

Lynton Health Centre

Quality Report

Burville Street
Lynton
EX35 6HA
Tel: 01598 753226
Website: www.lyntonhealthcentre.co.uk

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Lynton Health Centre on 2 August 2016. Overall the practice is rated as requires improvement.

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

- Forty one patients gave feedback at the inspection. Their comments were consistently positive and said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, we found some gaps in the recruitment practices for checking staff before employment. The practice did not have appropriate systems in place for to meet current guidelines for cytotoxic waste.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients experienced accessible and integrated services at Lynton Health Centre. They said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. They were able to access nurse led clinics in the minor injuries unit attached to the practice.
- The practice had purpose built facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.
- The practice was visionary in how services were being developed for people in Lynton and the surrounding areas. The GPs were strongly focussed on an integrated model of care, empowering patients as partners in their care.
- The practice governance frameworks were not always effective in supporting the delivery of the strategy and good quality care. Whilst staff assessed patients' needs, the practice did not have an effective risk management system with which to identify and mitigate all potential risks in a timely way. This included: Leadership and accountability for infection control measures within the practice. The practice had limited audit and a lack of assessment for both infection control and legionella risks. The practice did not have sufficient systems in place to obtain assurance from the local NHS Trust who employed nurses to give care to the practice patients; about their skills, training and competencies of community nursing staff who were delivering treatment room services such as phlebotomy and wound care on behalf of the practice.

The areas where the provider must make improvement are:

- Establish and operate effective systems to assess the risk of, preventing, detecting and controlling the spread of infections, including those that are health care associated.

- Ensure recruitment arrangements include all necessary employment checks for all staff. For example, evidence of identity, references, checks of professional registers; Disclosure and Barring Service (DBS) checks or risk assessments for all staff providing a chaperone service for patients; and obtaining and retain evidence of insurance indemnity for all clinical staff, including locum GPs.
- Establish and operate effective audit and governance systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients. This is in respect of monitoring risks, reviewing and updating policies and monitoring arrangements with the local NHS Trust who employed nurses to give care to the practice patients.

Areas of should

- Review the child safeguarding procedures.
- The practice should fully utilising the electronic patient record system to ensure that any concerning information about a patient is recorded and coded accordingly for ease of searches and reduction of any associated risks.
- The practice should follow current guidelines covering the safe monitoring of vaccines for patient use by recording the minimum and maximum temperatures of any refrigerators being used.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- However risks to patients were not always managed. The practices recruitment practices were not always followed. Infection control audits were not completed and waste management arrangements did not meet legal requirements in respect of cytotoxic waste.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average. For example, 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 was 91.2% compared to the national average of 75.3%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. However, the practice did not have arrangements in place with the local NHS Trust to obtain assurance that nurses delivering treatment room services on behalf of the practice were updating their skills in line with what was expected of them.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example: 100% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90.2% and the national average of 89%. 99.2% of patients said the GP gave them enough time compared to the CCG average of 91.5% and the national average of 87%.
- Feedback from patients about their care and treatment was consistently and strongly positive. People were truly respected and valued as individuals and were empowered as partners in their care
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The GP partnership worked closely with a voluntary service, which provided fundraising and support to ensure patients received additional support such as befriending, transport and other financial assistance. Vulnerable patients were put forward by the practice for assistance from this service when needed.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Lynton Health Centre had a higher proportion of older adults on the patient list compared with other practices in the area. Nearly half (42%) of the patient population were over 65 years, with a higher prevalence of chronic disease which the practice monitors. The practice area was isolated and rural with limited access to public transport. Secondary care referrals were made to the NHS hospital trust in Barnstaple.
- There was a good skill mix across the staff team, which included: a practice nurse managed the care of patients with chronic and long term conditions in conjunction with community nurses with the aim of providing an integrated service for the community of Lynton and surrounding areas. Extended hours were provided at the practice. The NHS hospital

Summary of findings

Trust ran a nurse led minor injuries unit, which was on site and meant that people in Lynton were able to access rapid assessment, care and treatment out of hours, at weekends and bank holidays. The nurses within this unit were also contracted to provide treatment room nursing such as phlebotomy and wound management, so patients were able to access later appointments during opening hours at the minor injuries unit.

- Patients were consistently strongly positive about being able to access services closer to home as they lived in an isolated rural area with poor transport links. The services available enabled them to avoid trips to the main hospital, which more than 20 miles away.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice was purpose built with good facilities and well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- Lynton Health Centre was committed to delivering integrated, high quality care and promoted good outcomes for patients. The practice was developing an integrated care model so that the whole team knew all of the practice patients and were able to easily transfer patients onto another service because of their in-depth knowledge of their needs.
- There was a clear leadership structure and practice staff felt supported by management. The practice had a number of policies and procedures to govern activity and promote development of services.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. We noted some areas of governance could be improved for example: The governance, monitoring and oversight of infection control measures; such as the implementation of audits to identify and take action against infection control and legionella risks. We found that the practice needs to maintain better recruitment processes and obtaining assurance of skills, training and competency of staff who are delivering the treatment room services on behalf of the practice.

Requires improvement



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. Lynton Health Centre is a training practice for GPs and received positive feedback from trainees and the Deanery.
- The GP partners demonstrated a commitment to integrating health and social care for people registered at the practice. The practice had also enabled the community nursing service to remain onsite and were visionary in aiming to fully integrate these services as part of the practice team.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people, as there are two key lines rated as requires improvement. However, there were areas where older people were receiving good care.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients had a named GP to promote continuity of care and when attending their appointments were collected by the GP or nurse from the waiting room.
- Fortnightly meetings were held between community staff, so that vulnerable older people were closely monitored and given timely support.
- Lynton Health Centre worked collaboratively with voluntary services, such as the League of Friends, providing services such as: Befriending to reduce the risk of social isolation on patients health and wellbeing.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for people with long-term conditions, as there are two key lines rated as requires improvement. However, there were areas where people with long-term conditions were receiving good care.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was higher than the national average. For example, 98.3% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (national average 89.4%).
- 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.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for families, children and young people, as there are two key lines rated as requires improvement. However, there were areas where families, children and young were receiving good care.

- 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.
- Childhood immunisation rates for the vaccines given were above the Clinical Commissioning Group (CCG) and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 68.8% to 100% and five year olds from 94.7% to 100%. The CCG rates for children under two ranged from 82% to 98.2% and for five year olds from 93.1% to 97%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 84.3%, which was above the CCG average of 76.9% and comparable to national average of 82%. We discussed the higher level of exception reports made for cervical screening, which was 13.4% compared to the CCG and national averages of 5.2% and 6.3%. GPs explained that the practice served a religious community, which accounted for the higher exception reporting in this area. We determined that the screening programme was being managed appropriately for women who were eligible for this service.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were longer appointments available for patients with a learning disability and patients with specific needs. For example, staff told us that parents and babies were routinely given a 15 minute appointment when immunisations were being given to allow plenty of time for discussion and reassurance of the parent and child.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people, as there are two key lines rated as requires improvement. However, there were areas where working age people were receiving good care.

Requires improvement



Summary of findings

- 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 had consulted patients and instead offered working patients early morning and late evening appointments by arrangement to suit their needs. Information about this is listed on the practice website and patient information leaflet. Patients confirmed that the practice provided flexible appointments that met their needs. Extended opening hours were provided on Monday, Tuesday and Thursday mornings between 7.30am and 8am.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. This included, repeat prescription and appointment requests.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for people whose circumstances make them vulnerable, as there are two key lines rated as requires improvement. However, there were areas where people whose circumstances make them vulnerable were receiving good care.

- The co-location of the community nursing team within the practice meant that patients experienced well-co-ordinated care and support.
- The practice held registers of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. At the time of the inspection, there were no homeless people or travellers registered at the practice.
- The practice offered longer appointments for patients with a learning disability. Reasonable adjustments made, including providing patients with easy read health plans following their annual review.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Being situated in an isolated rural area, the practice recognised that integrated community services were needed to meet the needs of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, patients with limited finances had been assisted through to access a taxi fund, to travel to hospital appointments.

Requires improvement



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia), as there are two key lines rated as requires improvement. However, there were areas where people experiencing poor mental health (including people with dementia) were receiving good care.

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Performance for mental health related indicators was 11.5% above the national average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (national average 88.5%).
- A system of a rolling programme of appointments was in place for patients with associated anxiety disorders, which was aimed at reducing their anxiety by providing a framework of planned follow up appointments for them.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- All of the staff had a good understanding of how to support patients with mental health needs and dementia and shared several examples of how they had done so.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and twenty five survey forms were distributed and 118 were returned. This represented about 4.5% of the practice's patient list.

- 97.7% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88.4% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 98.4% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 99.4% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for The Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about

the standard of care received. All 37 patients wrote that the practice delivered high standards, describing it as being 'exceptional' and 'excellent'. Staff were described as being professional, respectful friendly and caring. Patients had confidence in the treatment and care they were receiving.

We spoke with five patients during the inspection. All five patients described high levels of satisfaction with the services they received at the practice. They told us that staff were approachable, committed and exceptionally caring. Several told us that there were multiple generations of their family registered at the practice and the staff knew them well. Patients spoke about the rural isolation of where they lived. They felt well served by the practice, which enabled them to access services closer to home. They told us this avoided them having to travel 20 miles to the nearest hospital on roads which could be difficult during Winter months.

The results from the friends and families test between January and July 2016 were very positive. Out of the 67 patient responses received, 95% of respondents said that they were extremely likely to recommend the practice to their friends and family.

Lynton Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Lynton Health Centre

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

Lynton Health Centre, Lyn Health, Lynton, Devon EX35 6HA

Lynton Health Centre is situated in an isolated coastal rural area. There are 2594 patients on the practice list, which during the summer months can increase with an extra 500 temporary patients who are visitors to the area. The majority of patients are of white British background. All of the patients have a named GP. There are a much higher proportion of older adults on the patient list compared with other practices in the area. Nearly half (42%) 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, including rural poverty in farmed areas.

The practice is managed by two GP partners (male and female). They are supported by a salaried GP (male). If required the practice uses the same GP locums for continuity where ever possible. The nursing team consists of one female practice nurse. A minor injuries unit is run by

the integrated team on behalf of North Devon Healthcare Trust and the integrated team. These nurses have also been trained and deliver some practice nursing duties at Lynton Health Centre.

Lynton Health Centre is a training practice, with two GP partners approved as GP trainers with Health Education South West. The practice normally provides placements for trainee GPs.

The practice at Lynton Health Centre is open 8am to 6.30pm Monday to Friday. Phone lines are open from 8am to 6pm, with the out of hour's service responding to patient phone calls after this time. GP appointments for patients are available from 8.30am to 12pm and 2pm to 5.30pm every weekday. Extended opening hours are provided on Monday, Tuesday and Thursday mornings between 7.30am and 8am. There is a minor injuries unit attached to the practice and nurses are contracted to provide treatment room nursing services, which include phlebotomy and wound management. Patients are able to access later appointments due to the opening hours of this unit. Information about this is listed on the practice website and patient information leaflet.

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 hour's service provided by Devon Doctors. The practice closes for four half days a year for staff training and information about this is posted on the website.

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

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

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 2 August 2016. During our visit we:

- Spoke with a range of seven staff (GPs, practice nurse, practice manager and administrative staff) and spoke with five patients who used the service.
- Spoke with a community nurse, working in the minor injuries unit attached to the practice.
- 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 37 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after a patient failed to receive an appointment for maternity care, the practice had introduced a system to monitor all secondary care referrals it made. All referrals were made electronically to a central appointment hub and the practice ensured that a receipt was received and that the patient then received the appropriate appointment confirmation.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. However, the child safeguarding policy had not been updated to incorporate the latest guidelines such as the local arrangements and Royal College of GPs safeguarding children toolkit.
- The practice was not fully utilising the electronic patient record system to ensure that any concerning information about a patient was recorded and coded accordingly for ease of searches and reduction of any associated risks.
- Safeguarding policies were accessible to all staff and followed, illustrated by: the practice appropriately reported an incident to Care Quality Commission (CQC) and demonstrated throughout that patient safety was a high priority. Information showed that there was timely involvement of other agencies and when asked to do so, a robust investigation had taken place which was reported upon to relevant agencies. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All three GPs were trained to child protection or child safeguarding level 3. The practice nurse was trained to child protection level 2 and had completed adult safeguarding training. The practice held a contract with the local NHS Trust for nurses working in the minor injuries unit to provide treatment room care for patients. Lynton Health Centre did not have any arrangements with the NHS Trust providing assurance that nurses providing treatment room services had received the appropriate levels of adult and child safeguarding training.
- A notice in the waiting room advised patients that chaperones were available if required. Nursing staff acted as chaperones were trained for the role and confirmed that a Disclosure and Barring Service (DBS) check had been undertaken. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice was unable to demonstrate fully that appropriate standards of cleanliness and hygiene were being maintained. We observed the premises to be

Are services safe?

clean and tidy. However, staff told us they had reported to the cleaning company that there were some areas of high dust and fabric chairs which needed cleaning and this had improved since being reported.

- The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. We saw staff used personal protective clothing and followed appropriate procedures when handling specimens, demonstrating that they understood safe practice. The practice did not have an effective system of regular infection control audits being. Within 48 hours of the inspection, the practice submitted an infection control audit, which included an action plan to carry out hand hygiene and other audits.
- There were appropriate arrangements in place with guidance for staff to follow in the event of a needlestick injury. However, the practice did not have appropriate sharps containers to safely dispose of cytotoxic waste.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.
- Systems were in place promoting patient safety and wellbeing in regard of medicines. An example seen was a safety net for patients with asthma. A prescriptions trigger was in place, which alerted the practice if a patient had reached the set maximum of repeat requests for inhaler medicines, used to prevent and treat asthma attacks. When this happened, the patient was invited for a review with the practice nurse who liaised with the patient's GP about the outcome. There were suitable arrangements for storing vaccines at the appropriate temperature and for monitoring stock. We looked at records and saw that refrigerator

temperatures were taken, however this did not follow current guidelines to record the minimum and maximum temperatures. We highlighted this in feedback and within 48 hours the practice had reviewed the protocol and produced records showing that refrigerator temperatures were being monitored according to current guidance.

- There was a recruitment procedure that the practice manager had implemented since joining the practice. The written procedure was comprehensive, outlining recruitment checks to be undertaken including right to work checks. We reviewed two personnel files and found appropriate the recruitment procedure had been followed prior to employment for the most recent staff appointment in August 2016. However, the recruitment file for a GP appointed in March 2015 had no proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. During the inspection, the General Medical Council and performers lists were checked to ensure that this member of staff was appropriately registered and a DBS check had been obtained (NHS England) and written evidence was seen of this.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments that had been reviewed in June 2016 and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had not assessed whether there were any infection and legionella risks (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) so was unable to provide assurance of mitigation of any potential risks to patients, staff and visitors. Within 48 hours of the inspection, the practice had carried out assessments of the premise to establish if there were any legionella or infection control risks. An action plan was submitted

Are services safe?

showing that immediate actions had been implemented. These included: Antibacterial wipes being placed in all clinical rooms for immediate use, handwashing audits of all staff being documented.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice was well staffed for the number of patients registered there. The team had a wide skills mix.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. One of the GP partners had previously held advanced life support training qualifications and had delivered first aid training to staff. GPs told us that they were mindful of the isolated rural location, which

required resilience and a higher skillset to deal with emergencies as access to emergency services could be delayed by up to 35 minutes due to the travelling distance from the nearest base. We looked at a significant event that had been investigated relating to an emergency situation. Learning from this was discussed across the practice and with the nursing team in the minor injuries unit and led to further training being given to administrative staff.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Being situated in an isolated rural area, the continuity plan also made provision for adverse weather conditions as some vulnerable patients lived in remote areas. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, the practice introduced seven day blood pressure monitoring for any patients with suspected hypertension. The practice had additional equipment for any patients experiencing palpitations. This was used to record their heart rate and rhythm when activating it during a palpitation. The recordings could then be reviewed by the GP to see if any symptoms they were experiencing were associated with changes in their heart rate and rhythm that might need onward referral to secondary care.

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 97.3% 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:

- Performance for diabetes related indicators was similar to the national average. For example, 98.3% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (national average 89.4%).
- Performance for mental health related indicators was similar to the national average. For example, 100% of

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

There was evidence of quality improvement including clinical audit.

- We were showed two clinical audits undertaken in the last two years. We reviewed both of these which were completed audit cycles where the improvements made were implemented and monitored. For example, a completed audit reviewed all patients at risk of, or having experienced a bone fracture being treated with bone sparing medicine. This had provided GPs with assurance that they were following NICE guidelines about treatment and care of patients with osteoporosis (a condition that weakens bones, making them fragile and more likely to break).
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. These included a locality initiated audit of repeat prescribing processes in 2015. This showed that the prescribing lead GP had identified some areas for improvement and was rated according to risk. The main area to improve was assurance of identity on collection of medicines prescribed, either by the patient or their named representative. Staff told us that systems had changed and demonstrated this being followed when we saw a representative asking for a patient's prescription. Adherence to identity checks were seen being followed by reception staff and were recorded.
- Findings were used by the practice to improve services. The practice had introduced a schedule of non-clinical audits over the previous 15 months. These were being completed each month and had been or were due to be reviewed annually. For example, an audit of administrative tasks which followed up outstanding blood test requests was carried out each month by the reception team. This provided a safety net for the practice to ensure that patients tests were carried out in a timely way and that GP's were aware if patients had not had these tests.

Information about patients' outcomes was used to make improvements such as:

- The practice reviewed a complaint about the management of an emergency situation in which a

Are services effective?

(for example, treatment is effective)

patient needed urgent assessment. This incident had been used for training to improve awareness of dealing with urgent patient needs. The practice manager had also introduced a nationally recognised training tool for reception staff. This provided staff with an appropriate knowledge and skills base about health concerns that patients could present with and clear pathways of actions to take for each situation.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice nurse verified that they attended local practice nurse networks and utilised opportunities to update her skills and knowledge from these.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. The practice nurse and female GP carried out an annual peer review of cervical screening taken to ensure that their practice was within normal limits for inadequate samples taken.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- The practice had a training matrix, which outlined required training and was aligned with specific roles and responsibilities. Staff received training that included:

safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. GPs told us that the practice reviewed all referrals made and any patients who had been admitted to secondary care services every month.

The practice was proactive in providing a business case for the community nursing team to continue to be based within the same building when this had been under review. The GP partners were committed to providing integrated care for vulnerable patients and those with long term conditions. The Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals daily and formally on a bimonthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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. A training matrix demonstrated that staff had attended safeguarding training, which included the Mental Capacity Act 2005 in April 2016. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. For example, the GPs had agreed treatment escalation plans with some patients and/or their carers.

Are services effective?

(for example, treatment is effective)

- 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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 84.3%, which was above the Clinical Commissioning Group (CCG) average of 76.9% and comparable to national average of 82%. We discussed the higher level of exception reports made for cervical screening, which was 13.4% compared to the CCG and national averages of 5.2% and 6.3%. GPs explained that the practice served a religious community, which accounted for the higher exception reporting in this area because people living there did not wish to be screened. 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. 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.

A notice board in the waiting room provided patients with information about all the screening programmes available. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 72.4% of female patients in the eligible age range were screened for breast cancer, which was slightly lower than the CCG (77%) but comparable to national average (72%). The percentage of patients in the eligible age range screened for bowel cancer was 62%, which was comparable with the CCG average of 61% and higher than the national average of 58%. We spoke with a male patient who told us they were eligible for aortic aneurysm screening and had this recently.

Childhood immunisation rates for the vaccines given were above the CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 68.8% to 100% and five year olds from 94.7% to 100%. The CCG rates for children under two ranged from 82% to 98.2% and for five year olds from 93.1% to 97%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG) and two members of the League of Friends group. 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 above average in most areas for its satisfaction scores on consultations with GPs and nurses. For example:

- 100% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90.2% and the national average of 89%.
- 99.2% of patients said the GP gave them enough time compared to the CCG average of 91.5% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96.7% and the national average of 95%.

- 100% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%).
- 97.9% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%).
- 99.4% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90.4% and the national average of 87%).

The practice had a strong communitarian approach. This was illustrated by:

- Patients told us that GPs at practice were committed to working with the League of Friends charity, which was well established in the village. The charity was integral with services at the practice and provided additional voluntary services to support vulnerable patients who may be at risk of social isolation. We met the co-ordinator of this service who told us that patients and their carers received befriending and financial support from the charity each year.
- A GP trainer and the Minor injuries unit staff had hosted a visit to the practice for the local cub scouts for a basic introduction to first aid and a tour of the facilities. The practice used this session to familiarise the children and young people with the workings of general practice so that they would better understand the support they could get there. The practice manager told us that this had also helped to reduce any anxieties they might have should they need to see a GP or nurse.
- The practice had a clear overview of all public and voluntary services available for people in the locality. The GPs recognised the importance of community support in reducing the risk of isolation and impact of this on the health and wellbeing for vulnerable people.

Care planning and involvement in decisions about care and treatment

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

Are services caring?

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 significantly above local and national averages. For example:

- 97.7% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.8% and the national average of 86%.
- 99.2% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 98.6% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%)

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

- The registration pack for new patients was welcoming, with a business card issued stating the name of the patient's GP. The pack included information for patients, which explained the types of patient data sharing and information about how to 'opt out' of this if they wished to.
- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format. The registration pack included photographs of all staff and their roles, making it easier for patients to identify who the staff were at the practice. Photographs of staff were also displayed near the entrance into the practice.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 69 patients as carers (2.5% of the practice list). The practice was proactive in identifying carers at the point of registering with the practice. Patients written comments highlighted that staff knew them well. GPs told us that generations of the same family were registered at the practice and all patients had a name GP. They told us that this enabled them to identify carers needs quickly so that they could ensure they had appropriate support when needed. The written information was available to direct carers to the various avenues of support available to them.

GPs closely managed the list of patients receiving palliative care at the end of their lives. GPs told us they aimed where ever possible to meet patients wishes about where they wanted to be cared for at the end of their life. Five patients told us that GPs were responsive to these patient's needs.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Lynton Health Centre had a higher proportion of older adults on the patient list compared with other practices in the area. Nearly half (42%) of the patient population were over 65 years, with a higher prevalence of chronic disease which the practice monitors. The practice area was predominantly rural with poor transport links. Secondary care referrals had to be made to the NHS Hospital in Barnstaple some 20 plus miles away.

- Working patients who could not attend during normal opening hours were offered early and late appointments by arrangement to suit their needs.
- There were longer appointments available for patients with a learning disability and patients with specific needs. For example, staff told us that parents and babies were routinely given a 15 minute appointment when immunisations were being given to allow plenty of time for discussion and reassurance of the parent and child.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately. The practice worked flexibly with patients to deliver this service. For example, when local schools arranged a holiday to a risk destination requiring immunisation the practice organised after school vaccination clinics to accommodate all the young people who required these.
- There were disabled facilities and translation services available, which we saw being used effectively.
- There was a good skill mix of clinical staff, which enabled patients to access services closer to home.

- The practice consultation, treatment and waiting rooms were all situated on the ground floor. The building was spacious and corridors wide enough for patients using wheelchairs and pushchairs.
- The practice demonstrated that staff understood how to promote the equality and diversity of all patients. Reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. Leaflets to remind patient of referrals made provided patients with prompts and a safety net ensure these were acted on by secondary care services. Staff shared examples of how they supported patients with memory impairment by telephoning them regularly to prompt them to attend for appointments.

Access to the service

The practice was open 8am to 6.30pm Monday to Friday. Phone lines were open from 8am to 6pm, with the out of hours service picking up phone calls after this time. GP appointment times were from 8.30am to 12pm and 2pm to 5.30pm every weekday. Extended opening hours were provided on Monday, Tuesday and Thursday mornings between 7.30am and 8am. Attached to the practice was a nurse led minor injuries unit, which was open seven days a week 8am to 6pm (Monday to Friday) and 11am to 4pm (Saturday, Sunday and Bank holidays). Information about this was listed on the practice website and patient information leaflet.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was much higher than the national averages.

- 91.2% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 97.7% of patients said they could get through easily to the practice by phone which was above the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and

Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention.
- Home visits were carried out every day by GPs between clinics to patients needing them. Being situated in a rural area, the practice had developed an integrated model of care working closely with the community nursing team, private pharmacist in the village and local charities providing support.
- In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

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

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values of the stated aim: ‘
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. We looked at the clinical development plan for 2015 to 2018 for the services at Lynton Health Centre. Representatives from the patient participation group (PPG) told us that this was discussed with them and that the main developments planned were to create a ‘Health Hub’ for the Lynton community to promote Healthy Living and Wellbeing.

Governance arrangements

The practice had some governance frameworks which supported the delivery of the s

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice was maintained. The GP partners and the practice manager met monthly to discuss the business and any matters of concern. A GP partner was the lead for monitoring patient outcomes and told us they regularly reviewed data across all patient registers to ensure that health reviews were taking place as planned.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, significant events and complaints were thoroughly investigated, learning identified and shared across the whole team.
- Since starting at the practice 15 months before the inspection, the practice manager had identified several areas that needed improvement and had an action plan in place. The areas of improvement included: The development of standard operating procedures for all roles, responsibilities and services provided. The engagement of staff in the process of developing these procedures was underway and we saw some of these were in progress.

- There were integrated patient record systems used by the practice and community nursing team (NHS Trust staff). This facilitated communication, shared learning and close monitoring of vulnerable patients and those with chronic health conditions at the practice.

However some elements of governance were less effective, these included;

- The monitoring, oversight and accountability for infection control measures within the practice including for legionella risks. The practice submitted risk assessments for both of these areas immediately after the inspection, demonstrating that named staff responsible for following up these areas had been put in place so that the risk of this occurring again was reduced.
- Practice specific policies were generic and an area for further development. For example, the safeguarding children policy referenced out of date national guidance. As a result, the practice was not routinely recording concerns about patients in their record summary and were not making full use of codes available to clearly identify potential risks to families and children. An initial review of the child safeguarding policy and procedures took place immediately after the inspection and was sent to Care Quality Commission (CQC).
- Clinical and internal audit were limited and needed to be extended to monitor quality and to make improvements. For example, we identified gaps in the recruitment of a clinical member of staff and current guidelines not being entirely followed for safe storage of vaccines that had not been identified and acted upon before the inspection.
- Formal governance arrangements were limited in regards of the treatment room activities, which was run on behalf of the practice by the NHS Trust. The practice held a joint quality and development meeting each month with a Trust representative. However, the practice did not routinely obtain assurances of these staffs competency, skills and training to deliver the treatment room nursing services to patients. In feedback, we highlighted that this could be an organisational and an individual practitioner risk.

Are services well-led?

Requires improvement 

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

Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings. Monthly meetings were held for each staff group and included a clinical meeting for GPs and nurses, part of which was used to review any significant events and discuss alerts and have educational updates. Minutes were kept of all the meetings and we saw a sample of these showing a clear communication system across all teams for any issues affecting the practice and patients. Staff interviewed told us that minutes of meetings were sent to them, so if they had missed a meeting they had been made aware of the issues discussed and any actions to be taken.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Two away days had been held

and included: A partner's away day for strategic review and planning; and a management away day to review and plan the goals and actions to achieve these for the forthcoming year.

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice reviewed the appointment system as a result of patient feedback. Evening appointments were not being used by patients and the practice discussed this issue with PPG members to gain insight into what could be improved for patients. PPG members sought feedback and found that working patients preferred early morning appointments instead and this was implemented by the practice.
- The practice had gathered feedback from staff through an annual staff survey, through staff training events and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. One of the two GP partners sat on the Northern locality board of the Clinical Commissioning Group.

Are services well-led?

Requires improvement 

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

The GP partners were collaborating with Northern Devon Healthcare Trust to modernise healthcare services in Lynton and Lynmouth and surrounding areas. An integrated nursing and Minor injuries service had been developed, which was being used by peers as a model for other parts of Devon.

Lynton Health Centre had close links with the universities as a training practice. Two GPs were approved trainers and both were ex-course organisers. One of the GP partners was

an appraiser, the other returning to appraising next year after a break. There was a regular intake of GP registrars at the practice. Educational meetings were held monthly which any member of staff could attend. These drew learning from practice data, national guidance and research papers which were then discussed and led to projects at the practice. The aim of this was to enhance patient care and treatment.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

The practice was not following the relevant sections of the Code of practice about the prevention and control of healthcare associated infections. This included: infection control audits.

Regulation 12(2)h

Establish and operate effective systems to assess the risk of, preventing, detecting and controlling the spread of infections, including those that are health care associated.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

Systems and processes were not in place to ensure an effective governance and oversight of the day to day management of the practice, including;

- Leadership of infection control measures was unclear.
- Audits to mitigate risks associated with infection control processes had not been completed. Assessment of legionella risks and any necessary actions to reduce these had not been completed.
- Formal governance arrangements were limited in regards of the treatment room services such as phlebotomy and wound management, which was run on behalf of the practice by the NHS Trust. The practice did not routinely obtain assurance of these staffs competency, skills and training to deliver the treatment room nursing services.

Requirement notices

Regulation 17(1)

Establish and operate effective audit and governance systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients. This is in respect of monitoring risks, reviewing and updating policies and monitoring arrangements with the local NHS Trust who employed nurses to give care to the practice patients.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The provider did not ensure an up to date Disclosure and Barring Service (DBS) check was carried out for all appropriate staff, before they started work. The recruitment file for a GP appointed in March 2015 had no proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Regulation 19(2)

Ensure recruitment arrangements include all necessary employment checks for all staff, including locum GPs. References, checks of professional registers and Disclosure and Barring Service (DBS) checks or risk assessments for all staff providing a chaperone service for patients must be obtained. Obtain and retain evidence of insurance indemnity for all clinical staff, including locum GPs.