Care Quality Commission

Inspection Evidence Table

Teignmouth Medical Practice (1-550695634)

Inspection date: **4 September 2018**

Date of data download: **14 August 2018**

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y 09/07/18
There was a record of equipment calibration Date of last calibration:	Y July 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y 22/01/18
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion	Y 03/01/18
Actions were identified and completed. Number of fire marshals was increased to five following risk assessments	
Health and safety Premises/security risk assessment? Date of last assessment:	Y July 2018
Health and safety risk assessment and actions Date of last assessment: Boxes blocking exits were identified as being required to be moved	Y May 2018
Additional comments: Broken items such as lamps were identified and replaced. Worn carpets were identified. The carbon monoxide detector was replaced in line with the latest guidance.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified Detail: Identified that existing policy was out of date. Action was taken and the policy reviewed in August 2018 Identified that toys were not at present on the cleaning schedule, this was rectified.	Y July 2018
The arrangements for managing waste and clinical specimens kept people safe?	Y

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)	1.15	1.00	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	9.2%	10.3%	8.9%	Comparable to other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Y
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	14
Number of events that required action	3

Example(s) of significant events recorded and actions by the practice;

Event	Specific action taken
Missing prescription	An incident occurred where a patient's prescription for a medicine went missing. All local pharmacies were contacted, and the practice team informed. The prescription protocol was reviewed and amended so that reception areas were locked when unattended and prescriptions were always held securely.
2 week wait referral	An incident occurred whereby information relating to a patient's two week wait referral went missing and caused delay. The practice investigated this and identified actions to avoid reoccurrence. These included the importance of passing the paperwork to reception staff to be recorded, then to be passed to secretary for them to chase up any additional information and as a safety net, send a notification to the medical secretaries that the referral has been completed.
Unexploded WW2 bomb	An incident took place on 12 July 2018 involving an unexploded bomb discovered under Teignmouth pier which was within 200 yards of the practice. The bomb was disposed of by controlled explosion. The main practice at Den Crescent was evacuated and patients were referred to the Richmond House branch. The practice manager remained at the rear of the main practice to refer patients to the branch. The bomb was disposed of safely by controlled explosion. The practice carried out a debrief involving all staff. Learning points from the incident included the importance of having a branch practice, the need for laptops to be ready for business and the number of fire marshals needed to be increased.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place:	

Safety alerts such as those received from the Medicines Health Regulatory Authority (MHRA) arrived at the practice via email to the practice manager and deputy manager (the office manager). These were recorded and then disseminated to the relevant members of staff if action was required. We saw evidence that this system was in place and worked effectively.

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	**Practice performance**	**CCG average**	**England average**	**England comparison**
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	1.49	1.02	0.90	Comparable to other practices

People with long-term conditions

Diabetes Indicators				
Indicator	**Practice performance**	**CCG average**	**England average**	**England comparison**
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.9%	84.8%	79.5%	Significant Variation (positive)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	21% (98)	19.6%	12.4%	
Indicator	**Practice performance**	**CCG average**	**England average**	**England comparison**
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	79.8%	81.1%	78.1%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	16% (80)	17.4%	9.3%	
Indicator	**Practice performance**	**CCG average**	**England average**	**England comparison**
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	81.2%	82.5%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	17%	(95)	17.2%	13.3%	

Other long term conditions				
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QOF)	77.2%	75.9%	76.4%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	10.1% (82)	10.5%	7.7%	
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	96.3%	93.4%	90.4%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	15.2% (33)	15.3%	11.4%	
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	81.7%	84.0%	83.4%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	7.0% (100)	7.7%	4.0%	
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	83%	87.5%	88.4%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	4.8% (10)	7.3%	8.2%	

Families, children and young people

Child Immunisation				
Indicator	**Numerator**	**Denominator**	**Practice %**	**Comparison to WHO target**
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	63	66	95.5%	Met 90% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	62	66	93.9%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	62	66	93.9%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	62	66	93.9%	Met 90% Minimum (no variation)

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	76%	75.6%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) **(PHE)**	75.3%	72.5%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)**(PHE)**	64.0%	61.6%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. **(PHE)**	67.0%	71.7%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	48.6%	53.4%	51.6%	Comparable to other practices

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	93.8%	95.1%	90.3%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	16.2% (12)	16.5%	12.5%	
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	98.1%	91.2%	90.7%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	14.5% (10)	14.8%	10.3%	
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	85.4%	84.5%	83.7%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	8.2% (9)	8.1%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	550	554	539
Overall QOF exception reporting	7.4%	7.2%	5.7%

Coordinating care and treatment

Indicator	Y/N

The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.4%	93.9%	95.3%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	1.1% (25)	1.2%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Consent policy including consent for medical photography. Written consent was obtained for any photography of conditions. Written consent forms were in use for any procedures.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	0
Number of CQC comments received which were positive about the service	0
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
NHS Choices	Nine patients had reviewed this service on NHS Choices and its overall rating was 2.5/5 stars. Patients had commented on the excellent care received. Some concerns had been expressed about the difficulties experienced in reaching the practice by telephone. Reception staff were described as helpful, polite and effective.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9500	220	121	55.00%	1.2%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	74.8%	83.2%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	85.5%	90.7%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	95.6%	96.9%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	80.1%	88.0%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	90.7%	92.9%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	90.8%	92.4%	90.7%	Comparable to other practices

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y

Date of exercise	Summary of results
April 2016	30 patient respondents. Results were positive. Patients described a caring service. Some patients complained about the telephone system.

Any additional evidence
The practice had undergone a merger over the last 12 months. This period had seen the departure of the previous practice manager. On the day of our inspection the current practice manager had been in post for four months. They told us that they planned to undertake a patient survey exercise within the next 12 months.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interview with patient participation group	We spoke with a member of the patient participation group (PPG) during our inspection. They told us that the GPs and nurses were friendly and professional. The PPG member reported that they were positive about the service.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	85.2%	89.1%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	82.0%	85.6%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	90.0%	91.2%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	84.8%	87.2%	85.4%	Comparable to other practices

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	The practice had identified 235 carers which was 2.4% of the practice population.
How the practice supports carers	The practice offered carer health checks and signposting to relevant support services.
How the practice supports recently bereaved patients	All staff were notified of a bereavement and whether it was an expected death or not. A condolence card was sent by the practice together with contact from the patient's GP to the family as appropriate.

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	Patients could request they speak with a member of staff in a private room if they did not wish to speak at the reception desk. There was a radio playing in the waiting room to mask conversations at the desk.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y

Examples of specific feedback received:

Source	Feedback
Patient interviews	We spoke with four patients during our inspection. These patients reported that they felt the practice staff respected their privacy. They stated they were treated with dignity and respect by all staff at the practice.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	**Time**
Monday	8.30 – 18.00
Tuesday	8.30 – 18.00
Wednesday	8.30 – 18.00
Thursday	8.30 – 18:00
Friday	8.30 – 18.00

Appointments available	
8.30 – 18.00	
Extended hours opening	
07.30 – 8.30 18.00 – 20.00	Extended hours, various days Through local arrangement with other practices in the area

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
Requests go to the practice secretaries who prioritise the visits in line with an agreed protocol and in discussion with the duty GP as required. The duty GP then allocated the visits to available GPs.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9500	220	121	55.00%	1.2%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. **(01/01/2017 to 31/03/2017)**	75.4%	79.8%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" **(01/01/2017 to 31/03/2017)**	66.5%	72.5%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment **(01/01/2017 to 31/03/2017)**	75.2%	80.4%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment **(01/01/2017 to 31/03/2017)**	67.9%	77.6%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Patient interviews	We spoke with four patients who used the service. Patients told us the GPs and nurses were friendly and professional. Patients described helpful reception staff. All of the patients we spoke with were positive about the service.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	15
Number of complaints we examined	15
Number of complaints we examined that were satisfactorily handled in a timely way	15
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

Additional comments:
Complaints were recorded on a spreadsheet which included timescales, action taken and the next stage of the process. Complaint leaflets explaining how to make a complaint were available at reception.

Example of how quality has improved in response to complaints
Four complaints in the last 12 months related to the telephone system at the practice. The practice responded to this by the installation of a new telephone system with an increased number of lines available. The practice continued to review their telephony and were in the process of again updating it in order to meet increasing patient demand.

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
The practice had completed a successful merger with nearby Richmond House Surgery over the last 12 months. As part of this merger a new practice manager had been recruited. They had introduced regular staff meetings and more comprehensive management governance structure. Staff told us the new leadership helped them to clarify their roles, increased their capacity and capability.

Any additional evidence
Practice GPs used a portable echocardiogram monitoring device small enough to be taken on home visits, which showed patient's heart rates, disorders and rhythms. It provided an indicator so that a more in-depth check could be carried out at the practice or a hospital. It saved patients the inconvenience of attending unnecessary appointments and identified underlying problems for further investigation. Data could be recorded and sent to specialists ahead of a patient's visit to hospital. This device had been in use for the last 12 months and had benefitted approximately 60 patients.

Vision and strategy

Practice Vision and values
The practice had a vision which placed an emphasis upon enhancing the quality of life of patients in the local community. This was communicated to staff via the intranet system and discussed at team meetings.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care
The practice had introduced Healthcare Navigation in the last 12 months following the merger with Richmond House Surgery. Healthcare navigation was a system evolving on a national basis. It involved asking the patient questions about the reasons for their call and signposting them to appropriate services. This included the pharmacy, nurses, health care assistants, GP, physiotherapy, stop smoking clinics, sexual health clinics, minor injuries unit at Dawlish hospital or other appropriate services. The benefits to patients of healthcare navigation included a faster and more direct and convenient access to appropriate services.

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff members	We spoke with a number of different staff members including members of reception and the administration team. Staff told us that they had been trained to

	work as receptionists as well as administrators. Staff who had been trained as Healthcare Navigators described the wide variety of tasks they completed. Staff said they felt supported in their roles. Healthcare navigation was a new structure which involved reception or administrative staff working alongside a GP in handling calls from patient. Staff told us they felt healthcare navigation was successful, as it enabled them to accurately signpost patients to the most appropriate service. If staff required clinical advice then having a duty GP handling calls with them in the same room, meant it was easy to access. Staff discussed the impact of the merger with Richmond House Surgery which was completed within the last 12 months. Staff told us they felt supported through the process. We spoke with staff who had previously worked at Richmond House and now worked for Teignmouth Medical Group. We also spoke with staff who had always worked for Teignmouth Medical Group. Richmond House staff told us they felt welcomed by the existing staff. Staff described a supportive team and an open, transparent culture. There had been team meetings every month. Staff told us the office manager was very approachable and that the practice manager was friendly and professional. Staff told us their suggestions had been listened to and acted upon. For example, supporting new staff joiners through ensuring they had an experienced member of staff to advise them.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Information Governance policy, General Data Protection Regulation policy (GDPR)

	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence
When General Data Protection Regulation (GDPR) was introduced over the last 12 months, staff were sent a letter explaining the impact on their roles and responsibilities.

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Y
Staff trained in preparation for major incident	Y

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Fire	Fire drill records, fire risk assessments, health and safety room checks. Chairs and carpets replaced.
Infection Control	Infection control audit completed July 2018 and actions identified and acted upon. Toys included in cleaning schedules.

Any additional evidence
Risk assessments included the patient lift. We found that this had been regularly serviced and was in working order on the day of our inspection.

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Y

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
We spoke with a member of the patient participation group (PPG) during our inspection. They told us that the practice engaged fully with the PPG. GPs and nurses were friendly and professional. The PPG member reported that they were positive about the service.

Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Improvement
Atrial fibrillation	Practice GPs had audited 30 patients with heart conditions in order to assess their risk of suffering a stroke or other adverse event. 73% of patients were in the safe range for more than 65% of the time. The audit found that 95% of patients were on appropriate medicine. The remainder had their medicine or medicine dosage amended accordingly. The audit was repeated every three months to monitor patient care.
Medicines audit (spironolactone) used to treat hormonal acne, heart failure, and fluid retention	The June 2018 audit, repeated every three months, found there were 28 patients on a medicine used to treat acne, heart failure and fluid retention. NICE guidelines advised all patients on this medicine should have a health check every three months. The audit found that 21 patients had received a health check. Two patients were exempted. One was a baby followed up at hospital, the other an adult with complex problems being followed up in secondary care. The remaining five patients had been recalled for their quarterly health checks. GPs planned to repeat this audit on a quarterly basis.

DO NOT DELETE THE NOTES BELOW

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a z-score, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

- Significant variation (positive)
- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.
Guidance and Frequently Asked Questions on GP Insight can be found on the following link: http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices

Glossary of terms used in the data.

- **COPD**: Chronic Obstructive Pulmonary Disease
- **PHE**: Public Health England
- **QOF**: Quality and Outcomes Framework (see https://qof.digital.nhs.uk/).
- **RCP**: Royal College of Physicians.
- **STAR-PU**: Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.(See NHS Choices for more details).