Clare House

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Clare House Surgery on 21 January 2016. Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- There were innovative approaches to providing person centred care with risks to patients assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Eighty four patients expressed high levels of satisfaction about all aspects of their care and treatment at the practice during the inspection. They said they were always treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said staff responded immediately to their request and found it easy to make an appointment with a named GP for continuity of care, with urgent appointments available the same day.
- The practice facilities had been refurbished to a high standard and was well equipped to meet their needs.
- There was a strong leadership structure and staff said they felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The leadership, governance and culture of the practice put quality and safety as its top priority in delivering person centred care and treatment. We saw many examples of this throughout the inspection, which was a common thread seen in the areas of outstanding practice.

We saw four areas of outstanding practice:

- Patients individual needs and preferences were central to the planning and delivery of tailored

Summary of findings

services.Following feedback from patients, the practice altered the appointment system.This is completely flexible and set up in a way that suits patients so they have autonomy to decide when to have a face to face appointment with a GP or nurse as opposed to a telephone consultation.

- A systematic approach is taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money for people living in Tiverton. Clare House Surgery has embraced the concept of living well and is facilitating the integration of services to specifically bring care and treatment closer to home for patients and we saw many examples of this. For example, there were several GPs with specialist interest qualifications enabling the practice to provide extended dermatology and surgical services normally seen in hospitals.
- The practice takes a truly holistic approach to assessing, planning and delivering care and treatment to people who use services. The whole practice team is given a verbal handover every day so that the needs of vulnerable older patients and those with mental and chronic health conditions are known.This daily monitoring of these patients andco-ordination across the team aimed to reduce the risk of unplanned hospital admissions for these patients.
- A respiratory disease nurse specialist is a member of the British Lung Foundation and works collaboratively with a nearby practice in Tiverton to deliver a hospital based rehabilitation programme for patients with long term respiratory diseases.Patients experienced an integrated service with a rolling programme of referrals, continuity of treatment and expertise from these nurses on the rehabilitation course.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average.
- Nurses led the management of patients with chronic conditions, carrying out reviews of patients with respiratory conditions or diabetes.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Outstanding 

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that patients needs were met. For example, the nursing team instigated the setting up a respiratory rehabilitation group and worked closely with another practice to support this at the local hospital.
- There are innovative approaches to providing integrated person-centred care. Advanced skills of clinical staff meant that services normally seen in hospital were available for patients.
- There were a range of appointments and walk in services available; same day service for patients needing to be seen urgently and late appointments Monday to Friday were available for working patients and those with minor illness.
- Patients remarked positively about improvements to the appointment system. The practice had worked collaboratively with the patient participation group to improve patient experience, carrying out an appointment demand audit and using this to inform the setting up a new system. In January 2016, an extra 182 appointments were accessible to patients above the national standard expected for the number of registered patients.
- Clare House was commissioned to provide extended surgical and dermatology services. GP with Special Interest delivered these, so patients were able to access rapid diagnosis and treatment for conditions such as low risk skin cancer closer to home.
- All 10,440 patients registered at the practice had a named GP and experienced continuity of care with their own GP if they were admitted to Tiverton hospital, where the practice provided medical cover.
- The practice had refurbished the building to a high standard and was well equipped to treat patients and meet their needs. For example, there was a fully equipped operating theatre on site and reasonable adjustments such as portable hearing loops could be used in every consultation room and reception.

Summary of findings

- Named staff were responsible for maintaining recall registers to ensure patients attended follow up appointments. An example was the structured recall system and weekly searches to identify any female patients prescribed contraceptives by injection which were overdue to help reduce the risk of any unplanned pregnancies for these patients.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Outstanding 

The practice is rated as outstanding for being well-led.

- The practice had a strong vision with quality and safety as it's top priority in delivering person centred care and treatment for patients. This focussed on providing an integrated service, which enabled patients to live well to the best of their abilities by bringing services closer to home. We saw several examples of this, which included the development of extended surgical services. These developments brought clinical expertise to the practice so that patients could access services avoiding having to travel 25 miles to the main hospital in Exeter.
- High standards were promoted and owned by all practice staff and they worked together across all roles. Innovative approaches were taken when recruiting new staff using role play and observation of interaction styles to promote a good experience for patients. This ensured a high calibre of staff was employed and their skills and knowledge were relevant to local patient needs.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There were high levels of staff satisfaction. Staff were proud to work at Clare House Surgery. Staff told us that the culture was positive and retained a family orientated atmosphere, in which every member was encouraged to engage in development of patient centred services.
- Clare House Surgery provided placements for GP registrars, qualified doctors training to be GPs and medical students. Feedback from trainees and students demonstrated this was a popular placement and they wanted to return to work there permanently.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. Developments were underway to obtain focussed feedback from groups of patients, for example from carers and patients with specific health needs such as chronic respiratory conditions to ensure that their needs were met.
- Leadership drove continuous learning and improvement at all staff levels with innovation, funding and support being given so that staff extended their skills for the benefit of patients.

Summary of findings

The six population groups and what we found

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

Older people

Outstanding ☆

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, a named member of staff on the prescriptions team provided personalised support for older people with their medicines. Orders for repeat prescriptions were co-ordinated so that the patients were able to telephone once and arrangements made for home delivery to anyone who was housebound or a chemist of their choice. Close working relationships were established with the community matron for patients over the age of 75 with complex healthcare needs.
- Every patient had a named GP, who provided continuity of care for them including if they were an inpatient at Tiverton hospital.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. There was proactive management of patient needs, which was risk rated and closely monitored. The practice respected patients requests for home visits without first triaging these and GPs made at least 20 home visits per week to patients at home.
- The entire team were made aware with a verbal handover on a daily basis of any patient whose needs had changed and the support they might need from the practice that day.

People with long term conditions

Outstanding ☆

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Heath promotion was strongly advocated through rehabilitation aimed at enabling patients to achieve the best quality of life possible. For example, the nursing team was instrumental with another practice in developing the pulmonary care group run at the community hospital and continued to provide expertise and support with this. Patients experienced continuity of care as a result.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice prescribing team worked on a one to one basis with patients. Patients were contacted in whatever way was appropriate for them with reminders to attend for blood testing or reviews. For example, patients with rheumatoid arthritis who were prescribed DMARDs (Disease-modifying anti rheumatic medicines) were contacted every month to ensure that any potential risks to their health were reduced by being regularly reviewed. No prescriptions could be generated until blood tests had been completed.

Families, children and young people

Outstanding ☆

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of 73.18% of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was comparable with the national percentage of 75.35%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. For example, the child and parent/s were invited to a post asthma review meeting to discuss the outcome and given further advice about using inhalers to help reduce the risk of an asthma attack.
- The practice's uptake for the cervical screening programme was 79.62% which was comparable with the CCG average of 77.0% and the national average of 81.83% in 2014/15. However, the whole team had been involved in raising public awareness of health promotion with an open event which included the value of cervical screening. The results from this campaign were not yet known as to whether the uptake had increased the number of female patients having a cervical smear.
- Appointments were available outside of school hours, for example, flu clinics had been run during the school holidays and on Saturdays. The premises were suitable for children and babies. The practice had listened to feedback and created play areas within the waiting rooms for children.

Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice was engaging with young patients through email, online booking and use of social networking sites. The Patient Participation Group was proactive in trying to attract young patients to become members.

Working age people (including those recently retired and students)

Outstanding 

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Clare House surgical service offered late evening vasectomy appointments for working men.
- Extended hours contraception (Coil & IUD Fitting) clinics were planned for 2016.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- A travel advice and vaccination service was accessible for patients.

People whose circumstances may make them vulnerable

Outstanding 

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

- The practice held registers of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- All relevant team members were updated on a daily basis about any vulnerable patients and were responsive to information about changing needs enabling patients to be seen or contacted without delay.
- The practice offered longer appointments of a minimum of 30 minutes for patients with a learning disability. When patients had an annual review, the time was allocated according to the person's needs.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Reasonable adjustments were in place to ensure that patients with communication needs were fully involved in decisions about their care and treatment. For example, during the refurbishment of the building the practice purchased portable hearing loops to be used in consultation and waiting rooms.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

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

- 77.59% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84.01%.
- The percentage of patients with complex mental health needs that had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93.1% which was higher than the national average of 88.47%.
- The practice helped patients focus on recovery with support and well managed treatment plans, which could include injectable medicines. Staff were responsive to patients needs enabling them to be seen at the practice whenever they presented there, which had a positive impact on maintaining their mental wellbeing.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 242 survey forms were distributed and 116 were returned. This represented 1.10% of the practice's patient list.

- 83.9% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group average of 84.4%and a national average of 73.32%.
- 87.3% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 91% and national average 85.2%).
- 91.8% of patients described the overall experience of their GP surgery as good (CCG average 91.2% and national average 84.8%)
- 87.5% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 85.6% and national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 61 comment cards which were all positive about the standard of care received. Staff were described as efficient, caring and patients had confidence in the care and treatment they received from them. A range of appointments was reported to suit patients needs with flexible times available for those who were working or for children outside of the school day.

We spoke with 23 patients during the inspection. All 23 patients said they were happy with the care they received and thought staff were approachable, committed and caring. They described staff as being attentive to their needs and told us the environment had changed for the better.

Outstanding practice

We saw four areas of outstanding practice:

- Patients individual needs and preferences were central to the planning and delivery of tailored services.Following feedback from patients, the practice altered the appointment system.This is completely flexible and set up in a way that suits patients so they have autonomy to decide when to have a face to face appointment with a GP or nurse as opposed to a telephone consultation.
- A systematic approach is taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money for people living in Tiverton. Clare House Surgery has embraced the concept of living well and is facilitating the integration of services to specifically bring care and treatment closer to home for patients and we saw many examples of this. For example, there were several GPs with specialist interest qualifications enabling the practice to provide extended dermatology and surgical services normally seen in hospitals.
- The practice takes a truly holistic approach to assessing, planning and delivering care and treatment to people who use services. The whole practice team is given a verbal handover every day so that the needs of vulnerable older patients and those with mental and chronic health conditions are known.This daily monitoring of these patients andco-ordination across the team aimed to reduce the risk of unplanned hospital admissions for these patients.
- A respiratory disease nurse specialist is a member of the British Lung Foundation and works collaboratively with a nearby practice in Tiverton to deliver a hospital based rehabilitation programme for patients with long term respiratory

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diseases.Patients experienced an integrated service with a rolling programme of referrals, continuity of treatment and expertise from these nurses on the rehabilitation course.

Clare House

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Clare House

Clare House Surgery covers an area of 100 sq. miles, consisting of town and rural areas. There were 10,440 patients on the practice list and the majority of patients are of white British background. All of the patients have a named GP and linked administrative staff. There is a higher percentage of young people (15-19 yrs), working age over 55 years and older people. All 10,440 patients have a named GP. Nearly a third of patients at the practice have a long term condition, receive support and are monitored closely. The total patient population falls within the mid-range of social deprivation.

Clare House Surgery has shared responsibility for managing inpatient care at the local community hospital. GPs from the practice undertake ward rounds there every day to review patients. On a two week rotation the practice also provides medical cover for the urgent care centre based at Tiverton hospital.

The practice provides medical services for boarding students at a local private school.

The practice is managed by 6 GP partners (4 male and 2 female).They are supported by 3 salaried GPs (2 female). The practice uses the same GP locums for continuity where ever possible. There are three female practice nurses and two female and one male health care assistants. All the nurses specialise in certain areas of chronic disease and long term conditions management.

Clare House Surgery is a teaching practice, with three GP partners approved as GP trainers. Five GP partners are approved teachers with Health Education South West. The practice normally provides placements for trainee GPs. Teaching placements are provided for year 3, 4 and 5 medical students. Two trainee GPs were on placement when we inspected.

The practice is open 8:30 am to 6:30 pm Monday to Friday. Extended opening hours are available every day with a combination of GP, nurse and HCA early morning and late evening appointments listed on the practice website: Early morning appointments are on Tuesday to Friday mornings (7:30am – 8am) and late evening appointments are on Monday (6:30pm - 7:30pm). Appointments can be booked up to four weeks in advance.

Opening hours of the practice are in line with local agreements with the clinical commissioning group. Patients requiring a GP outside of normal working hours are advised to contact the out of hours service provided by Devon Doctors. The practice closes for 2 hours every month for staff training; during this time Devon Doctors answer the telephones and provide advice for patients.

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

- Identification of risks associated with alcohol use and providing support to patients.
- Extended hours
- Remote Care
- Minor surgery

- Facilitating early diagnosis of dementia
- Influenza, pneumococcal, rotavirus and shingles immunisations for children and adults
- Patient participation in development of services.

The practice provides extended surgical and dermatology services, which patients in Mid and North Devon can be referred to. Procedures undertaken include: vasectomy, carpal tunnel surgery, removal of suspected skin cancer and non-cancerous lesions.

Clare House Surgery aims to bring services closer to home for patients; private physiotherapy and chiropractic services are available. Other NHS services are run at the practice such as the depression and anxiety clinic, which is run by the mental health trust. A private pharmacy is co-located on the same site as the practice.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 January 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses, practice manager and administrative staff) and spoke with 23 patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 61 comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events. A lead GP provided clinical governance to support the practice manager in managing this process.Significant events (SEAs), including complaints and patient safety alerts were a standing item for discussion at meetings. Any new SEAs were discussed weekly at the clinical meeting with nurses and GPs and again at the monthly team meeting with all staff present.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice identified that a patient over 50 years old was still prescribed contraception injections, which fell outside of current national guidelines. Analysis of the event revealed that there was also a weakness in the system for ordering these medicines, which meant that there was a risk that this could be misused. The practice worked closely with all local pharmacies so that depot medicines were delivered directly to the practice rather than being collected by patients. A structured recall system and weekly searches to identify any female patients prescribed contraceptives by injection which were overdue was set up.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adultsfrom abuse that reflected relevant legislation and local requirements.Policies were accessible to all staff, and they demonstrated by sharing examples of when they had protected an adult or child who could be at risk of abuse, that they understood these. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice had developed a specific training manual for staff about safeguarding patients, which catered for all learning styles to meet reasonable adjustments put in place for some staff. Staff also had access to an e-learning system and had completed relevant training to their role. For example, all of the GPs had received Safeguarding level 3 for children training.
- Notices in all the waiting and consultation rooms advised patients that chaperones were available if required. Information about the chaperone policy was also included in the patient leaflet and on the practice website. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, a hand hygiene audit following staff training was planned to check that staff were following correct handwashing procedures to reduce the risk of cross infection to patients and themselves.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of

the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- The practice had set up a bespoke prescriptions team as a result of patient feedback and learning from significant events about medicines issues. A team of three administrative staff managed all prescription requests and monitored patient registers closely as a safety net for patients. For example, this included monitoring patients prescribed DMARD (disease modifying medicines) medicines for rheumatoid arthritis every month to ensure that any potential risks to their health were reduced by being regularly reviewed. No prescriptions could be generated until blood tests had been completed.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received and action taken for all samples sent. The patient services team used a task system to alert GPs, which we checked and saw these had been reviewed daily and action taken where necessary. For example, this included samples sent for patients on the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice used an external consultant to provide expert support for all health and safety matters. We saw a report from the consultant and tracked recommendations made which had all been actioned. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Learning from a recent fire drill had identified that reasonable adjustments were needed for staff with disabilities. We saw actions had been put in place for these staff. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.The practice had chosen to move away from a triage system prompted by patient feedback and offered many same day appointments.This facilitated patients being able to determine their own the level of risk and were enabled to see a GP or nurse whenever they needed to.Patients expressed high levels of satisfaction about these changes and were confident that they could see a GP or nurse when they needed to. Recruitment was underway to appoint another practice nurse to increase the nursing team and meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Records of a significant event provided by the practice demonstrated that this was effective following the collapse of a patient. Staff responded immediately when the alert was activated, emergency treatment was successful and the patient transferred to hospital for further treatment.
- All staff received annual basic life support training and there were emergency medicines available in the treatment rooms and operating theatre. GP partners

Good

Are services safe?

held advanced qualifications, including emergency medicine and anaesthetics.These advanced skills were regularly called upon as the GPs provided medical cover at the Urgent Care Centre at Tiverton hospital.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. During 2014/15 the practice had undergone major refurbishment and demonstrated that services had continued throughout this period with minimal impact for patients.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patient's needs. A monthly educational meeting was held providing nurses, GPs and trainees on placements opportunities to discuss new developments.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, all patients diagnosed with atrial fibrillation prescribed with anti-clotting medicines were reviewed.The practice ensured that any risks were reduced, making changes where necessary to treatment for patients.Records showed that the practice was regularly monitoring whether treatments were effective for patients.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93.7% of the total number of points available, with 9.6% exception reporting which was comparable with the CCG (10.6%) and national (9.2%) exception rates. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the Clinical Commissioning Group (CCG) and national average. For example, 77.78% patients with diabetes had an HBa1C blood test in the previous 12 months which was comparable with the national average of 77.54%
- The percentage of patients with hypertension having regular blood pressure tests was 82.32% similar to the CCG and national averages (CCG 84.5% and national 83.65%).
- Performance for mental health related indicators was slightly above the CCG and national average of 88.47%. For example, 93.1% patients with complex mental health needs had a comprehensive, agreed care plan completed in the preceding 12 months.
- The percentage of patients diagnosed with dementia who were reviewed in the previous 12 months was 77.59%, which was slightly below the national average of 84.01%.

Clinical audits demonstrated quality improvement.

- There had been nine clinical audits completed in the last two years. Four were completed audits where the improvements made were implemented and monitored. For example, the practice carried out a search in November 2015 for diabetic patients who were prescribed (a medicine which reduces blood glucose levels) with reduced kidney function to ensure prescribing was safe and followed current national guidelines.Between the first and second audits, the practice had reviewed 15 patients to ensure alternative treatments were prescribed.At the second audit in January 2016, 13 patients were identified as needing to be reviewed by their GP.The practice verified that audits of patients prescribed metformin would continue as they could experience reduced kidney function as a complication of their condition at a later date.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. A respiratory disease nurse specialist was a member of the British Lung Foundation and took the lead in ensuring that templates used to assess patients were regularly updated to capture current guidelines. They worked collaboratively with a nurse working at a nearby practice in Tiverton and had been instrumental in setting up a hospital based rehabilitation programme for patients with long term respiratory diseases.Patients experienced an integrated service where there was a rolling programme of referrals, continuity of treatment and expertise as the nurses helped deliver the rehabilitation course.

Good

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, an audit initiated by the clinical commissioning group looked at the repeat prescription process at the practice between June and November 2015.Three actions were completed to improve this process: medicines unsuitable to be listed as repeat medicines were identified; a system for obtaining patients and pharmacy representatives signatures for receipt of prescriptions leaving the practice was put in place; and a regular audit of uncollected prescriptions was initiated.
- The nursing team had completed an audit of cervical smears taken between January and December 2015.This showed that 486 smears were taken from female patients, of which 4 smears were found to be unsatisfactory.This equated to 0.85% of the total performed and was much lower that the local average of 2.5% and resulted in less patients being recalled for further tests.

Information about patients' outcomes was used to make improvements such as; educating children and their parents about self-management with asthma. The practice had a named administrators in place responsible for recalling patients for reviews. This had created a more flexible approach to the timing of reviews so that children diagnosed with asthma were invited for their reviews during the summer holiday period. This meant that patients results were unlikely to be affected by infections usually seen in the winter, which could give an inaccurate picture of the child's health. Children and their parents were routinely invited to attend a meeting with their named GP and nurse to discuss the outcome of the review.

The practice used frailty scoring to identify any patients who could be at risk of falling and put measures in place to reduce this. These included referring older patients to mobility rehabilitation services through the physiotherapy department at the community hospital.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. All trainee GPs and medical students were given a bespoke induction and had a named supervisor during their placement at the practice.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Nursing staff held diplomas in chronic disease management and managed these clinics. GPs held advanced qualifications, which included two GPs with special interests in dermatology and surgical services.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs to cover the scope of their work and to build on this. For example, health care assistants had been supported to extend their skills through accredited training courses such as one about ear syringing. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

Good

Are services effective?

(for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.

Clare House held a constantly reviewed register of 163 patients who were vulnerable, frail and could be at risk of an unplanned hospital admission. Staff worked proactively together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. A handover meeting was held every morning with all the staff at the practice. This was used for multiple purposes, including being updated about any vulnerable patients who had used the out of hours services and the support they might need that day. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The practice had identified that the team also needed a training update about this and were in the process of arranging it. However, the GPs demonstrated that they promoted patients rights. For example, GPs demonstrated their understanding of the deprivation of liberty safeguards, which could affect patients living at any of the care homes they visited.
  When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.For example, these showed that consent had been appropriately sought.Documentation confirmed that there had been a discussion with the patient about the risks and benefits of any procedure and that their signature had been obtained.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. For example, 102 patients with complex mental health needs were enabled to focus on recovery with support and well managed treatment plans. Some of these patients were treated with depot medicines, which they needed to be given on a regular basis to support their recovery. Practice nurses had a good rapport with patients and held a written log of the patient's due date for depot medicines, which was checked weekly and prompts given if a patient missed their appointment. The whole team were aware that they needed to be flexible and fitted patients into a clinic if they arrived unannounced for their medicines. Patients were signposted to relevant services where appropriate.
- Weight loss management support was offered to patients to help them regain a healthy weight and reduce any potential risks to their health. Nurses and GPs referred patients to a local group for support with this. Smoking cessation advice was available at the practice and from a local support group.
- GPs provide medical cover at a private school and worked closely with the school nurse providing the full range of medical health service. This included promoting safe protected sex and offering chlamydia screening to young patients.
- There was strong emphasis on the whole team being involved in raising public awareness of health promotion.For example, a cervical screening campaign had been run to increase the uptake of female patients being screened.The results from this campaign were not yet known.

The practice's uptake for the cervical screening programme was 79.62% which was comparable with the CCG average of 77.0% and the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different

Good

Are services effective?

(for example, treatment is effective)

languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 68.8% to 99.0% and five year olds from 91.5% to 99.1%.

Flu vaccination rates for the over 65s were 70.07% and at risk groups 59%. These were also comparable with CCG and national averages. Patients were able to obtain free flu vaccination from local pharmacies in the area, which affected the uptake of patients having these at the practice.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 61 patient Care Quality Commission comment cards we received were positive about the service experienced. They gave high praise for the compassion and support shown to them. We also spoke with 23 patients who said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 7 members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88.4% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and national average of 88.6%.
- 88.3% of patients said the GP gave them enough time (CCG average 90.9% and national average 86.6%).
- 99.2% of patients said they had confidence and trust in the last GP they saw (CCG average 97.2% and national average 95.2%).
- 91.1% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89.7% and national average 85.1%).
- 98.7% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.4% and national average 90.4%).
- 87.8% of patients said they found the receptionists at the practice helpful (CCG average 90.5% and national average 86.8%).

Care planning and involvement in decisions about care and treatment

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

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

- 94.1% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 90.4% and national average of 86%.
- 86.1% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 87.3% and national average 81.4%)
- 90.3% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 88% and national average 84.8%)

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

Patient and carer support to cope emotionally with care and treatment

A bespoke prescriptions team at the practice contacted any patients who had returned from hospital for a wellbeing check within three days of discharge. We observed

Good

Are services caring?

interactions between these staff and patients during the inspection. They put patients at ease, reassured them and dealt with any changes to treatment quickly with the patient's GP.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. In January 2016, the practice patient population list was 10,440. The practice had identified 491 patients, who were also a carer, which was 4.7% of the practice list.

The practice was endeavouring to increase their carers register. Patients who are also carers were encouraged to inform the practice of their caring responsibilities, this was demonstrated through posters throughout the practice, on the website and in the practice newsletter. We also saw the practice worked closely with Devon Carers (an independent charity) and signposted carers to this organization for additional support.

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

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The executive team at Clare House Surgery had utilised the joint strategic plan for the area and had identified the needs of patients registered at the practice. This information had informed the development of a community hub bringing services closer to home for patients. For example, the practice was commissioned to provide dermatology GPwSI (GPs with special interests) services. Two GPwSIs worked with the practice to deliver this service for patients in Mid Devon and was supported by dermatologists from the main hospital in Exeter. Records demonstrated that this was a responsive service; patients had been able to access rapid same day treatment for low risk suspected skin cancer.
- All of the GPs held advanced qualifications and had developed expertise in different areas of care and treatment. This meant that patients were able to access several services closer to home. For example, a GP partner with expertise in the field of cardiology was providing a direct access service for patients suspected with heart failure resulting from disease or congenital conditions. Transport links were limited in the area and this service meant patients benefitted from this local service by having easier access to specialist care, reduced waiting time to see a cardiac specialist and minimising the need to travel long distances to the nearest cardiac centre.
- The practice provided surgical services in its purpose built operating theatre. Patients from the practice and surrounding practices in East, Mid and North Devon could be referred for vasectomies, carpal tunnel (a relatively common condition that causes a tingling sensation, numbness and sometimes pain in the hand and fingers) and dermatology clinics. Commissioners had agreed to extend the carpal tunnel surgical service to become a Devon wide service.
- In 2015, the practice reviewed it's approach to managing appointments for patients which at the time included triaging all requests for GP appointments. The team considered current research about the pros and cons of triage and also listened to patient comments. The resulting changes to the appointment system, which had been in place for six months enabled patients to see a GP on the day if they request one. The duty GP and all the other GPs provided same day appointments at the end of the day and continued with these until all patients requiring them had been seen.
- All 10,440 patients had a named GP, but had the choice of who to see whenever they attended for an appointment
- The practice offered a combination of GP, nurse and HCA extended hours appointments for working patients.
- There were longer appointments of at least 30 minutes in length available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice had been refurbished to a high standard with wide corridors and disabled facilities. Portable hearing loops were available for use in consultation and treatment rooms. Translation services were available and information accessible in languages other than English. The practice understood the patient population well and knew that some patients spoke Lithuanian and Polish and had ensured information was available in these languages.
- The practice demonstrated that reasonable adjustments were in place and action was taken to remove barriers when patients find it hard to use or access services. For example, the practice was responsive and flexible in the way it supported patients with complex mental health needs. Patients who at times experienced periods of mental chaos and found it difficult to engage with structured appointments, so the practice ensured that when they presented to be seen they were accommodated with an immediate appointment.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Access to the service

The practice was open 8:30 am to 6:30 pm Monday to Friday. Extended opening hours were available every day with a combination of GP, nurse and HCA early morning and late evening appointments listed on the practice website: Early morning appointments were offered on Tuesday to Friday mornings (7:30am – 8am) and late evening appointments were on Monday (6:30pm - 7:30pm). In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 79.2% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 77.6% and national average of 78.53%
- 83.87% of patients said they could get through easily to the surgery by phone (CCG average 84.4% and national average 73.3%).
- 65.8% of patients said they usually get to see or speak to the GP they prefer (CCG average 71.6% and national average 76.1%).

We discussed the national survey feedback with the practice and established that this data related to a period before the demand audit and changes were made to the appointment system.

On the day of the inspection 23 patients told us that they were able to get appointments when they needed them.

They reported that the practice had made positive changes to this system in the last eight months. We saw the same types of feedback in 61 comment cards received. High levels of satisfaction were expressed with particular emphasis about feeling listened to and being able to see a GP when they wanted to.

Listening and learning from concerns and complaints

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

- The complaint policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints, for example, posters were displayed in the waiting room and summarised in the patient leaflet and on practice website.

We looked at three complaints out of 25 received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and managed with openness and transparency when dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice had learnt that they needed to manage patient expectations better. Clearer information about when to expect a GP to return a telephone call was being given as a result of their learning.

Are services well-led?

Outstanding ☆

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

Our findings

Vision and strategy

Leadership, governance and culture were used to drive and improve the delivery of high quality patient-centred care and treatment. The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and strategy which was displayed in the waiting areas, treatment and consultation rooms. The aim and vision of Clare House Surgery was to provide a 'community hub with high quality integrated care and treatment from the cradle to the grave' for all its patients. All staff demonstrated these values through patient interactions and care provided. Staff stated they were proud of their person centred approach and constantly worked towards improving patient outcomes. We noted the practice constantly worked towards this vision through their co-location with the local hospital and their investment in staff development and support.
- The strategy and objectives of the practice were stretching and challenging for example, around recruitment. Innovative approaches were taken to ensure the practice recruited prospective new staff who shared these values. Applicants for administrative positions were invited for an open evening to meet the team and after applying attended an assessment day. During this, their interaction skills and patient centred approach were observed to ensure they had the right approach when supporting patients to determine if they should be appointed. Patient impact included a more knowledgeable and responsive staff team
- A systematic approach was taken to working with other organisations to improve care outcomes. For example, the practice liaised with commissioners to better utilise the skills of the GPs with specialist interest qualifications. The discussions led to extended surgical services delivered at Clare House Surgery to allow patients to be referred Devon wide for treatment of carpal tunnel syndrome. Patient impact was enhanced through reduced travel, a more localised service and access to timely expertise for their treatment and support. This also benefitted patients from other practices and supported the practices robust strategy and supporting business plans.

Governance arrangements

Governance and performance management arrangements were proactively reviewed and reflected best practice. The practices overarching governance framework supported the delivery of the strategy and high quality care. This framework outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These were accessible via the practice intranet and had a clear governance framework with review dates listed and updated. Paper accessible versions had been created to meet the needs of disabled staff requiring reasonable adjustments.
- A comprehensive understanding of the performance of the practice was maintained and minutes of meetings demonstrated this was discussed weekly. Discussions included, patient outcomes, learning from events and occurrences, audit outcomes, quality and performance data and access to the practice.
- A programme of continuous clinical and internal audit was used routinely to monitor quality and to make improvements. The practice had an action plan in place so that there were clear dates for when audits started would be completed. Improved patient outcomes included access to 182 extra appointments following an appointments review and improved access to rehabilitation services in line with NICE guidelines for patients with long term respiratory diseases
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice used the expertise of external consultants for management of staff resources and health and safety. Reports were followed up and recommendations completed in a timely way.
- Governance arrangements included having named administrators in place responsible for recalling patients for reviews. This had created a more flexible approach to the timing of reviews and meant that patients results were unlikely to be affected by infections. Patients were routinely invited to attend a meeting with their named GP and nurse to discuss the outcome of the review.

Are services well-led?

Outstanding ☆

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

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. This also included GPs in training and doctors on placement as part of their post qualification training. The training report highlighted that trainees had thrived whilst working at the practice due to the quality of support and education given. The practice had attracted interest from previous GP trainees who were now working at Clare House Surgery.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and responding to them.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and a high level of staff satisfaction. Staff stated they felt supported by management and felt proud of where they worked.

- A daily 'huddle' meeting was held with every member of staff before the practice opened. Information from the out of hours service about any patients identified at risk was handed over so the team knew how to follow concerns up and support them.
- Staff received support and immediate action was taken where necessary to promote their welfare, safety and develop the practice.
- There was strong collaboration and support across all staff groups. Staff told us the practice held regular team meetings for every staff group. For example, GPs, including trainees and students on placement had a meeting once a week with standing agenda items about safeguarding, significant events, patients receiving end of life care and topical issues. Staff at all levels were actively encouraged to raise concerns or suggestions for improvement to help the practice develop its patient support.
- We observed there was an open culture within the practice and staff had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. The practice held a whole team meeting every month, during which telephones were answered by Devon Doctors. These meetings included an educational element as well as covering business and operational matters.
- The partners ensured effective communication was at the heart of their work. They ensured the entire practice team were involved in preparing for the inspection. Preparation included; a staff communication board, a handbook about what to expect and regular meeting discussions.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. The practice proactively sought patients' feedback and engaged patients in the delivery of the service. For example, during the current winter flu campaign the practice had used clinics as an opportunity to gather direct patient feedback. Members of the practice team and the Patient Participation Group (PPG) spoke to patients about their experience of the practice to find out what they thought was going well or could be improved. Feedback from this resulted in:

- The development of a telephone application for patients to make appointments
- The use of the electronic prescribing service
- Redesigned waiting areas and the development of Children's play areas.
- Improved online services.
- Increased staffing levels.

Are services well-led?

Outstanding ☆

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

- The practice had gathered feedback from patients through the PPG and through surveys and complaints received. There was an active PPG which met every four to six months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the appointment system was reviewed and feedback positive about the changes made.
- The practice had gathered feedback from staff through an annual staff survey, staff away days and meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, suggestions to improve the way prescriptions were managed had been implemented so that patients experienced a person centred service.
- Clare House Surgery provided placements for GPs, qualified doctors training to be GPs and medical students. The last deanery report in 2014 was positive about the quality of training and support provided for trainees. Feedback from trainees and students demonstrated this was a popular placement and they wanted to return to work there permanently.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice.

All of the staff told us the practice invested heavily in training and support to develop their skills with the focus of delivering quality services for patients. A GP partner held an academic position as an educational fellow at Exeter university and was proactive in supporting other GPs to become trainers as succession planning.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The GP partners demonstrated a strong commitment to integrating health and social care for people registered at the practice. A GP partner was previously a member of the GP strategy and Development group at Devon Primary Care Trust until it was disbanded The partner continued to be involved with the NEW Devon CCG and regularly attended the local clinical forum. Clare House practice had been set up as a community hub and the team of GPs worked consistently with the concept of bringing services closer to home for patients. For example respiratory rehabilitation and minor surgery.

GPs sought feedback about the services they delivered with the aim of continuously improving patient experience of these. For example, audit was regularly undertaken to provide assurance about the surgical service and this was shared locally with the consultant supervisors and nationally in terms of a vasectomy audit run by the Association of Surgeons in Primary Care. Tailored patient questionnaires were used to help measure the patient experience and evaluate the effectiveness of the service at different points in the patient pathway, and during attendance for operation and post-operative care and treatment.

Annual reports about patient involvement demonstrated that the practice had taken steps to encourage young patients to be involved in the PPG. The practice was about to start using social media sites to obtain feedback from younger patients.

Clare House Surgery had shared responsibility for managing inpatient care at the local community hospital. GPs from the practice undertook ward rounds there every day to review patients. On a two week rotation the practice also provided medical cover for the urgent care centre based at Tiverton hospital.

A systematic approach had taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money for people living in Tiverton. The practice had embraced the concept of living well and was facilitating the integration of services to bring care and treatment closer to home for patients. For example, there were several GPs with specialist interest qualifications enabling the practice to provide extended dermatology and surgical services normally provided in hospitals.