Staff had introduced a quality improvement programme. Formal quality improvement meetings were held to discuss and assess effectiveness. For example, receiving and management of documents arriving at the practice.

Are services effective?

(for example, treatment is effective)

Effective staffing

At our inspection in February 2016 we saw that the competency of dispensing staff had been assessed but records did not demonstrate that this assessment had included all the recommendations within the dispensary services quality scheme.

At this inspection in October 2017 we saw the dispensary competency document had been redesigned and continued to be used for all staff working in the dispensary. The process now included an initial peer assessment followed by formal assessment by the lead dispensing GP. Any concerns raised were followed up by the GP and monitored.

The practice had also continued to develop induction programmes and competency assessments for all staff and had acted on feedback and suggestions from staff. For example, there had been improvements to the induction of new reception staff following feedback from staff.

Supporting patients to live healthier lives

Since the last inspection, the practice had promoted the online services at the practice and had achieved a high

number of patients signing up to online services. For example, 39.8% of patients had signed up to online services. Patients told us they found this service useful when booking appointments, contacting the practice, accessing records and requesting repeat prescriptions.

Since the last inspection the practice population had experienced a measles outbreak in the local community. The practice were conscious that their childhood immunisation was lower than national averages due to the alternative lifestyles of significant numbers of parents in the locality. Practice staff, in accordance with NHS E guidance, had targeted patients over the ages of 16 to receive an MMR (measles, mumps and rubella) vaccination to boost immunity in the community. The practice had so far immunised 319 patients (with two vaccines each).

There had been further developments in research at the practice. For example, the practice had been successful in recruiting a patient target for a project in heart disease, were recruiting for an early arthritis study and a diabetic study. The practice staff were also planning further research projects.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Listening and learning from concerns and complaints

At our inspection in February 2016 we saw the practice had an effective system in place for handling complaints and concerns. However, the complaints register did not always reflect the level of detail of the actions taken and lessons learnt from the investigations.

At this inspection in October 2017 we found the practice continued to maintain a complaints register and reviewed this regularly. Further improvements had been made to the annual complaints review register to capture more detail of the actions taken and information shared with staff.

We looked at four complaints received by the practice. These had been satisfactorily handled and dealt with in a timely way. There was evidence of duty of candour and an apology where the service had not met patient expectation. We saw examples where external agencies and health care professionals had been contacted for further advice or referral. These contacts and referrals had been made in a timely way. Complaint records reflected a summary of the action taken. Patient records were contemporaneous and contained detailed information of clinical action or treatment made and included a thorough assessment of the patients concerns and management plan.