Northam Surgery

Quality Report

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

Ratings

Overall rating for this service	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Northam Surgery on 17 February 2016. Overall the practice is rated as outstanding.

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

- There was open and transparent approach to safety and an effective system in place for reporting and recording significant events. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, leading and working with other local providers to share best practice. For example they piloted an improved diagnostic pathway for patients with suspected urine infections, which had been rolled out across the CCG area.
- There was a holistic approach to assessing, planning and delivering care and treatment to people using services.Examples included: risks to patients were assessed, well managed through the integration of teams, for example benefitting patients with learning disabilities. Robust audit of demand and capacity took place to determine appropriate staffing resources and skills needed to deliver services safely for patients. The practice invested heavily in its staff providing advanced training opportunities such as nurse prescribing qualifications and supported other staff across the health and social care sector to extend their skills for the benefit of patients.
- Feedback from patients who used the service, family members and carers, and stakeholders was continuously positive about the way staff treated them and other patients. Patients said staff went the extra mile to support patients and the care they received exceeded their expectations. Feedback from all 69 patients about their care was consistently and strongly positive.

Summary of findings

- Patients needs and preferences were central to the planning and delivery of tailored and flexible services. Examples included: male patients from the practice were able to attend a Friday evening and Saturday morning vasectomy clinic.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group, including: use of social media to reach younger people, effective and responsive review of the appointments system and improved online services.

- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

We saw areas of outstanding practice:

- Northam Surgery has taken a systematic approach to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money.Examples seen included: piloting improved care and treatment pathways and sharing learning across the locality. The practice has streamlined monitoring patients with long term conditions through the concept of polyclinics (Polyclinics are intended to offer a one stop shop for patients where all of their chronic diseases are monitored in one consultation), providing extended length appointments and ongoing continuity by named GPs.
- The practice strategy and supporting objectives are stretching, challenging and innovative. There were several examples of this, including the approach taken in recognition of the link between social isolation and heightened health risks. Innovative communitarian initiatives such as a Sunday afternoon tea club were soon to start at practice, with a GP and nurse available to see patients.Health promotion was key for patients at the practice and across the locality, with a nurse helping to deliver diabetic education sessions for patients in North Devon for newly diagnosed patients.
- The practice was caring and extremely patient centred with a strong community presence. Thirty nine patients we spoke with, and comments received in the 30 comment cards, said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.The practice had a taxi fund, which it used to support vulnerable patients enabling them to get to and from appointments safely when needed. In support of carers a GP partner held a key role in a charity, raising funds with staff to take disadvantaged, disabled children and young people from the practice area on an annual holiday.
- The practice had audited patients who had limb amputations following clinical commissioning group reports. Actions taken by the practice had seen wound healing rates for patients reduce from around 12 months to under six months and the number of appointments needed to support patients had reduced from 21 down to nine.

- The practice had listened and acted on feedback from patients and other stakeholders about access to appointments particularly during Winter months when there was more pressure. Several changes were made, including: introducing changes to leave arrangements; increasing appointment sessions and numbers of GPs and nurses during peak times every day; having a nurse led minor illness clinic; amending call answering protocols and improved customer care through training for staff; GPs answered incoming calls at 8am to better understand better patient needs and conducted demand audits so that effective proactive rostering was arranged every month.

The areas where the provider should make improvements are:

- Audit patient records to ensure that clinical findings are documented in a consistent way to support decisions about treatment pathways.

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?

Good

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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average.
- Nurses led the management of patients with chronic conditions, carrying out reviews of patients with respiratory conditions or diabetes.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. However, some of those seen were not completed because a second audit had not yet taken place.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Outstanding

The practice is rated as outstanding for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice similarly to others for almost all aspects of care. For example, 93.3% of patients said the GP was good at listening to them compared to the Clinical Commissioning

Summary of findings

Group (CCG) average of 92% and national average of 88.6%). 93.5% of patients said the GP gave them enough time (CCG average 90.9% and national average 86.6%). 95.6% of patients said they had confidence and trust in the last GP they saw (CCG average 97.2% and national average 95.2%).

- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.Patients shared with us examples demonstrating that when they had needed to be referred to a specialist their GP had discussed all the options available and acted on the patients wishes.
- Views of external stakeholders were very positive and aligned with our findings.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services.

- All 11,610 patients had a named GP, but could also choose who they wished to see at each appointment.
- Northam Surgery demonstrated a strong commitment to the community with several examples seen. These included medicals for lifeboat personnel were provided free of charge for patients and non-patients at the practice and practice staff supported charities which impacted on their patients such as children needing a holiday.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. Examples seen included out of hours vasectomy clinics for men, in house dermatology reviews for rapid diagnosis and treatment of skin conditions, including low risk cancer lesions. A nurse delivering education sessions for newly diagnosed diabetics four Saturdays per year for patients in North Devon.
- There are innovative approaches to providing integrated person-centred care. Polyclinics for patients with long term conditions were available with appointments of Advanced skills of clinical staff meant that services normally seen in hospital were available for patients some of which were unfunded.

Summary of findings

Examples included: a re-catheterisation service for people with long term conditions. Ring pessary (a device for holding back a prolapse) fitting for women. The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the whole appointment system was overhauled and 69 patients involved with the inspection gave positive feedback about these changes.

- Monthly audits about the way appointments were being used influenced decision making about staffing resources and skills needed. For example, the practice had noticed there was a greater demand for appointments for ear irrigation. In response the practice had funded accredited training so that three health care assistants were able to carry out ear irrigations. The practice was in the process of increasing the number of appointments available for patients to reduce waiting and improve hearing for patients.
- Patients could access appointments and services in a way and at a time that suited them. For example, extended hours two days a week were provided and a range of early/late opening times each day with GP, nurse, HCA and phlebotomy appointments available for working patients.
- The practice had purpose built facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Outstanding ☆

The practice is rated as outstanding 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 this.
- As a training practice, Northam Surgery provided a positive experience for GP registrars and medical students. Through a good reputation of support with trainees and an approachable and dynamic leadership team. The practice had no difficulties recruiting new staff when staff retired.
- There was a strong leadership structure, which incorporated a business manager and seen as a vital element in the future development of the practice.

Summary of findings

- Staff felt supported by management and told us that the culture was positive and family orientated.
- 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 practice had a number of policies and procedures to govern activity and held regular governance meetings, which were inclusive with all staff groups represented by senior staff.
- 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 knowing about 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 active. Examples included: improving on line service for ease of access to booking appointments and requesting repeat prescriptions. Using social media websites to communicate news and obtain feedback from younger patients.
- Northam Surgery had a strong focus on continuous learning and improvement at all levels and staff were encouraged to develop their skills for the benefit of patients. For example, practice nurses were supported to extend their skills to be nurse practitioners and nurse prescribers and Health Care Assistants were supported to extend their roles to improve services for patients.

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

Outstanding 

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All of the patients had a named GP and appointments were co-ordinated to facilitate good continuity of care for people.As a result, staff knew patients well and understood the support they needed and made sure this happened.For example, the taxi fund was regularly used for instances such as an upset bereaved elderly patient needing to get home following their appointment.
- Initiatives such as a Sunday afternoon tea club was being set up at the practice and was due to start soon to reduce the impact of social isolation on patients health and wellbeing.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Orders for repeat prescriptions were co-ordinated so that older patients were able to telephone once and arrangements made for a pharmacy of their choice to deliver their medicines to them.Close working relationships were established with the community matron for patients over the age of 75 with complex healthcare needs to ensure joint care and treatment was provided.

People with long term conditions

Outstanding 

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

- Innovative and intuitive clinics for patients with long term conditions were developed over time and refined after being evaluated by patients and staff. Patients could access tailored appointments of at least 20-30 minutes with a GP during which their health and welfare was reviewed in a polyclinic. A significant percentage of the 69 patients who gave feedback at the inspection had experienced these clinics and were positive about the success of these in improving or maintaining their health.
- There were several near patient services which the practice continued to provide because of the benefits for patients, including a catheter replacement service normally available at the hospital.

Summary of findings

- Achieving quality of life and health was at the heart of the services available for patients with chronic diseases. For example, a nurse practitioner assisted in running a course on four Saturdays a year for patients newly diagnosed with diabetes to a raise their awareness about living healthily with their condition. Anecdotally this approach helped reduce the prevalence of patients developing complications associated with diabetes.
- Best practice risk profiling was used so that any patients with long term or chronic conditions at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was higher to the Clinical Commissioning Group (CCG) and national average. For example, 84% patients with diabetes had an HBa1C blood test in the previous 12 months (CCG average 79.2% and national average 77.54%)
- 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.

Families, children and young people

Outstanding ☆

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma, who had an asthma review in the preceding 12 months that includes an assessment of asthma control was 80.7% slightly above the CCG and national averages (CCG 75.7% and national 75.4%).
- 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.
- Social media was being used to encourage young people to be involved with the virtual Patient Participation group. Initiatives with the local college were also seeking to encourage young people to be involved in improving access to healthcare for this group.

Summary of findings

- The practice's uptake for the cervical screening programme was 83.8% which was higher than h the CCG average of 77% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Outstanding ☆

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.
- Extended pre-bookable appointments were available twice a week. Some services were provided outside of the normal opening hours. For example, vasectomy clinics were held on Friday evenings and Saturday mornings for working men.
- The practice offered free medicals for any local people who were volunteers for the Appledore Lifeboat.

People whose circumstances may make them vulnerable

Outstanding ☆

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

- The practice was compassionate about helping patients in deprived circumstances. There were several examples including a taxi fund used to help patients at times of need, charitable work including making donations to the local food bank, fundraising and taking vulnerable and disabled children on holidays.

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer, person centred appointments for patients with a learning disability. Two community learning disability nurse specialists were enabled to lead review appointments with patients having been mentored by Northam Surgery to complete the practice nurses course.
- The practice reflected upon data for the Northern locality of the clinical commissioning group (CCG) highlighting that higher numbers of patients were presenting late with symptoms and having to undergo lower limb amputations compared to national statistics. Northam Surgery then carried out audits and reviewed their wound care pathway.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The team went the extra mile to reduce the risks of social isolation for vulnerable people. For example, a Sunday afternoon tea club was due to start at the practice for vulnerable people.
- 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)

Outstanding ☆

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

- Performance for mental health related indicators was much higher than the CCG and national averages. For example, 97.4% patients with complex mental health needs who had a comprehensive, agreed care plan in the preceding 12 months (CCG average 87% and national average 88.3%).
- Staff were proactive and consistent in supporting people to live healthier lives. For example, patients with complex mental health needs were supported to achieve recovery through regular monitored contact and maintenance of their depot treatment plan.
- The percentage of patients diagnosed with dementia who were reviewed in the previous 12 months was 96.8% which was much higher than the CCG 86.1% and national 84.01% averages.

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 set up a three monthly review system for all of these patients, where GPs completed a standard review template with the patient and their carer to check their wellbeing and ensure the treatment was appropriate.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Access to talking therapies was brought closer to home for patients who were able to attend weekly clinics held by the NHS Depression and Anxiety Service in the practice.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia and were 'Dementia Friends'.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 246 survey forms were distributed and 119 were returned. This represented 1% of the practice's patient list. Patient responses were around or above the local and national averages.

- 83.6%of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group average of 84.4% and a national average of 73.3%.
- 93.7% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 91% and national average 85.2%).
- 96.1% of patients described the overall experience of their GP surgery as good (CCG average 91.2% and national average 84.8%)
- 87.9% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 85.6% and national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received. Patients remarked about the professionalism of staff and their kindness towards them.

We spoke with 39 patients during the inspection. All 39 patients said they were very happy with the care they received and thought staff were approachable, attentive, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Audit patient records to ensure that clinical findings are documented in a consistent way to support decisions about treatment pathways.

Outstanding practice

- Northam Surgery has taken a systematic approach to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. Examples seen included: piloting improved care and treatment pathways and sharing learning across the locality. The practice has streamlined monitoring patients with long term conditions through the concept of polyclinics (Polyclinics are intended to offer a one stop shop for patients where all of their chronic diseases are monitored in one consultation), providing extended length appointments and on-going continuity by named GPs.
- The practice strategy and supporting objectives are stretching, challenging and innovative. There were several examples of this, including the approach taken in recognition of the link between social isolation and heightened health risks. Innovative communitarian initiatives such as a Sunday afternoon tea club were soon to start at practice, with a GP and nurse available to see patients. Health promotion was key for patients at the practice and across the locality, with a nurse helping to deliver diabetic education sessions for patients in North Devon for newly diagnosed patients.
- The practice was caring and extremely patient centred with a strong community presence. Thirty nine patients we spoke with, and comments received in the 30comment cards, said they were treated with compassion, dignity and respect and they were

involved in their care and decisions about their treatment. The practice had a taxi fund, which it used to support vulnerable patients enabling them to get to and from appointments safely when needed. In support of carers a GP partner held a key role in a charity, raising funds with staff to take disadvantaged, disabled children and young people from the practice area on an annual holiday.

- The practice had audited patients who had limb amputations following clinical commissioning group reports. Actions taken by the practice had seen wound healing rates for patients reduce from around 12 months to under six months and the number of appointments needed to support patients had reduced from 21 down to nine.
- The practice had listened and acted on feedback from patients and other stakeholders about access to appointments particularly during Winter months when there was more pressure. Several changes were made, including: introducing changes to leave arrangements; increasing appointment sessions and numbers of GPs and nurses during peak times every day; having a nurse led minor illness clinic; amending call answering protocols and improved customer care through training for staff; GPs answered incoming calls at 8am to better understand better patient needs and conducted demand audits so that effective proactive rostering was arranged every month.

Northam Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice manager specialist adviser and a CQC inspection manager.

Background to Northam Surgery

Northam Surgery covers coastal and rural areas. There were 11,610 patients on the practice list and the majority of patients are of white British background. All of the patients have a named GP. There is much a higher proportion of older adults on the patient list compared with other practices in the area. A third of the patient population are over 65 years, with a higher prevalence of chronic disease which the practice monitors. The total patient population falls within the mid-range of social deprivation.

The practice is managed by nine GP partners (five male and four female).They are supported by three salaried GPs (all female). The practice uses the same GP locums for continuity where ever possible. There are six female practice nurses, two of whom are nurse practitioners, and four female health care assistants. All the practice nurses specialise in certain areas of chronic disease and long term conditions management.

The practice is open 8.20am to 6pm Monday to Friday. Phone lines are open from 8am to 6pm. Extended opening hours appointments provide patients with a choice of GP, nurse and HCA late evening appointments. Information about this is listed on the practice website and patient information leaflet: pre booked late evening appointments are available every Monday and Tuesday (6.30 pm to 7.30pm).

Opening hours of the practice are in line with local agreements with the clinical commissioning group. 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 three days a year for staff training and information about this is posted on the website.

The practice has an Personal Medical Service (PMS) contract and provides additional services, some of which are enhanced services:

- Extended hours
- Minor surgery
- Remote care monitoring.
- Alcohol screening for patients aged over 16 years, to identify any risks and provide support and/or treatment where needed.
- Annual health checks for patients aged over 14 years with a Learning disability.
- Facilitating early diagnosis of dementia
- Influenza, pneumococcal, rotavirus and shingles immunisations for children and adults
- Patient participation in development of services.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

Detailed findings

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.

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 17 February 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses, practice manager and administrative staff) and spoke with 39 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 30 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.

Good

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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had thoroughly reviewed the care of a patient who went on to require hospital treatment after being seen in the minor illness clinic.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All of the GPs had received Safeguarding level 3 training in addition to safeguarding vulnerable adults.There was an alert system which linked any adult or child at risk with other patients in their household.The practice informed us that they were working with the IT provider so that patients with parental responsibility could be linked to a household where there was a child or children at risk.
- A notice in the waiting room advised patients that chaperones were available if required. All staff had received chaperone training. This included administrative staff who did not have a Disclosure and Barring Service check (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). We asked the practice to provide a search of all consultations where a patient had been offered a chaperone then declined or took up the offer. This showed that the offering of a chaperone was an embedded protocol for GPs, with a considerable number recorded in patient records. Where patients had taken up the offer, the chaperone role had only been carried out by a nurse or health care assistant. A risk assessment was completed with regard to which staff should have DBS checks undertaken immediately following the inspection and sent to us. The practice sent us a risk assessment outlining that chaperone duties would only be carried out by staff trained for the role and with a DBS check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had a dedicated operating theatre, where minor surgery such as vasectomies were performed. Most of the equipment used was single use, but some multi-use equipment was sent to the hospital sterilising unit after use. The theatre register documented every procedure undertaken, the patient's name and the bar codes of any equipment used. This ensured all equipment used during a procedure could be tracked to a patient should there be any concerns at a later date.
- The nurse practitioner 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, which followed national guidelines and was regularly reviewed. All of the staff had received up to date training. Annual infection control audits were undertaken, which included handwashing competency audits, and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). For example,

three years of records demonstrated that the practice had maintained the cold chain of vaccines so that they were safe for patient use. During this period, the checks carried out had identified when a refridgerator had failed and all of the vaccines were destroyed and replaced in line with guidance and advice received. Records seen showed that audits were completed every six months demonstrating a robust picture of safe management of vaccines.

- 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. Prescription pads were securely stored and there were systems in place to monitor their use. Five out of six nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff and also participated in quarterly meetings with the local CCG pharmacy team for this extended role. A sixth nurse was booked onto the diploma in independent prescribing course starting later in the year.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed 5 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.
- 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There was a proactive approach to anticipating and managing risks to patients and staff, which was embedded and recognised as a responsibility by all staff. All of the staff contributed to the overall health and safety risk assessment, which listed actions to reduce any risks identified and had been acted upon. For example, this included lone working arrangements to promote the safety of staff involved in services, such as the Saturday morning vasectomy clinics provided at weekends.
- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Staff had specific roles allocated in the event of a fire, which included receptionists escorting older, vulnerable and disabled patients out of the building to safety. 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 that enough staff were on duty.For example, practice nurses ran a three weekly rolling rota, including covering the minor illness clinics and extended hours appointments. Three GP partners had retired, which led to a review of medical cover.This included using the same two locum GPs for long term cover until replacements were appointed.

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. Following the successful resuscitation of a patient, the practice had reviewed the event. The practice had implemented staff suggestions to improve

Good

Are services safe?

the debriefing system for all staff involved.Equipment had been re-organised to improve access in the event of a future emergency and all of the GPs had further resuscitation training.

- 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 fit for use.
- 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.

Good

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.

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 99% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed that the practice performance was higher when compared with CCG and national averages:

- Performance for diabetes related indicators was higher to the Clinical Commissioning Group (CCG) and national average. For example, 84% patients with diabetes had an HBa1C blood test in the previous 12 months (CCG average 79.2% and national average 77.54%)
- The percentage of patients with hypertension having regular blood pressure tests was higher than the CCG and national average at 88.6% compared with 84.1% and 84%.
- Performance for mental health related indicators was much higher than the CCG and national averages. For example, 97.4% patients with complex mental health needs who had a comprehensive, agreed care plan in the preceding 12 months (CCG average 87% and national average 88.3%).
- The percentage of patients diagnosed with dementia who were reviewed in the previous 12 months was 96.8% which was much higher than the CCG 86.1% and national 84.01% averages.

There were some QOF targets in the data pack for the practice, which we followed up because the exception reporting was significantly higher than the CCG or national averages. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

We noted the practice did not have a written protocol providing clinical governance for when a decision was made to exception report. This meant that there could be inconsistency in the documentation of the rationale for any clinical decisions made and in particular when the usual treatment pathway was not followed. The practice responded immediately and sent us a written protocol for exception reporting, which they confirmed was implemented the day after the inspection.

Clinical audits demonstrated quality improvement.

- There had been 15 clinical audits completed in the last two years. We looked at four completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice reviewed all patients diagnosed with dementia who had been prescribed antipsychotic medicines to ensure this was appropriate. The audit found that for the majority of patients, this treatment had been started by secondary care whilst they had been in hospital and an annual review of medicines was taking place. The practice set up a three monthly review system for all of these patients, where GPs completed a standard review template with the patient and their carer to check their wellbeing and ensure the treatment was appropriate.
- Findings from audits were used by the practice to improve services. For example, an audit looked at the effectiveness of monitoring patients with a history of chronic disease. Clinical decisions, completeness of documentation and appropriateness of investigations were thoroughly reviewed by sampling the care and treatment of 12 patients. Patients were interviewed to

further understand the impact of their experiences. The practice learnt that patients had heightened anxiety and then false reassurance when abnormal blood tests were linked to prescribed medicines. The findings highlighted that GPs did not always first consider that abnormal blood results could be an indicator of a return of a chronic condition, such as leukaemia. Instead data showed that GPs were more likely to connect this to side effects of prescribed medicines a patient might be taking. The results were discussed at one of the regular educational meetings held at the practice and the findings shared across the locality to facilitate effective diagnostic skills.

- The nursing team had annual audits of cervical smears taken. Nurses reported that the findings of a recent cervical smear audit had been fed back to them and they knew that their practice was effective because the percentage of inadequate results was well within the normal national range.

Information about patients' outcomes was used to make improvements. The practice reflected upon data for the Northern locality of the clinical commissioning group (CCG) highlighting that higher numbers of patients were presenting late with symptoms and having to undergo lower limb amputations compared to national statistics. Northam Surgery then carried out audits and reviewed their wound care pathway. The clinical team looked at the effectiveness of treatment of complex chronic wounds for patients. The study included putting patients first by interviewing them to find out what they wanted to achieve from treatment. It also analysed the average length of time for wound healing to take place, which at the outset was approximately 12 months. As a result of the study, a leg club had been developed in the locality which practice nurses attended, wound management appointments at the practice were extended to 30 minutes enabling regular doplar pulse testing to take place. When we inspected, wound healing rates for patients were down to under 6 months and the number of appointments needed had reduced from 21 down to nine. This demonstrated positive outcomes for patients including reducing the risk of hospital admission and subsequent amputation for them.

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. Five out of six nurses had extended their skills and knowledge by completing the nurse prescribing course. Two nurses had completed advanced post graduate qualifications as nurse practitioners. All of the GPs had special interests, including qualifications including GPs with special interests (GPwSI) in minor surgery and a speciality doctor in dermatology. A GP partner was a Fellow of the Royal College of Surgeons and used their expertise to perform minor operations such as vasectomies for male patients. Another GP was a member of the Royal College of Surgeons. Records demonstrated that all of the GPs had been appraised and revalidated or were soon to do so.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Senior staff managing this process had supernumery time enabling them to undertake direct supervision and provide support for staff. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Good

Are services effective?

(for example, treatment is effective)

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. Information such as NHS patient information leaflets were also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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. There was a lead Mental Capacity Act GP, with regular training provided for staff. Staff shared examples with us demonstrating that they knew patients well and had quickly alerted social services to initiate best interest meetings to safeguard them where patients mental capacity caused concern.
- The process for seeking consent was monitored through records audits

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and on preventative treatments to manage their mental health condition. Patients were given additional support then signposted, where appropriate to the relevant service. For example, patients living with complex mental health conditions who were treated with depot (long acting medicines to help control symptoms associated with psychosis such as hearing voices, which may help a person return to normal life) medicines were closely monitored and prompted to attend their appointments. The practice held a list of patients showing when their depot had been given and was next due, the list was monitored by a named member of staff. This helped patients engage with services achieving better chance of recovery and improved mental wellbeing.
- Smoking cessation advice was available at the practice and information about local support groups available.
- Achieving quality of life and health was at the heart of the services available for patients with chronic diseases. For example, a nurse practitioner had been involved in leading a pilot study looking at the support newly diagnosed diabetic patients needed. 'Conversation mapping', involved group discussion about healthy living and good control of their diabetes with patients. These sessions were held on Saturdays during the year with newly diagnosed diabetic patients were referred from the practice and surrounding practices.

The practice's uptake for the cervical screening programme was 83.8% which was higher than h the CCG average of 77% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example,

Good

Are services effective?

(for example, treatment is effective)

childhood immunisation rates for the vaccinations given to under two year olds ranged from 82.1% to 99% (CCG average 33-98%) and five year olds from 90.7%to 99.1% (CCG average 91-97%).

Flu vaccination rates for the at risk groups 95.5%. The GPs told us that local pharmacies were now offering flu vaccinations, which had influenced the numbers of patients wanting the vaccinations at the practice.

Patients had access to appropriate health assessments and checks. These 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.

Outstanding ☆

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.
- We noted that consultation and treatment room doors were closed during consultations; 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 30 patient Care Quality Commission comment cards we received were positive about the service experienced. We also spoke with 39 patients who 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 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 93.3% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and national average of 88.6%.
- 93.5% of patients said the GP gave them enough time (CCG average 90.9% and national average 86.6%).
- 95.6% of patients said they had confidence and trust in the last GP they saw (CCG average 97.2% and national average 95.2%).
- 90.5% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89.7% and national average 85.1%).
- 92.6% of patients said they had confidence and trust in the last nurse they saw or spoke to (CCG average 98.2% and national average 97.1%).
- 92.5% of patients said they found the receptionists at the practice helpful (CCG average 90.5% and national average 86.8%).

The practice was compassionate about helping patients in deprived circumstances and we saw several examples of this, including:

- The practice had a taxi fund to assist patients at times of need. Staff shared examples with us of patients who had been supported. For example, a bereaved older patient who was anxious and confused had been offered help. Staff arranged and paid for a taxi to collect the patient then ensured that they arrived home safely.
- A GP partner ran a local charity to raise funds for families with children who have had serious illness or major disabilities.All of the staff at the practice were focussed on fundraising for this charity. Over 100 children, including some patients at the practice had experienced a two week holiday of a lifetime in Florida as a result.
- A Sunday afternoon tea club was due to start at the practice for vulnerable older patients at risk of social isolation. The aim of this club was to provide companionship and mental stimulation for these patients with a GP on hand.

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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above or in line with the local and national averages. For example:

- 92.7% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 90.4% and national average of 86%.

Outstanding ☆

Are services caring?

- 88.2% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 87.3% and national average 81.4%)
- 92.6% of patients said they had confidence and trust in the last nurse they saw or spoke to (CCG average 98.2% and national average 97.1%)

The practice used the patient feedback about consultations as a teaching opportunity. Role play exercises were used to facilitate learning and increase staff awareness of better ways to involve patients in decisions about their care. We noted patient involvement satisfaction was above the CCG average.

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

Patient and carer support to cope emotionally with care and treatment

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

The practice provided accommodation so that the NHS Depression and anxiety service could hold clinics there once a week.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.8% of the practice list as carers. The practice also had a high percentage of older patients living in care homes, representing a further 1.2% of the overall practice list. Written information was available to direct carers to the various avenues of support available to them. The practice had extensively advertised and offered carers health checks at the practice, but the uptake of patients using this service was poor. Prior to the inspection, the practice had been reviewing this with patient representatives; GPs told us they saw this as an opportunity to offer a more meaningful service that met the needs of patients.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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.

Outstanding ☆

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.

- Patients individual needs and preferences were central to the planning and delivery of tailored services. All 11,610 patients had a named GP, but had the choice of who to see whenever they attended for an appointment.
- Innovative and intuitive clinics for patients with long term conditions were developed over time and refined after being evaluated by patients and staff. Patients accessed tailored appointments of at least 20-30 minutes with a GP during which their health and welfare was reviewed in a polyclinic. A significant percentage of the 69 patients who gave feedback at the inspection had experienced these clinics and were positive about the success of these. Their comments highlighted that they were involved in their care and treatment and better able to discuss and agree a meaningful management plan.
- There were several services which the practice received no additional funding for but continued to provide because of the benefits for patients. These included patients with long term conditions have access to a catheter replacement service. Another unfunded service for women with a prolapse was provided by a practice nurse who had been trained to insert ring pessaries (a device for holding back the prolapse). In both cases this meant patients were able to avoid having to attend the local hospital clinics to have these procedures.
- Northam Surgery demonstrated a strong commitment to the community with several examples seen. For example, medicals for lifeboat personnel were provided free of charge for patients and non-patients at the practice and practice staff supported charities which impacted on their patients such as children needing a holiday.
- The practice provided minor surgery in its purpose built operating theatre and demonstrated it understood the access needs of different groups of people. For example, male patients from the practice were able to attend a Friday evening and Saturday morning vasectomy clinic. Dermatology reviews were held so patients were able to access rapid diagnosis and treatment for conditions such as low risk skin cancer closer to home. Skin cancer rates were higher in Devon than the national average and patients benefitted from early diagnosis and treatment at the practice.
- The practice was proactive in monitoring and managing appointments for patients every month. The practice had been able to identify trends and demands for specific services such as minor illness appointments. For example, there was a high demand for ear irrigation appointments. In response to this, the practice invested in developing health care assistants skills. Three staff had completed an externally verified training course so that the practice was able to increase availability of ear irrigation appointments.
- The practice offered extended hours appointments twice a week with pre booked late evening appointments available every Monday and Tuesday (6.30pm-7.30pm).
- There were longer appointments available for patients with a learning disability, which were tailored to the person's needs. The practice supported community learning disability nurse specialists to complete the practice nurse training so that they were able to lead these appointments with a senior practice nurse providing support and supervision.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccinations available privately.
- There were disabled facilities, a hearing loop and translation services available. The practice had a member of staff who was able to use sign language with patients. Patients were seen on the ground floor, which had wide corridors and accessible for patients in wheelchairs. The practice patient participation group (PPG) had highlighted that the doors leading into the building were quite heavy to open for less able patients and committed to fundraising for electric doors to be fitted.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met their needs and promoted equality. This included people in vulnerable circumstances or who have complex needs. For example, flexible

arrangements were in place for a homeless patient who had consented to have their mail forwarded to a homeless centre where they sometimes stayed. Patients with complex mental health needs on regular depot medicines were closely monitored and had arrangements in place to prompt them to attend for this to be given. This included safeguards in case the patient did not attend to be given the depot medicine.

Access to the service

The practice was open from 8.20am to 6pm Monday to Friday. Phone lines were open from 8am to 6pm. Extended opening hours appointments provided patients with a choice of GP, nurse and HCA late evening appointments. Information about this was listed on the practice website and patient information leaflet: pre booked late evening appointments were available every Monday and Tuesday (6.30pm to 7.30pm).

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. The practice operated a same day minor illness service run by nurses with advanced qualifications. Sixty nine patients told us they were often able to access routine appointments on the same day. Telephone consultations and SMS texting services were available, which particularly benefitted working age patients.

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.

- 84.1% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 77.6% and national average of 78.5%
- 83.6% of patients said they could get through easily to the surgery by phone (CCG average 84.4% and national average 73.3%).
- 64.7% of patients said they usually get to see or speak to the GP they prefer (CCG average 71.6% and national average 60%).

The practice had listened and acted on feedback from patients and other stakeholders about access to appointments particularly during Winter months when there was more pressure. The practice undertook an audit of appointment supply and demand, which identified that the practice rostering and appointment systems were not running as efficiently as they could be. Several changes were made, which included:

- Changes to the allocation of GPs leave, so that buddy GPs were never on leave at the same time.
- Increased GP sessions during the winter months, so that there was one extra session every day.
- Increased GPs and nurses during peak times every day, Monday to Friday.
- Changed the duty team to a minor illness nurse led clinic.
- Amended call answering protocols and used call recording for staff training.
- Implemented cross role experience so that GPs answered incoming calls at 8am to gain greater depth of understanding about what patients were telephone the practice about.
- Implemented an ongoing supply and demand tracking system with monthly audits so that effective proactive rostering was arranged every month.

Verbal and written feedback from 69 patients on the day of the inspection were strongly positive. They told us they were able to access appointments in a way and at a time that suited them.

Listening and learning from concerns and complaints

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

- The complaint 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, for example posters were displayed in the waiting room and summarised in the patient leaflet and on practice website.

We looked at 12 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, an education session took place about consultation styles, using role play, so that staff could learn from each other and make changes to their practise.

Are services well-led?

Outstanding ☆

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

Our findings

Vision and strategy

Leadership, governance and culture were used to drive and improve the delivery of high quality patient-centred care and treatment.

- The practice mission statement was displayed in the waiting areas, treatment and consultation rooms. Northam Surgery aimed to provide patients with high quality integrated care and treatment through the promotion of good health and wellbeing. All staff demonstrated these values and were proud of their person centred approach. The practice constantly worked towards this vision reviewing how services were delivered at the practice through to secondary care services.GPs collaborated with other local practices to improve services for people in the area.
- The practice strategy and supporting objectives are stretching, challenging and innovative. There were several examples of this, including the approach taken in recognition of the link between social isolation and heightened health risks which had been prioritised for action. Innovative communitarian initiatives such as a Sunday afternoon tea club were soon to start at practice with a GP available to see patients.
- There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.The practice promoted joined up working to streamline care and support for patients through a series of polyclinics.One example seen was the health care monitoring of patients with learning disabilities. Two community learning disability nurse specialists had been enabled to complete the practice nursing course. This meant they were able to take the lead when reviewing patients with complex learning disabilities, providing communication expertise so that patients could fully engage in their health care reviews and some of the national screening programmes.The lead nurse at the practice provided ongoing clinical supervisory support to both nurses.
- The practice had a robust strategy and supporting business plans which reflected the vision and values.As a training practice, Northam Surgery had attracted interest from previous trainee GPs interested in positions at the practice.Two new GP partners were due to start in August 2016, which went against the national trend of difficulty to recruit GPs and the significant shortages of GPs. Staff said they felt valued and were encouraged to be innovative to deliver safe and effective care and treatment for patients.

Governance arrangements

Governance and performance management arrangements were proactively reviewed and reflected best practice. 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:

- A comprehensive understanding of the performance of the practice was maintained and minutes of meetings demonstrated this was discussed weekly. Discussions included, patient outcomes, learning from events and occurrences, audit outcomes, quality and performance data and access to the practice.
- A programme of continuous clinical and internal audit was used routinely to monitor quality and to make improvements.
- Leaders had an inspiring shared purpose and motivated staff to succeed. For example, secondment opportunities were made available to staff furthering their development of skills and experience. A receptionist had been seconded to work within the administration team covering maternity leave. 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 which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners and management team in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high

Are services well-led?

Outstanding ☆

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

quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. GPs in training and doctors on placement as part of their post qualification training had commented positively about the quality of support and education given.

Northam Surgery clinical and practice administrative teams were recognised for their commitment and drive. Both teams were finalists at the General Practice Awards in 2011.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- There was a strong leadership structure in place and staff felt supported by management.
- Staff told us the practice held regular team meetings for every staff group.For example, GPs, including trainees and students on placement had a meeting once a week with standing items about safeguarding, significant events, patients receiving end of life care and topical issues.
- 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 in doing so and felt supported if they did. Minutes demonstrated these were held regularly every quarter. The practice held a whole team meeting every month, with a full shutdown for two hours every quarter. During the meetings telephones were answered by Devon Doctors.These executive meetings included an educational element as well as covering business and operational matters.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. For example, the practice invested heavily in its staff providing advanced training opportunities such as nurse prescribing qualifications. 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.
- Five out of six nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions.They received mentorship and support from the medical staff and also participated in quarterly meetings with the local CCG pharmacy team for this extended role. A sixth nurse was booked onto the diploma in independent prescribing course starting later in the year.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Senior staff managing this process had supernumery time enabling them to undertake direct supervision and provide support for staff.

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

The practice was proactive in gathering gathered feedback from patients through the PPG and through surveys and complaints received. There was an active PPG which met every month, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the appointment system was reviewed and feedback was positive about the changes made and fundraising was underway to improve access to the practice.

- Annual reports about patient involvement demonstrated that the practice had taken steps to encourage young patients to be involved in the PPG.The practice was starting to use social media sites to obtain feedback from younger patients.
- There had been an effective and responsive review of the appointments system, including streamlining reviews for patients with long term conditions.
- Improved online services, such as the extension of pre-booked appointments from four to six weeks in advance.
- The practice had gathered feedback from staff throughout the year via a staff survey, through staff away days and 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. For example, the practice carried out a weekly 'staff sanity check' asking for feedback about how their week had been.Staff said the results were reviewed every week at the management team meeting and action taken where necessary.

Continuous improvement

There was a strong 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. A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. For example:

- The practice had examined the effectiveness of a diagnostic pathway for patients with suspected urine infections.It looked at the rationale staff used for requesting laboratory analysis of urine samples, on the spot urine testing at the practice and subsequent treatment with antibiotics.The findings highlighted that patients with suspected chronic kidney disease were not identified quickly enough. The practice was instrumental in working with secondary care services to review the urine testing guidelines, which included the creation of standard templates for practices to use to record tests and findings in patient records.The updated guidelines were presented to GPs in the locality and were influencing wider practise in GP practices across the NEW Devon CCG area.
- One of the benefits to patients across the locality was targeted and appropriate treatment of urine infections and early identification of chronic disease. A re-audit at the practice found other benefits such as a reduction in the number of urine samples sent to laboratory from 130 to 40 samples per month. Healthcare assistant and GP workloads were reduced and requests for laboratory analysis were more appropriate, for example, when a patient had experienced recurrent urinary tract infections. At the same time, staff were flagging up when traces of blood were found which could indicate that a patient had chronic kidney disease. GPs were responsive in arranging further investigations and vigilant with prescribing practices, only prescribing antibiotics when there was a clear clinical rationale for this. Another anticipated benefit was greater cost effectiveness.