Budleigh Salterton Medical Practice

Inspection report

1 The Lawn
Budleigh Salterton
Devon
EX9 6LS
Tel: 01395 441212
www.budleighsaltertonmedicalcentre.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 location	Good
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Good**

Overall summary

This practice is rated as Good overall. (Previous rating April 2016 – Outstanding)

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Budleigh Salterton Medical Centre on 25 September 2018 as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk in the majority of areas so that safety incidents were less likely to happen. However, we identified gaps in safeguarding and emergency equipment procedures which required improvement.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice was a yellow fever vaccination centre.
- A frailty clinic was provided by a specialist health care assistant at the practice.
- The practice had increased access for patients through its membership of East Devon Health Connect (EDHC) a federation which supported the use of technology such as CareSnap, eConsult, new telephone systems, and GP team net (a new intranet system).

We identified areas of outstanding practice:

- The practice had initiated the creation of a health hub at the local hospital, following the closure of the hospital by NHS England in 2015. This health hub included the provision of daily nurse and health care assistant clinics directly employed by the practice. Other facilities initiated by the practice included a memory café and frailty clinic.
- The practice provided weekly clinics at the local Bicton College for around 100 students aged 16 plus living on the campus. These included contraceptive and sexual health clinics, mental health and anxiety advice and helped young people to avoid the inconvenience or potential embarrassment of attending the local practice.

The areas where the provider **must** make improvements are:

- Ensure systems and process arrangements for child safeguarding are established and maintained.
- Ensure the process for checking expiry dates of emergency equipment is in place.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector**.** The team included a GP specialist adviser.

Background to Budleigh Salterton Medical Practice

This report relates to the regulatory activities being carried out at Budleigh Salterton Medical Centre which is situated in the coastal town of Budleigh Salterton. The practice is comprised of one site the address of which is 1 The Lawn, Budleigh Salterton, Devon EX9 6LS. We visited this site during our inspection. The practice has a website which is located at www.budleighsaltertonmedicalcentre.co.uk

The deprivation decile rating for this area is four (with one being the most deprived and 10 being the least deprived). The practice provides a primary medical service to approximately 8,100 patients of a diverse age group. The 2011 census data showed that majority of the local population identified themselves as being White British.

There is a team of five GP partners, two female and three male; the partners are supported by one female salaried GP and one GP registrar. The whole-time equivalent is six and a half GPs. The GP team were supported by two practice managers, two practice nurses, four health care assistants and additional administration staff.

Patients using the practice also have access to health visitors, counsellors, carer support workers, district nurses, and midwives. Hospice care and community nurses were co-located at the practice. Other health care professionals visited the practice on a regular basis. The practice provided a nurse and a health care assistant on a daily basis to the health hub based at the former local hospital.

The practice is open from 8.30am to 6pm Monday to Friday. Appointments are offered between those times. Extended hours are worked on a Monday and Wednesday from 7am until 8am and on Saturdays from 8.30am until 11.30m. Outside of these times patients are directed to contact the out of hour's service and the NHS 111 number. This is in line with local contract arrangements. Patients could also access the service online via eConsult.

The practice offers a range of appointment types including face to face same day appointments, telephone consultations and advance appointments (six weeks in advance) as well as online services such as repeat prescriptions.

Requires improvement

Are services safe?

We rated the practice as requires improvement for providing safe services.

Safety systems and processes

The practice had systems to keep the majority of people safe and safeguarded from abuse.

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

However, there were safety areas which required improvement. For example, lead members of staff with responsibility for child safeguarding were unable to locate the safeguarding policy either as a paper copy or via the practice intranet. The list of safeguarded children was inaccurate and out of date. This increased the risk of appropriate action not being taken to safeguard children.

When we brought these points to the attention of the practice they received the feedback positively and took immediate action. A new protocol was introduced to address these concerns. The current safeguarding policy was located. A GP meeting was arranged to discuss child safeguarding and the new protocol.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The majority of systems at the practice were appropriate for the safe handling of medicines and equipment.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines minimised risks. However, we found three items in the emergency grab bag used for home visits which had passed their expiry dates, even though the written checklist indicated they had been checked in April 2018. A resuscitation oxygen tube was found with an expiry date of February 2018, a silicone oxygen mask had expired in March 2018 and a sterile wound dressing had expired in January 2018.
- The emergency oxygen cylinder had been used recently. Staff told us it had been checked regularly. However, these checks had not been documented to confirm they had been completed.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in

Requires improvement

Are services safe?

line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Good

Are services effective?

We rated the practice and all of the population groups as good for providing effective services overall.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used a smart phone application called the CareSnap which had been created by Devon Doctors. Practice GPs used this application to take photographs of moles, lesions, wounds, ulcers and the application recorded improvement or deterioration. A protocol was in place for this and patient consent was obtained prior to photography.
- The practice was part of East Devon Health Connect (EDHC) which was a federation which supported the use of technology such as CareSnap, eConsult, a new telephone system, GP team net the new intranet system, and MJOG the text message reminder service for patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice had allocated a dedicated GP to review patients living in local nursing homes for continuity of care.
- An audit had been completed on all patients aged over 80 to establish whether any patients in this age group had been reviewed in the last 12 months. If a review had not taken place this was acted upon and reviews carried out. The practice deployed a specialist Health Care Assistant (HCA) who supported vulnerable patients in the community, alongside their GP, with the aim of keeping patients safe in their own homes and ensure their long-term needs and wishes were met with dignity and respect.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice provided a leg ulcer service, enabling patients to receive treatment closer to home.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages.

Families, children and young people:

- All young infants and young children were fitted into clinics without an appointment if parents or guardians were concerned.
- The practice had a teenager's confidentiality policy.

Good

Are services effective?

- The practice website included a pregnancy care planner, childhood immunisations information, teen and young adult practice information and web links.
- Complex children's flags were recorded on computerised patient note to highlight patient needs to staff.
- The practice provided the latest infant oximetry and temperature measurement.
- Childhood immunisation uptake rates were in line with the target percentage of 90% or above for three out of four World Health Organisation targets. The practice was 0.2% below target for children aged one with a completed primary course of 5:1 vaccine. The practice was aware of this and was following up patients who did not attend to improve immunisation uptake.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 75%, which was in line with the clinical commissioning group average of 75% and above the national average of 72%. The practice was following up patients who did not attend screening appointments in order to improve uptake, together with providing opportunistic cervical screening when patients attended for other matters.
- The practice's uptake for breast and bowel cancer screening was above the national average. The percentage of patients with cancer, diagnosed within the preceding 15 months, who had a review recorded as occurring within 6 months of the date of diagnosis was 81% which was higher than the clinical commissioning group average of 68% and the national average of 71%.
- The practice provided extended hours with a GP at two morning clinics from 7am to 8am and three Saturday morning clinics a month from 8.30am – 11.30am. These were all pre-bookable online, over the phone or in person up to 6 weeks in advance.
- The practice offered telephone consultations and online eConsult. The practice offered online access via computer or smart phone application for appointment services, requesting medication, viewing summary records and had a direct email link to the practice.
- The practice provided a daily extras clinic starting at 5.00pm which was offered to patients unable to attend during normal clinic hours and needed to be seen on the same day by a GP.
- Well man / woman checks were available on request.
- The practice was part of the improved access scheme due to start in October 2018.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- The practice had a lead GP for safeguarding. However, the safeguarding policy was not immediately available. Child safeguarding records were found to be inaccurate and not up to date.
- The practice maintained a homeless person's register and also actively helped their additional needs, a homeless kit was kept in the practice which included essential items such as a sleeping bag, food supplies and a toothbrush.
- Learning disability register and annual health checks with longer appointments were offered.
- The practice website could be displayed in alternative languages. The practice foyer touch screen displayed a range of languages known to local patients and could be updated if a further language was requested. Staff knew how to book an interpreter when required. Makaton sign language cards were available for use in consulting rooms. A hearing aid loop was available at the reception desk.
- Food bank referrals could be completed via email from the practice.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- A Memory Café at the abandoned Budleigh Salterton Hospital site was fully funded and run by the practice.

Good

Are services effective?

- The practice was a dementia friendly practice which meant it had staff trained in dementia awareness, dementia friendly signage and dementia friendly clocks which displayed the day, date and time.
- Patients who had attended accident and emergency departments where they may have been experiencing poor mental health were discussed at GP meetings on a regular basis and follow up actions agreed.
- Depression and anxiety service information was available on the practice website for self-referral.
- The practice offered access to an Alzheimer's nurse clinic.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practices performance on quality indicators for mental health was in line with local and national averages.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed review the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national initiatives. For example;

- The practice had taken an active role in helping to create the local Budleigh Health Hub on the site of Budleigh Salterton Hospital closed by NHS England.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Good

Are services effective?

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately through audit.

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practices GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practices GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.
- The practice identified military veterans in line with the Armed Forces Covenant 2014. This enabled priority access to secondary care to be provided to those patients with conditions arising from their service to their country. The practice intended to apply for the new veteran friendly accredited GP practice status from the Royal General College of Practitioners and NHS England.

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account take account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- The practice had initiated services at the local health hub which included those targeted at young people and families. These included yoga, board game clubs, a teen gym, table tennis and arts and crafts sessions.
- The practice provided weekly clinics at the local Bicton College for around 100 students aged 16 plus living on campus. These included contraceptive and sexual health clinics, mental health and anxiety advice and helped young people to avoid the inconvenience or potential embarrassment of attending the local practice.
- The practice had a children's area in the waiting room with a toy trainset table, books and child friendly seats, an information board for parents in the children area, fortnightly nurse clinics for baby immunisations with an HCA for support (a UNICEF Baby Friendly Initiative).
- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments on three weekends per month.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Good

Are services responsive to people's needs?

- The practice held nurse led dedicated weekly frailty and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from the nurse.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practices GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Good

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice had an up to date business continuity plan which had been regularly reviewed.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

Good

Are services well-led?

- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice regularly organised social events to engage the local community at the practice such as cheese and wine evenings for patients.
- During Budleigh gala week the practice sponsored the medals for the annual fun run and had GPs attending in case of any emergencies.
- The practice was involved in their local federation (WEB – Woodbury, Exmouth, Budleigh) and the health and well-being board.
- The practice participated in an older person's Information Day annually, was a member of the Budleigh chamber of commerce and was involved in the neighbourhood plan implementation.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Child safeguarding records were inaccurate and out of date. Safeguarding policies and guidelines were not immediately available to GPs with responsibility for safeguarding. Multi-disciplinary safeguarding meetings had not been regularly attended by GPs. The practice did not have safe systems and processes to ensure emergency equipment was safely governed and fit for purpose.This was a breach of regulations 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.