Inspection Report

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

Corner Place Surgery

46a Dartmouth Road, Paignton, TQ4 5AH

Tel: 01803557458

Date of Inspection: 10 October 2013

Date of Publication: November 2013

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

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

Details about this location

Registered Provider	Corner Place Surgery
Registered Manager	Dr. Peter Macloughlin
Overview of the service	Corner Place Surgery is a GP practice situated in the town of Paignton, Devon. The practice supports around 12,500 patients and offers general and enhanced services. The range of services includes health screening, immunisations, management of chronic diseases, minor surgical procedures, social related illnesses, mental health illnesses and sexual health advice. Maternity Services are provided by visiting midwives who are attached to the practice.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

Contents

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

Summary of this inspection

Why we carried out this inspection

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

This was an announced inspection.

How we carried out this inspection

We carried out a visit on 10 October 2013, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff and reviewed information given to us by the provider.

We had a tour of the practice and spoke with the practice manager and five doctors.

What people told us and what we found

We spoke with eight patients who were pleased with the service they received and all said they had been involved in the decisions made about their care. One patient said "I like that I see the same doctor all the time. It means we have been through this together and have come up with a plan that seems to be working." Another patient said "They have managed my condition very well and I have no complaints."

Patients said they could get an appointment when they needed and said staff treated them with respect and dignity. One patient said "He knows me and treats me with such kindness."

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

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

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

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with eight patients who were attending the practice on the day of our inspection. All patients were very positive about the practice and informed us they thought the practice was "brilliant" and "very good". Another patient said "They have managed my condition very well and I have no complaints."

Patients were able to express their views at the practice. The doctors had chosen to undertake a patient survey in February 2012 which looked at making an appointment. The practice manager gave us a copy of this survey which showed that all results were positive.

There was a virtual patient participation group (PPG) at the practice to act as a voice for patients. We spoke with a representative from this group who told us they had been approached by the manager. The practice manager explained there were now 13 members on the group and the practice continued to advertise on the website for people to come forward. The PPG representative said they had been contacted on a regular basis to give feedback on a variety of subjects. One example given was following a survey where PPG members had been asked for opinions on suggestions made by patients.

There was a suggestion box in the reception area and contact details on the web page of how patients could contact practice staff with complaints, compliments and suggestions. Patients we spoke with said they would feel able to offer any suggestions.

Patients all said they had been involved in the decisions made about their care. One patient said "I like that I see the same doctor all the time. It means we have been through this together and have come up with a plan that seems to be working."

We were told that staff treated people with respect and dignity. Patients all said staff were "friendly", "very helpful" and "professional." One patient said "He knows me and treats me

with such kindness."

There were screens available to help maintain patient privacy when examinations were undertaken. There was a chaperone service available. Staff had access to policies on the intranet which included information about consent and confidentiality.

Patients told us they felt in control of their treatment and gave consent where needed. One patient said "Oh I know what they are doing and they explain things very well." Nursing staff and two of the doctors showed us electronic recording systems used to show the patient had given consent, been involved in their treatment or declined treatment. One of the doctors gave specific examples of how decisions were made when the patient did not have capacity to do so. Patients also said they were supported to make decisions even if they chose an option which had been recommended by the doctor.

The facilities for disabled access were good at the practice. The building had level access, disabled parking spaces and accessible toilet facilities. The corridors and doors were wide enough to accommodate wheelchairs. There was a consulting room on the first floor.Posters were displayed informing patients they would be seen on the ground floor if they could not manage the stairs.

We heard interactions between reception staff and patients. These were friendly yet professional. There were facilities available near to the reception desk where patients could discuss private issues with staff.

Patients said the waiting rooms were comfortable. There were books to keep children occupied and patient information leaflets for patients.

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

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Practice staff cared for approximately 12,500 patients with chronic diseases including asthma, diabetes, and heart disease. Staff also provided child immunisation, flu vaccines, and phlebotomy (the process of taking blood). Maternity services were provided by visiting midwives. The practice also provided a travel immunisation service, family planning and minor surgical procedures.

The practice had seven GPs who were partners at the practice. This meant they all held equal responsibility for the running of the practice. In addition to the partners there were two salaried GPs. There were five practice nurses, a healthcare assistant and a phlebotomist (member of staff who took blood). There were additional reception, administration and management staff including a practice manager. The practice was open between 8.00am and 6pm Tuesday to Friday, until 8.15pm on Mondays and on occasional Saturday mornings for flu clinics. One of the GPs explained there were early and late appointments for people who worked. This included a 5pm sit and wait appointment. Patients knew how to contact the out of hours service. One patient said "I just phone and the details are on the answer phone when you ring up."

When speaking with patients the theme that emerged was one of continuity. Patients told us they could see the doctor they saw most and liked this. One patient said "I hardly visit the doctors so I don't mind who I see" but other patients said they appreciated seeing the same doctor. We spoke with the doctors who also liked this continuity.

All of the patients we spoke with said it was easy to make an appointment when they needed. Patients said they could phone early in the morning for a same day appointment, they could ring in advance and also use the sit and wait service. We saw that patients were able to book appointments on line, although staff said this had not been as popular as they had thought. Patients told us they did not feel rushed when seeing the GP. One patient said "My doctor often runs late but when I am in there he takes his time and never rushes me."

Patients we spoke with were very complimentary about the service they received. One patient said "It is a big practice but the service is fantastic. From the reception staff to the

doctor." Parents were very pleased with the care and treatment their children received. One parent said "Oh it's brilliant. They never fob you off." We spoke with a child who said the doctor they had seen was "nice."

We saw that staff worked well with other health care professionals and outside agencies. For example a fortnightly primary health care team meeting was held with district nurses, health visitors, community matrons, care and support workers, palliative care staff and occupational therapists. Practice staff explained these meetings were held to discuss and vulnerable patients.

Staff also told us they thought the care and treatment provided was "of a high standard". There was a sense of mutual respect shared. One member of staff said, "We work well together and can always knock on each other's doors for advice." The doctors had a morning meeting where they organised the home visits and were able to seek advice and share discussions about the practice and diagnosis to ensure best practice is followed.

There were patient information leaflets available on medical conditions, self-help groups and government agencies. We saw that public health services were provided. For example information on sexual health (Chlamydia). We saw the practice had been awarded a certificate in being a young person friendly practice.

Patients had access to family planning services and well person's health checks. Nurses explained how they managed to promote health advice "opportunistically" when patients attended for other symptoms.

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

Patients told us they felt their medical conditions were managed well. One patient told us about how they had been diagnosed, the healthcare checks they had received and the on-going monitoring and support from the practice to manage their condition. This had included advice on lifestyle choices and diet. This patient said "Between the hospital and this place we have it sorted." Another patient said they had received "excellent help" with their depression.

Patients said it was easy getting repeat prescriptions. One patient said they dropped theirs into the surgery and others said theirs was sent to their local pharmacy. We spoke with two doctors about the prescription process which showed the majority of prescriptions were generated electronically which improved security and safety.

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

There were arrangements in place to deal with emergencies. Staff had received training in basic life support. Emergency equipment, including oxygen, a defibrillator and emergency drugs were available and had been well maintained and efficiently stored according to

different emergencies. Staff we spoke with were aware of where the emergency equipment was held. The surgery had a contingency plan in place to deal with emergencies which included information on how to manage loss systems. CQC were listed as an organisation to contact in the event of failure.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

All the patients we spoke with told us they felt well cared for at Corner Place surgery. One patient said "They are all lovely." Another patient said "The doctors and all the staff are really good."

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

Staff knew who the safeguarding lead at the practice was but added the patients GP would also be informed. There was a willingness shown by all staff to report any allegations. Staff demonstrated an understanding of the correct contact agencies to report abuse to.

There was a safeguarding policy document which referred to the local agencies to be contacted. Flow charts were also available for staff to follow if an allegation was made. This meant that staff had clear guidance to follow in a timely way.

There was a policy on whistle blowing at the practice, although the provider may wish to note that this did not include external organisations such as the police, Care Quality Commission (CQC) and safeguarding teams.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Patients told us they felt confident in the hands of the reception and clinical staff. One patient said "I think this practice is one of the best in Paignton. The doctors are brilliant." Another patient said "the nurses, the doctors and the staff at the desk are all really good, we are pleased to be patients here."

Staff told us they felt very supported and were able to access a varied training programme which was relevant to their role. Staff met regularly to discuss any clinical or management issues. The minutes of these meetings showed that staff were able to contribute ideas and raise concerns. A member of staff also said "I made a suggestion shortly after I arrived to improve the privacy at the front desk. They listened and we introduced it."

Staff said the working environment was good and that there was an open door culture where any of the staff could ask for advice from each other. One GP told us "I know practices may say this but we really do work well together." Another member of staff said "There is no them and us and everyone is considered as important."

Staff appreciated the training programme. Staff training records showed that administration staff had training specific to their roles. For example, the practice nurse had attended update training on travel health updates, basic life support, palliative care and ear irrigation.

Mandatory training was well organised at the practice. We saw a training record which showed that staff had received training in basic life support, fire safety and safeguarding adults and children.

Staff told us they felt supported in the workplace. Staff were clear about the lines of accountability and knew who to go to for support and guidance. One member of staff said "We have a very good intranet which has lots of useful information we can access at any time."

There was a structured induction programme for new staff. One member of staff said this had been "brilliant" and that she was "not let loose until she felt confident and competent."

All staff received a generic induction where an overview of the service and emergency procedures were discussed. Then staff performed a job specific induction which was separate for nurses, GP's and administration staff. Records were stored in the staff members file.

There was an effective appraisal system in place which was conducted by the line manager for each member of staff. We saw that clinical staff were appraised by other clinical staff who could assess the competencies accurately.

We saw that GPs also had an internal and external network of support and appraisal. Doctors told us they met with other GPs who were recognised appraisers. This was a time where the GP appraiser checked the GP had kept up to date with his knowledge. One of the doctors showed us his appraisal documents on line. This included evidence of continuous learning and training, quality improvement, discussion of any significant events or complaints, patient feedback and personal support.

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

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with patients about how able they felt to give feedback or make a complaint about the practice. Patients told us they would either "tell the doctor" or "speak to one of the receptionists." We saw that all concerns and complaints were monitored to identify any trends. We saw there had been no trends and complaints were dealt with robustly and openly.

We saw that a system was in place to formally review and learn from significant events. For example there were meetings held as soon as possible after any serious significant event had occurred. There were also formal significant events meetings where events, practice business and complex cases were formally reviewed to ensure appropriate action had been taken.

The practice was very organised and clearly led, with systems in place to monitor the effectiveness of the service provided. We were given many examples of audits and reviews performed by staff. These all showed that the care and service was kept under review. We judged that this was a continual process and not just performed when requested by outside agencies.

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

We saw that the practice used the QOF and other reporting systems to monitor the quality services at the practice. For example, additional rheumatology checks had been introduced, allowing doctors to review secondary care to see that prescribed medication

was appropriate.

Other audits included checking to see that practice had been following NICE (National Institute for Clinical Excellence) guidelines for the treatment of Chronic Obstructive Pulmonary Disease (COPD). There had also been an audit of emergency contraception use to ensure treatment was given in appropriate timescales.

The practice also carried out checks to ensure the service was effective and safe. For example, regular audits of the medicines, emergency equipment and refrigerated medicines had been undertaken efficiently. The provider may wish to note that there were no written records to show that the checks of emergency medicines and equipment had taken place.

Systems were in place to ensure medicines reviews took place on a regular basis. We saw that processes were also in place to help staff monitor when patients had received the results of their blood test or missed health screening programmes.

There were various meetings held to ensure the smooth running of the practice. Minutes showed these meetings were well attended and had set formats to ensure issues were continually monitored.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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