New Valley Practice

Quality Report

New Valley Practice
Newcombes Medical Centre
Newcombes
Crediton
Devon
EX17 2AR
Tel: 01363 772263/03333 442988
Website: www.newvalleypractice.co.uk/

Date of inspection visit: 4 January 2018
Date of publication: 19/03/2018

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection report published September 2015 – Good)

The key questions 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

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

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

We carried out an announced comprehensive inspection at New Valley Practice on 4 January 2018. This was part of our scheduled inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- 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 and to meet the needs of the patient population registered at the practice.
- Childhood immunisation uptake rates for the vaccines given were above standard. For children up to 2 years of age the practice rates were 94-96% which was above the national target percentage of 90%.
- 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.
- As a training practice, there was a strong focus on continuous learning and improvement at all levels of the organisation.

Summary of findings

- New Valley practice resulted from the merger of Newcombes and Exe Valley practices in 2016.Organisational policies and procedures had been reviewed but some were not fully embedded across the organisation, these included: An effective system to monitor staff training and addressing gaps in a timely way. Adherence to the practice recruitment procedure in regard of pre-employment checks. Instigation of new fire safety procedures following the updating of equipment. Proactive authorisation of delegated duties to supply or administer a medicine directly to a patient.

We saw one area of outstanding practice:

There is a proactive approach to delivering care, which is accessible and promotes equality. For example, all patients with a learning disability have a designated GP and nurse skilled in total communication methods, have annual reviews in a place of their choosing and are able to see the learning disability consultant specialist at the familiar surroundings of the practice for appointments rather than having to travel to hospital.

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

Ensure systems, processes and records are implemented or maintained to assess, monitor, manage and mitigate risks to the health and safety of patients who use services:

- The processes used for monitoring staff training and development were not effective in ensuring all staff had completed mandatory and role specific training in a timely way. For example, staff designated to carry out fire safety checks had not received appropriate training for this role.
- The recruitment process was not consistently followed in regard of pre-employment checks being carried out.
- Installation checks had not been carried out on new fire safety equipment and this was not followed up in a timely way with the company responsible for this. This resulted in alarm checks not being carried out since August 2017 because staff had not received appropriate training.
- Patient Specific Directions (PSDs) were used, however they did not always include full details of the medicine and dose to be given, or ensure that a pre-authorised list of patients was available.

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

Review systems to ensure adherence of procedures and processes for fire safety, recruitment, authorisation of delegated duties to supply or administer a medicine directly to a patient and staff training.

Review systems to ensure there is accurate monitoring of training and skills of staff ensuring support is provided so they achieve the practice specified mandatory training in a timely way.

Audit patient waiting room times for an appointment to determine whether changes made since the GP Survey have improved patient satisfaction.

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

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	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

New Valley Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser, CQC pharmacist inspector and a practice manager specialist adviser.

Background to New Valley Practice

New Valley Practice provides primary medical services to people living in the practice was located in Crediton with a dispensing branch surgery at Thorverton. A dispensing practice is where

GPs are able to prescribe and dispense medicines directly to patients who live in a rural setting which is a set distance from a pharmacy.

New Valley Practice provides primary medical services to approximately 8934 patients. There is one registered location and a branch surgery:

New Valley Practice

Newcombes Medical Centre

Newcombes

Crediton

Devon

EX17 2AR

Thorverton Surgery (Branch with dispensary)The BuryThorvertonDevonEX5 5NT

On 4 January 2018, we inspected the New Valley Practice at Crediton and the branch surgery at Thorverton.

The practice population is in the seventh deprivation decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. There is a practice age distribution of male and female patients equivalent to national average figures. Average life expectancy for the area is similar to national figures with males living to an average age of 79 years and females to 83 years.

There is a team of five GP partners and three salaried GPs within the organisation. There are seven female and one male GPs. The team are supported by six qualified practice nurses, one health care assistant and a phlebotomist work across both practices. At Thorverton Surgery there are five dispensary staff working in the dispensary. There are additional administrative and reception staff managed by the practice manager and deputy practice manager.

New Valley Practice is an approved training practice providing vocational placements for GPs, F2 doctors and year two medical students. One GP partner is approved to provide vocational training for GPs, and another GP partner approved to train second year post qualification doctors and medical students. A GP registrar was on placement at the time of the inspection but on leave.

Patients who use the practice have access to community staff including district nurses, community psychiatric nurses, health visitors, physiotherapists, mental health staff, counsellors, chiropodist and midwives.

The practice is open between Monday and Friday from 8.30am until 6pm, in line with local contracting arrangements. Extended hours are provided mid-week evenings after 6pm and every Saturday from 9 am until 11.15 am. Extended hours appointments are pre-bookable and preferably for patients that find it difficult to come to

the surgery during normal working hours and cannot be made on the day. Outside of these hours a service is provided by another health care provider by patients dialling the national 111 service.

Routine appointments are available daily and are bookable up to six weeks in advance. Urgent appointments are made available on the day and telephone consultations also take place.

Requires improvement

Are services safe?

Our findings

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

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse. However, improvement was needed for some aspects of the systems supporting the recruitment process.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff, for example since the last inspection the practice had updated the safeguarding children policy to take account of national guidance. Staff had direct access to the RCGP safeguarding tool via a link. Policies and procedures included the named lead GP as the person to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- We reviewed three staff files, all of which contained varying levels of information. The practice had carried out staff a pre-employment health assessment, which included a review of their immunisation needs. The practice sent evidence of pre-employment health assessments having been obtained after the inspection.
- The practice had a process to assess the different responsibilities and activities of all staff to determine if they were eligible for a DBS check and to what level. (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).
- All staff had access to up-to-date safeguarding and safety training appropriate to their role. All staff we spoke with knew how to identify and report concerns. Nursing and named administrative staff who acted as chaperones were trained for the role and had received a DBS check.
- Infection prevention and control (IPC) procedures were in place. Newcombes and Thorverton Surgery sites were assessed regularly throughout 2017 and where any shortfalls were identified these were risk rated with a clear plan in place to address them. For example, in October 2017 waste management had been rated as a high priority as the company collecting this had not been providing the practice with a waste consignment note available for inspection. Staff told us this had been rectified with the company.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing general healthcare waste,

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. A named member of staff was responsible for setting up the rotas and did so in conjunction with the lead GP. Staff showed us the weekly rotas, which demonstrated capacity and planning for pressure points such as half term week in February 2018.
- There was an effective induction system for temporary staff, tailored to their role. For example, locum GPs were given an induction pack and had a one to one induction with a member of the management team before starting a session.
- 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, for example, sepsis. The GPs and nurses were able to access the national sepsis assessment tool and used this to assess patients with suspected infections.There was a protocol in place for trained reception staff to monitor unwell children and to prioritise them to be seen first by a GP when attending the sit and wait clinic.

Requires improvement

Are services safe?

- 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.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use. During the inspection the practice reviewed arrangements for access to the cupboard where controlled drugs were stored (medicines that require extra checks and special storage arrangements because of their potential for misuse). They have also provided evidence that their standard operating procedure has been updated.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Patient Group Directions (PGDs) were in place to allow nurses to administer medicines and had been read and signed by nursing staff. However they had not been signed off by an authorised manger, in order to adopt their use by the practice. The GP partner responsible was aware of these PGDs and since the inspection we received confirmation this had been done. Patient Specific Directions (PSDs) were used, however they did not always include full details of the medicine and dose to be given, or ensure that a pre-authorised list of patients was available. The practice assured us that this would be addressed and standard operating procedures (SOPs) updated as soon as possible. After the inspection, we received an updated procedure for PSDs providing guidance for staff highlighting no medication should be administered unless the prescriber had assessed the suitability and signed the PSD.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- Arrangements for dispensing medicines at the practice kept patients safe.

Track record on safety

The practice mostly had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. However, the fire risk assessment had not been updated and fire alarm checks instigated after new fire safety systems were installed in August 2017.Records for Newcombes and Thorverton Surgeries demonstrated no fire alarm checks had taken place. Staff told us this was because the system was still waiting for sign off and training provided by the company that had installed it. After the inspection, the practice sent evidence demonstrating the fire alarms were inspected on 10 January 2018 and staff trained to carry out checks the same day. Staff were delegated to manage fire safety checks, but had not received appropriate training to do undertake this role on behalf of the designated health and safety manager. After the inspection, invoices were sent demonstrating fire marshal training had been booked for four staff.
- The practice monitored and reviewed activity at practice meetings, including significant events. Staff verified they were all invited to attend these meetings. This provided a forum for the whole team to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- Records demonstrated the practice sought prompt advice from specialists when issues arose to ensure patient safety was maintained.

Requires improvement

Are services safe?

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. All staff were able to attend a whole practice meeting every quarter to discuss learning from significant events and incidents, and to receive training and development.
- 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. For example, the practice had reviewed events leading up to the diagnosis and rapid admission to hospital of a child with early sepsis. National guidelines were used to determine, what if any, learning could be identified and led to specialist paediatric equipment (blood pressure machine and pulse oximeter to measure oxygen levels in the blood) being purchased for assessment of unwell children.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

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' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Data for 2016/17 showed the average daily quantity of Hypnotics (medicines used to aid sleep) was comparable at 0.9 than the CCG (1.05) and national averages (0.9).
- Data for 2016/17 showed the number of antibiotic items prescribed per was comparable at 0.9 when compared with the clinical commissioning group average of 0.96 and national average of 0.98. The practice was effective in implementing the national strategy targets in reducing antimicrobial prescribing.
- We saw no evidence of discrimination when making care and treatment decisions. For example, a healthcare professional made positive comments about how the practice met the needs of patients with learning disabilities in terms of facilitating annual health checks with named staff who the patients got to know well and felt at ease with.
- The practice used equipment to improve treatment and to support patients' independence. Near patient testing was carried out for some patients with long term conditions, including diabetics having retinal screening on site.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- All older patients had a named GP to promote continuity of care.
- Named GPs were linked to adult social care homes and carried out regular visits to patients living there.For example, a weekly ward round was completed every week at a local nursing home.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.The practice used an electronic tool to assess the degree of frailty of patients to facilitate timely interventions to reduce any identified risks such as social isolation, falls and malnutrition.
- Patients aged over 75 could request a health check if they had not received one in the last 12 months. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- 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.

People with long-term conditions:

- 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. A clinic was held every six weeks with the hospital nurse specialist and a virtual clinic held with a consultant from the local NHS acute trust every three months for all patients with complex diabetes.
- Nurses who were responsible for reviews of patients with long term conditions had received specific training, for example the diploma in asthma care management.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above standard with the national target percentage of 90%. The percentage of childhood vaccinations for children up to 2 years of age were 94 - 96%.

Good

Are services effective?

(for example, treatment is effective)

- Young people were able to access sexual health screening, contraception advice, smoking cessation and support for mental health issues.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- Public Health data for 2016/17 showed the practice's uptake for cervical screening was 77%, which was comparable to the 73% coverage target for the national screening programme.
- 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 checks for patients aged 40-74 and carers. 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:

- 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.
- Patients with drug and alcohol addiction were supported and able to access alcohol detoxification support from two GPs specialising in this area of clinical support.

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

- 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the national average of 84%.
- 96% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the national average of 91%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was above the local and national averages (practice 96%; CCG 87%; national 91%).

Monitoring care and treatment

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

The most recent published Quality Outcome Framework (QOF) results showed the practice had achieved 99% of the total number of points available, which was above the clinical commissioning group (CCG) average of 96% and national average of 95%. The overall exception reporting rate was 10% and comparable to the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. For example, the practice used patient registration data intuitively. More than a third of patients registered were over 65 years of age and more likely to have one or more long term conditions, for which on-going monitoring and treatment was required. The practice had developed 'one stop' appointments and continuity of GP monitoring patients with long term conditions. Data demonstrated there was significant higher levels of patient satisfaction in the GP Survey (2016/17).In particular, patient responses to whether their GP was good or very good at treating them with care and concern was 10% higher than the national average.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- The practice understood the learning needs of staff and provided protected time and training to meet them. We looked at a sample of professional portfolios demonstrating individual clinicians were up to date and held records of skills, qualifications and training. However, the practice overview of training and skills was inaccurate and did not contain enough information to fully monitor training needs. All of the staff we met told us they were encouraged and given opportunities to develop.
- The practice provided staff with
- 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, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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 took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Multi-disciplinary case review meetings were held where patients on palliative care register needs were discussed and support arranged.

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 health.
- 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. Data showed the practice was performing better than the local CCG and national averages for example, discussing smoking cessation and alcohol use with people with poor mental health.

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. Some GPs were able to perform minor surgical procedures to remove non suspicious skin lesions. We reviewed a sample of consent forms and found GPs had recorded a discussion with the patient, which included outlining the benefits and risks of the procedure.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. The practice was aware of the Devon wide treatment escalation plan and using this to record any decisions made with people and/or their family under power of attorney agreements about their end of life care.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the two patients we spoke with and three patient Care Quality Commission comment cards we received were positive about the service experienced. Patient's comments highlighted that staff were supportive, kind and trusted to provide good care . This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice. In total 39 NHS Friends and Family Test responses had been received, of which 37 patients were extremely likely to recommend the practice to their family and friends.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 235 surveys were sent out and 125 were returned. This represented about 1.4% of the practice population. The practice was mostly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 98% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 94% of patients who responded said the GP gave them enough time; CCG - 91%; national average - 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG 97%; national average 95%.
- 95% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG 90%; national average 85%.
- 93% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.
- 95% of patients who responded said the nurse gave them enough time; CCG - 95%; national average - 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 99%; national average - 97%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG 92%; national average 90%.
- 93% of patients who responded said they found the receptionists at the practice helpful; CCG - 90%; national average - 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Patient records were updated every time a patient attended or had contact with staff to ensure their communication needs were recorded. Staff demonstrated through example the reasonable adjustments made when communicating with patients.This included using communication aids, verbal description and easy read materials.
- Patients with a learning disability had access to a named GP and practice nurse for continuity of care.They worked closely with carers and other health professionals supporting the patients, for example enabling the person to be supported whilst having procedures such as cervical screening.

Good

Are services caring?

- 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 patients who were carers by inviting new patients registering to do so and asking at every appointment. The practice computer system alerted GPs if a patient was also a carer. The practice had identified 98 patients as carers (about 1.1% of the practice list). The practice was aware this was low. We saw proactive steps were taken to encourage patients to identify themselves as carers, including: asking patients during consultations. The new patient registration form specifically asked if they were cared for or a carer for someone. Vulnerable families were linked in patient records so staff were able to quickly identify when a patient was a carer to provide proactive support for them and the person they were caring for.

- Multidisciplinary meetings with health and social care and third sector agencies were held to identify and prioritise patients and carers needing support.We saw several examples of vulnerable patients and their carers receiving well co-ordinated, timely and effective help.
- Staff were mindful that young people could be carers for parents.
- Staff told us that if families had experienced bereavement, their named 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.

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 mostly above average to local and national averages:

- 97% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 90% and the national average of 86%.
- 92% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG 88%; national average 82%.
- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 84% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG 89%; national average 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice was aware of the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 had undergone changes since we last inspected Newcombes Surgery in 2015, by merging with Exe Valley practice to become New Valley Practice. Personal medical services were provided from two sites at Newcombes Surgery and the dispensing branch surgery at Thorverton. Services were organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- All the patients using the branch surgery at Thorverton were able to obtain their prescriptions via the dispensary based there.
- A high proportion of patients using the Thorverton Branch Surgery were elderly living in an isolated rural area with poor transport links.The practice provided a delivery service from the dispensary for any patients on medication who were unable to collect their prescriptions.
- The practice improved services where possible in response to unmet needs. Examples included: Saturday morning clinics had been introduced and were running every week.These were particularly targeted at working patients who could not get to the practice during the weekdays.Flu vaccination of children three times a week (Monday, Thursday and Friday) without the need for an appointment.
- The facilities and premises were appropriate for the services delivered. The branch surgery at Thorverton had been totally refurbished during the merger to improve facilities for patients. At Newcombes Surgery, the premises had undergone improvements in the waiting area to include a room with self- assessment equipment, such as a blood pressure matching, for patients. An additional building had been purchased and refurbished, which provided further clinical rooms and a large meeting room. Appropriate equipment such as raised chairs in the waiting area, wheelchairs and automatic doors to facilitate movement in the building was seen.
- GPs had advanced skills enabling patients to benefit from onsite treatment, including: intra-articular (joint) and soft tissue steroid injections for joint injuries.
- Near patient testing was available providing immediate results for patients with long term conditions. For example, patients on blood thinning medication (warfarin) required close monitoring. They received on the spot results and were advised immediately when to alter the dosage they were taking in accordance with the result.
- The practice aimed to provide onsite access by hosting services, these included: annual retinal screening, midwifery services, appointments with the Learning Disability psychiatrist, memory groups, IAPT therapist (Improving Access to Psychological Therapies) and monthly joint clinics with the secondary care diabetic specialist nurse.
- The practice made reasonable adjustments when patients found it hard to access services. Patient records highlighted any reasonable adjustments the patient needed. The appointment system catered for different patient groups with planned pathways that were suitable for patients who attend with carers, small children, patients who work, patients with learning disabilities and patients whose first language was not English.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Patients were able to access NHS and private travel vaccinations.Nursing staff specialised in this area and were able to provide current advice on travel vaccines for patients.

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 did joint home visits and urgent appointments for those with enhanced needs.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Patients in care homes were visited weekly by a named GP to discuss best interests and treatment escalation plans with patients, family and staff aiming to maintain their dignity.

People with long-term conditions:

- Patients with a long-term condition received an annual review around their birthday 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 had extended hours opening times providing evening and weekend appointments for patients needing to be reviewed.
- 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:

- 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. For example, records we looked at confirmed that any failed appointments for child immunisations were followed up and demonstrated the uptake was higher than the CCG (Clinical Commissioning Group) and national averages.
- Staff were mindful of young people being affected by parents long term conditions, including mental and physical illness and disability.Support for young carers was identified and offered in a timely way to limit the impact on their education and lives.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Female patients were able to access contraceptive advice and the morning after pill on Saturdays as well as during the weekdays.

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.
- Telephone and face to face consultations were available early mornings, late evenings and at weekends which supported patients who were unable to attend the practice during normal working hours.

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.
- The practice had improved access for same day appointments for patients with carers or those who might find it difficult to attend at certain times.Patients were able to use the sit and wait clinic each weekday morning or the emergency clinic every weekday afternoon. A duty GP was available throughout the day and offered to see any patients in this position over the lunchtime period if needed. Longer appointments and appointments at quieter times of the day were offered to patients who found busier times difficult.
- GPs recognised the importance of continuity and building a trusting relationship with patients and their carers.For example, a named GP and nurse monitored the health of all patients with a learning disability.In doing so, they had expertise in communicating with patients and worked closely with other health and social care professionals supporting them.
- Suitable patients were able to access in-house community detoxification of substances from three GPs qualified to deliver this treatment through shared care prescribing. Specialist agencies worked alongside providing additional psychological support and detoxification of patients wanting to recover from alcohol abuse.

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.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice hosted a cognitive behaviour therapy clinic for all patients diagnosed with dementia to provide tools to help them cope with the associated changes they were experiencing from this condition.

Timely access to the service

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.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 235 surveys were sent out and 137 were returned. This represented about 0.8% of the practice population.

- 74% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 76%.
- 83% of patients who responded said they could get through easily to the practice by phone; CCG 76%; national average 71%.
- 95% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG 82%; national average 71%.
- 90% of patients who responded said their last appointment was convenient; CCG - 88%; national average - 84%.
- 80% of patients who responded described their experience of making an appointment as good; CCG - 80%; national average - 73%.
- 42% of patients who responded said they don't normally have to wait too long to be seen; CCG - 62%; national average - 58%.Since patients completed this survey, the practice had made changes to the appointment system.This had increased access and patients were being navigated to the most appropriate health professional for assessment and treatment. Patient feedback in 14 comment cards and discussions with five patients were positive about the improvements seen.

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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance.Patients were sent the complaint policy with outcome letters.This provided additional information, for example, the contact details for the Parliamentary and Health Service Ombudsman.
- 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. For example, a complaint which we reviewed on the day demonstrated the practice responded promptly and identified learning which was shared with all staff. One of the GP partners was the lead for complaints and closely monitored these and actions taken.

Are services well-led?

Good

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

Our findings

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 had the experience, capacity and skills to deliver the practice strategy and address risks to it. In the context of national GP and practice nurse shortages, the practice was able to attract new GP partners, salaried GPs and practice nurses to the team when staff retired.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the practice was collaborating with adult social care providers and a nearby practice to provide alternative community based step down care following the closure of beds at Crediton Community Hospital.
- Leaders at all levels were visible and approachable. Staff told us there was an 'open door policy' and verified their leaders 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 care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- 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 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 and valued their feedback when planning developments to improve the services provided at the practice.We received feedback from three patient participation group (PPG) members whose comments were positive about the culture and relationship patients had with staff at the practice.PPG members commented they looked forward to an introductory meeting with the new practice manager in the future.
- Leaders and managers acted on behaviour and performance consistent with the vision and values. For example, ensuring patients and staff with protected characteristics under the Equality Act did not experience discrimination and had reasonable adjustments put in place to avoid this.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, in written responses to patients we saw apologies had been given and patient invited in to meet key staff to discuss any matters of concern. 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.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. For example, the salaried GP contract had been reviewed to ensure it followed the latest guidance about protected time for

Are services well-led?

Good

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

staff development. Staff rosters seen demonstrated GPs had protected time for clinical development every day, which enabled them to keep up to date with the latest guidance about clinical care and treatment of patients.

- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had access to equality and diversity training via an online training service. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- 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 interactive and co-ordinated person-centred care.
- There were named leads responsible for monitoring governance of all key areas of practice.For example, there was a named GP partner to whom staff reported any significant events (SEAs).Records for 2016/17 demonstrated SEAs were audited. These were collated into a presentation and discussed at quarterly team meetings which all staff were invited to and where thoughts and ideas were shared, and any further learning was disseminated.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.The lead GP for safeguarding children had updated the policies and procedures in accordance with the latest guidance and included a link to the RCGP safeguarding toolkit.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

However, other governance systems used had not been effective in identifying safety risks arising. For example:

- Training records were not accurate and did not provide sufficient information for proactive and timely management of staff training needs.
- The written recruitment process was not consistently followed in regard of carrying out checks such as references and pre-employment health assessment, which included a review of staffs immunisation needs.
- Fire safety checks of the fire alarms had not been carried out since August 2017.
- The whistleblowing policy did not include the name and contact details of the local Freedom to Speak Up Guardian to act as an independent and impartial source of advice to staff. Immediately after the inspection, we received an updated whistleblowing policy with the Freedom to Speak up Guardians name added.

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. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA 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.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Are services well-led?

Good

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

- Quality and operational information was used to ensure and improve performance. Performance information was monitored by a lead GP partner and always 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 (PPG), which worked with the practice driving improvements forward for patients.Examples seen included: Involvement in discussions with the practice and architects about the plans for refurbishment, which were implemented as part of the merger. The development of a self health assessment room with weighing scales and a blood pressure machine for patients to use in private.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- One of the GP partners won the award of "Clinical Champion" for a vision of the future at the 2016 South West Primary Care Innovation Awards.The practice was working collaboratively with another local practice to develop an integrated health and social care hub for the people of Crediton.
- The practice continued to be an approved GP training practice providing placements for pre-qualification medical students and GPs in training. At the time of the inspection there was a GP registrar in training at the practice but they were not on duty when we visited. The last training report was strongly positive about trainee experiences at the practice.
- There was a focus on continuous learning and improvement at all levels within the practice.
- 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.

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 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	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 **How the regulation was not being met:** Ensure systems, processes and records are implemented or maintained to assess, monitor, manage and mitigate risks to the health and safety of patients who use services: • The processes used for monitoring staff training and development were not effective in ensuring all staff had completed mandatory and role specific training in a timely way. For example, staff designated to carry out fire safety checks had not received appropriate training for this role. • The recruitment process was not consistently followed in regard of pre-employment checks being carried out. • Installation checks had not been carried out on new fire safety equipment and this was not followed up in a timely way with the company responsible for this. This resulted in alarm checks not being carried out since August 2017 because staff had not received appropriate training. • Patient Specific Directions (PSDs) were used, however they did not always include full details of the medicine and dose to be given, or ensure that a pre-authorised list of patients was available. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.