

# Devonport Health Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Devonport Health Centre on

27 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- All 35 patients providing feedback at the inspection said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- All 35 patients responding in writing or person said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had state of the art facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- Practice nurses went beyond what was required and regularly visited housebound vulnerable patients to ensure they received regular reviews of their long term health conditions. Data from the practice showed that 36 housebound patients receiving these visits. In 2015/16, 25 housebound patients were visited at home by practice nurses so that they were able to be protected from influenza by being vaccinated.
- The practice had significantly reduced the number of secondary care referrals being made for patient by

# Summary of findings

9% in response to the national Success Regime initiative (The Success Regime focuses on certain areas in the country where there are deep-rooted, systemic pressures, such as financial deficits or

issues of service quality) and had exceeded the locality goal of 3%. Patients were being treated closer to home and signposted to other services where possible for support.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice slightly below average to others for their care. However, the data was incomplete and had been collated from patients before it moved to the new premises. The practice had listened and acted on patient feedback, making improvements to telephone access and providing training for staff to improve patient experience.
- The practice had a lower number of carers (about 1%) compared to the total number of patients registered. The team

Good



# Summary of findings

had recognised that it needed to improve the support given to carers, by early identification. The practice had listened to suggestions made by the patient participation group members about improving access to information in the waiting room.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Devonport Health Centre had a higher proportion of older adults on the patient list compared with other practices in the area. Nearly half (40%) of the patient population was under 18 years, with a higher percentage of single parent families living with the challenges of poverty, poor education and health and social care needs.
- There was a good skill mix across the staff team, which included: a practice nurse able to manage the care of patients with chronic and long term conditions, complex wound management. This meant patients could be treated closer to home avoiding trips to the hospital some considerable distance away.
- The practice hosted some additional clinics, which were run by other providers but accessible to patients registered at Devonport Health Centre. These included: vasectomy and dermatology clinics.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had state of the art facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



# Summary of findings

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was in the early stages of development after the move to the new premises.
- There was a focus on continuous learning and improvement at all levels.
- The practice was proactive in influencing improvement particularly with other providers across the locality. For example, the practice manager worked closely with other manager's through the locality network. They provided leadership for the group about the patient IT system and had been involved in piloting this before it was implemented across the area.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients had a named GP to promote continuity of care and when attending their appointments were collected by the GP or nurse from the waiting room.
- Monthly meetings were held between community staff, so that vulnerable older people were closely monitored and given timely support.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, 87.5% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (national average 81.5%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Safety net systems were in place to monitor patients on high risk medicines. Patients told us that they had regular appointments for blood checks and their GP closely monitored these results.

Good



### Families, children and young people

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

Good



# Summary of findings

- 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.
- Immunisation rates were comparable with those seen in the Clinical Commissioning Group (CCG) area for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 88.1%, which was above the CCG average of 78% but below the national average of 82%. In addition to the national screening recall of eligible women, practice nurses used all patient contacts as opportunities to promote cervical screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended opening hours were routinely provided every Tuesday evening. Information about this is listed on the practice website and patient information leaflet.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. This included, repeat prescription and appointment requests.

Good



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

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

- The practice held registers of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. They worked closely with a nearby hostel run by a charity for homeless people and had systems in place to enable patients to register temporarily or receive communications via the practice address.

Good



# Summary of findings

- The practice offered longer appointments for patients with a learning disability. Reasonable adjustments made, including providing patients with easy read health plans following their annual review.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Being situated in a rural area, the practice recognised that integrated community services were needed to meet the needs of vulnerable patients.
- The practice nurses regularly visited housebound vulnerable patients to ensure that they had regular reviews of their long term health conditions. We were told by the practice that there were 36 housebound patients receiving these visits. In 2015/16, 25 housebound patients were visited at home by the practice nurse so that they were able to be protected from influenza by being vaccinated.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- 78.2% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was below the national average of 84%. A number of patients with dementia lived in adult social care homes in Plymouth and were reviewed regularly there instead of at the practice.
- Performance for mental health related indicators was comparable to the national average. For example, 84.7% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (national average 88.5%).
- A system of a rolling programme of appointments was in place for patients with associated anxiety disorders, which was aimed at reducing their anxiety by providing a framework of planned follow up appointments for them.

Good



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- All of the staff had a good understanding of how to support patients with mental health needs and dementia and shared several examples of how they had done so. A calm, welcoming atmosphere was evident at the practice and staff demonstrated they were skilled in de-escalating any issues.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on January 2016 and related to their experiences before the practice moved to a new location. The results showed the practice was performing in line with local and national averages. Two hundred and eighty two survey forms were distributed and 105 were returned. This represented about 1.8% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

The practice demonstrated that it had acted upon the comments received from patients. For example, access had improved since the practice moved to new purpose built premises with more telephone lines coming in and being answered by reception.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. Staff were described as being efficient, friendly and caring. Patients had confidence in the treatment and care they were receiving. Patients remarked about the positive changes made at the practice since it moved into the new premises in September 2015.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Several told us that there were multiple generations of their family registered at the practice and the staff knew them well.

The practice encouraged patients to give feedback. Information about the 'Friends and family test' was displayed in conspicuous places in the waiting room. However, staff told us that few responses were received. For example, we looked at a sample of data for May 2016: Seven patients had completed the 'Friends and family test' survey. Six responses of these were extremely likely and one likely to recommend the practice to their friends or family.

# Devonport Health Centre

## 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 and a practice nurse specialist adviser.

## Background to Devonport Health Centre

Devonport Health Centre has one registered location providing general medical services at:

53 Damerel Close, Devonport, Plymouth PL1 4JZ

The practice had moved into new purpose built premises in September 2015. Devonport Health Centre practice is situated in the Devonport area of Plymouth. There were 5614 patients on the practice list with diverse backgrounds. Information published by Public Health England rates the level of deprivation within the practice population area as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

There is a higher proportion of young adults and children on the patient list compared with other practices in the area. Nearly half (40%) of the patient population are under 18 years.

The practice is managed by two GP partners (male). They are supported by a salaried GP (female). If required the practice uses the same GP locums for continuity of patient treatment where ever possible. The nursing team consists of four female nurses, of which three are qualified nurses. The nursing team is led by a nurse practitioner who is able to treat patients with minor illnesses.

The practice at Devonport Health Centre is open 8am to 6pm Monday to Friday. Phone lines are open from 8am to 6pm, with the out of hours service picking up phone calls after this time. GP appointment times are from 8.50am to mid-day and 2.30pm to 5.30pm every weekday. Extended opening hours are available on: Tuesday evenings 6.30pm to 8pm for emergencies and pre-booked appointments. Information about opening times are listed on the practice website and patient information leaflet.

Patients requiring a GP outside of normal working hours are advised to contact the out of hours service provided by Devon Doctors. The practice closes for two half days a year for staff training and information about this is posted on the website.

The practice has a general medical services (GMS) contract.

The following regulated activities are carried out at the practice: Treatment of disease, disorder or injury; Surgical procedures; Family planning; Diagnostic and screening procedures; Maternity and midwifery services.

## 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. The 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 July 2016. During our visit we:

- Spoke with a range of nine staff (GPs, practice nurses, practice manager and administrative staff) and spoke with two patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 33 comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and had updated the template so that learning was recorded thoroughly and reviewed.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had reviewed an emergency incident in which a patient had collapsed and was successfully treated to identify any learning from this. The practice had improved its systems in the event of an emergency including clearly labelling equipment and the purchase of a screen to promote privacy for patients.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and followed, illustrated by: the practice appropriately reported an incident to CQC and demonstrated throughout that patient safety was a high priority. Information showed that there was timely involvement of other agencies and

when asked to do so, a robust investigation had taken place which was reported upon to relevant agencies. 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 on safeguarding children and vulnerable adults relevant to their role. All GPs were trained to child protection or child safeguarding level 3. A significant event demonstrated that staff were effective in identifying potential safeguarding concerns for a child. They immediately involved the health visitor so that a safeguarding plan was put in place to protect the child.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice used an external cleaning company and demonstrated that there were governance arrangements in place. For example, regular meetings were held with the owner where feedback about risk assessments were reviewed such as the control of substances hazardous to health and data sheets were in place for staff to follow.
- 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. There was a comprehensive system of regular infection control audits being undertaken, which included: Hand hygiene assessments; sharps receptacle and waste disposal audits. We saw evidence that action was taken to address any improvements identified as a result, for example awareness had been raised about the safe management of sharps to reduce the potential risk of needlestick injury. The cleaning contractor verified that practice staff were responsible

## Are services safe?

for managing this and there had been no reports of any needlestick injuries for his staff whilst cleaning the premises. The practice manager also confirmed that there had been no needlestick injuries reported.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, the practice had reviewed repeat prescribing and identified that a system needed to be implemented to provide an audit trail of the name of the person collecting a controlled drug prescription. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.
- The practice held no stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- Systems were in place promoting patient safety and wellbeing in regard of medicines. An example seen was a safety net for patients with asthma. A prescriptions trigger was in place, which alerted the practice if a patient had reached the set maximum of repeat requests for inhaler medicines, used to prevent and asthma attack. When this happened, the patient was invited for a review with the respiratory lead nurse who liaised with the patient's GP about the outcome.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). The practice was able to demonstrate through records that DBS checks had been obtained for contract cleaning staff. We looked at the system for recruiting locum GPs and nurses and found that the practice was following the same process.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. Staff showed us health and safety procedures that they were able to access via an icon on the desktop of their computers. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice 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 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice was well staffed for the number of patients registered there. The team had a wide skills mix.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to 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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, the practice had responded to feedback about the care of a patient and GPs were recording basic observations such as temperature during consultations in more detail as a result.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 90.5% of the total number of points available. The data information available to the Care Quality Commission did not provide an accurate picture because the practice had moved location midway through the financial year. In addition to this, the practice had changed the IT system and clinical coding gaps were found and corrected. The practice provided us with data it had for the 2015/16 year.

Data available to CQC for 2015/16 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 87.5% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (national average 81.5%).
- Performance for mental health related indicators was similar to the national average. For example, 84.7% of

patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (national average 88.5%).

We looked at a sample of patient records for people with mental health needs and discussed these with staff. We saw that patients were being closely monitored and cared for. Examples of effective care and treatment was seen. In particular, the staff were successful in encouraging people with complex mental health needs whose lives were chaotic to engage with them. These patients often fell through gaps in services due the nature of their mental health conditions as they may be unwilling to engage with professionals to receive support and treatment. Staff were skilled communicators and we observed they were effective de-escalating any issues with patients. The environment created at the practice was calm, peaceful and conducive to promoting patient engagement.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, an audit looked at the effectiveness of stroke prevention treatments used for patients with a heart condition (atrial fibrillation) and found that current treatment guidelines were being followed and provided GPs with assurance of this.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. The practice regularly ran searches of patients to ensure that medicines being prescribed were in line with current guidelines and cost effective. For example, a review of asthma medication used to prevent an asthma attack had resulted in 67 patients being reviewed and changes made where deemed clinically appropriate.

Information about patients' outcomes was used to make improvements. The practice showed us three non-clinical audits carried out in the last two years. For example, the practice was looking into how effective the practice was in utilising all available GP and nurse appointments for patients. This showed that further work was required to make the best use of time available for any patients seeing

# Are services effective?

## (for example, treatment is effective)

the nursing team. At the time of the inspection, the nursing team was in the process of collecting further information that would be analysed to inform decisions about any improvements that could be made.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. The nursing team carried out an annual peer review of cervical smears taken to ensure that their practice was within normal limits for inadequate samples taken. We saw three years of audits, demonstrating that all of results fell within the nationally agreed range.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. The practice actively encouraged staff to extend their skills base. For example, two reception staff had been supported to complete a phlebotomy course and were able to provide additional support during staff absences such as annual leave.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice had significantly reduced the number of secondary care referrals being made for patient by 9% in response to the national Success Regime initiative (The Success Regime focuses on certain areas in the country where there are deep-rooted, systemic pressures, such as financial deficits or issues of service quality) and had exceeded the locality goal of 3%. Patients were being treated closer to home and signposted to other services where possible for support. For example, patients with drug addiction wishing to enter detox were enabled to do so through a home detox service delivered by a GP with specialist interest (GPwSI) in this area and other services.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

# Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through patient records audits. A sample of patient records demonstrated that consent had been recorded.

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the practice nurse and information provided about a local support group.

The practice's uptake for the cervical screening programme was 88.1%, which was above the CCG average of 78% but below the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. Nursing staff also demonstrated they took an opportunistic approach, checking every eligible female attending for any appointment encouraging them to be screened. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were

failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 72.2% to 100% and five year olds from 67.1% to 98.8%. The CCG rates for children under two ranged from 71.7% to 93.3% and for five year olds from 70.7% to 97.7%. We spoke with nursing staff about the immunisation rate for children under two for meningitis C, which was 72.2%. They told us that this had become a combined immunisation mid-year, which then affected the data showing performance in this area.

Patients had access to appropriate health assessments and checks. Up until recently, this included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. However, funding for these checks had stopped on 29 February 2016 by Devon County Council. As a result the practice no longer offered this service on site by the time we inspected.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey available to the Care Quality Commission were incomplete due to the change in location during the financial year 2015/16. These showed patients felt they were treated with compassion, dignity and respect. The practice was slightly below average in most areas for its satisfaction scores on consultations with GPs and nurses for data collected prior to the move to the new premises. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90.2% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 91.5% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96.7% and the national average of 95%

- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%).
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%).
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90.4% and the national average of 87%)

The practice had acted on this feedback, for example at the point of moving to the new premises customer care training had been provided for all staff. All 33 comment cards we received from patients and two we spoke with were positive about the service and staff. Several remarked that there had been improvements in staff attitudes and helpfulness since the move to the new premises.

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

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

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:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.8% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%)

The re-launch of the patient participation group (PPG) had taken place with the first meeting being held in June 2016. At this meeting, patients had suggested that they could be

## Are services caring?

more involved in promoting healthy living. Plans were underway to run a series of healthy living sessions, with the assistance of local charities to help newly diagnosed patients to learn about their conditions and how to live well with them. These included conditions such as: Crohns disease, asthma, chronic pulmonary disease and diabetes.

The practice provided facilities to help patients be involved in decisions about their care:

- 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.
- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 54 patients as carers (1% of the practice list). The practice was working to improve on this having updated the registration pack for new patients. Staff told us they were proactively identifying carers at the point of registering with the practice. The new patient record system had a prompt for staff to enquire and complete for a patient if they were a carer. Patients written comments highlighted that staff knew them well. In feedback, carers who were patients had highlighted that information about support needed to be more prominent in the waiting room. Staff had listened to this information and immediately set up a carer's notice board, which was well presented and in a prominent place. The written information directed carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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 reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Devonport Health Centre had a higher proportion of children and young adults on the patient list compared with other practices in the area. Nearly half (40%) of the patient population were under 18 years. GPs told us that there was a high percentage of single parent families, presenting the challenges of living with increased poverty, poor education, social and welfare issues.

- Working patients who could not attend during normal opening hours were offered early and late appointments by arrangement to suit their needs.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. For example, a carer told us that within five minutes of telephoning for advice about their frail relative the GP had returned the call, which they found reassuring.
- The practice nurses regularly visited housebound vulnerable patients to ensure that they had regular reviews of their long term health conditions. We were told that there were 36 housebound patients receiving these visits. In 2015/16, 25 housebound patients were visited at home by the practice nurse so that they were able to be protected from influenza by being vaccinated.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- The practice had moved into purpose built premises in September 2015. There were disabled facilities and translation services available, which we saw being used effectively. The practice consultation, treatment and waiting rooms were all situated on the ground floor. The building was spacious and corridors wide enough for patients using wheelchairs and pushchairs.

- There was a good skill mix of clinical staff, which enabled patients to access services closer to home. For example, a practice nurse held extended skills and was running a wound management clinic for people with complex needs that would normally be seen in secondary care. The GPs told us that they provided this service without any additional funding because there was the benefit of continuity of care for these patients to be managed by the team at the practice.
- The practice normally ran a nurse led minor illness service but this was temporarily suspended when we inspected and due to re-start in September 2016. During this time GPs were still seeing patients with minor illness.
- The practice hosted several clinics, which other providers ran regularly at Devonport Health Centre. For example, patients from the practice and across Plymouth were able to access an acute back pain clinic held there. A dermatology clinic run by a hospital consultant was held at the practice every week, which patients from Devonport Health Centre could also access.
- A GP partner held special interest qualifications and provided minor operations clinics on behalf of another provider at the practice. These included: vasectomies for male patients.
- The practice demonstrated that staff understood how to promote the equality and diversity of all patients. We saw several examples such as: information about sexual health aimed at young people was accessible on the practice website.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. Leaflets to remind patient of referrals made provided patients with prompts and a safety net ensure these were acted on by secondary care services. Staff shared examples of how they supported patients with memory impairment by telephoning them regularly to prompt them to attend for appointments.

### Access to the service

The practice was open is open 8am to 6pm Monday to Friday. Phone lines were open from 8am to 6pm, with the out of hours service picking up phone calls after this time. GP appointment times were from 8.50am to 12mid-day and 2.30pm to 5.30pm every weekday. Extended opening hours

# Are services responsive to people's needs?

(for example, to feedback?)

were available on: Tuesday evenings 6.30pm to 8pm for emergencies and pre-booked appointments. Information about appointments were listed on the practice website and patient information leaflet.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. We looked at the next available routine appointment, which was 2 August 2016 a week after the inspection. We observed patients who needed urgent same day appointments were offered these on the day.

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

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 79% of patients said they could get through easily to the practice by phone which was above the national average of 73%.

We spoke with two patients who told us that they were able to get appointments when they needed them. For example, both said that if they phoned the practice early they were often offered a same day routine appointment.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

- Home visits were carried out every day by GPs between clinics to patients needing them.
- In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, this included posters displayed and a leaflet available summarising the process in the waiting room.

We looked at two out of eight complaints received in the last 12 months. We found all of these were satisfactorily handled and dealt with in a timely way. Written responses to patients from the practice demonstrated openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values of the stated aims.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Examples seem included: prior to the moving into the new purpose built premises in September 2015 the practice had changed the electronic patient record system. Staff told us that they identified this as a risk and had put checks in place to mitigate this. As a result, they had quickly identified that searches of patients were not running properly initially due to clinical coding issues. The practice had promptly sought assistance from the IT system expert team to rectify these issues and had ensured that the correct clinical codes were being used in patient records. The staff had shared their learning with other practices in the area that were migrating to the new IT system. The practice manager told us that they were assured that any searches being conducted for patients were producing the correct data, which the team were able to act upon.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- We saw an example of records of a case conference following a complaint review by the ombudsman.

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

- Staff told us the practice held regular team meetings. Meetings were held for each staff group and included a bi-monthly clinical meeting for GPs and nurses, part of which was used to review any significant events and discuss alerts and have educational updates. Minutes were kept of all the meetings and we saw a sample of these showing a clear communication system across all teams for any issues affecting the practice and patients. Staff interviewed told us that minutes of meetings were sent to them, so if they had missed a meeting they had been made aware of the issues discussed and any actions to be taken. We were shown the electronic files containing minutes, alerts and other important information, which staff were able to access easily from their computer desktop.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and

# Are services well-led?

Good 

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

supported in doing so. In the last 12 months, two away days funded by the Clinical Commissioning Group (CCG) had been held and included a partners meeting for strategic review and planning.

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice was beginning to gather feedback from patients through the patient participation group (PPG), which had recently been set up. Two members of the PPG told us that the practice had advertised this widely, but only two patients attended the first meeting held in June 2016. One of the issues discussed highlighted that information for carers needed to be more prominent in the waiting room. We were told that immediately following the meeting, staff had altered the presentation of carers support information making it more prominent. The practice also asked for patient's views via surveys and complaints received.
- The practice had gathered feedback from staff through an annual staff survey, through staff training events and generally through staff meetings, appraisals and discussion. 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 to improve how the practice was run. For example, the team had been enabled to discuss feedback from patients about appointments over running and the difficulties this was presenting with mounting tension that had to be de-escalated. Staff were encouraged to develop a solution. A template was

changed to include a prompt for any staff booking a diabetic appointment review with a patient to arrange a longer appointment. Staff said this had greatly improved patient experience of these appointments which were running to time.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The local CCG had a community pharmacist pilot underway, which aimed to increase the number of community pharmacists linked to GP practices. Devonport Health Centre was successful in obtaining funding to have a community pharmacist and had implemented this at the practice. A private pharmacist was receiving support from GPs at the practice to complete the prescribing course. As part of the community pharmacist pilot, the pharmacist was reviewing all patient hospital discharge information on behalf of the practice. GPs told us that this promoted greater patient safety because any changes or anomalies in a patient's medication was picked up quickly and investigated. Patients had a point of contact immediately after discharge to discuss any medicines issues. GP told us there were further positive impacts on the efficiency and cost effectiveness of their prescribing patterns.

The practice manager worked closely with other manager's through the locality network. They provided leadership for the group about the patient IT system and had been involved in piloting this before it was implemented across the area.

GPs had collated learning from across the locality about the accuracy, quality and timeliness of patient discharge information being received by practices from secondary care services. We saw written documentation showing that this was raised in a positive way with the secondary care services involved on behalf of all practices in the locality. GPs had suggested that a working group to look at systems to improve discharge information could be the way forward and were waiting to hear the outcome.