

Yealm Medical Centre

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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Yealm Medical Centre on 9 August 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patient feedback about the care and treatment were comparable to other practices both nationally and in the same area.
- 96% of patients described the overall experience of this GP practice as good compared with the CCG average of 91% and the national average of 85% and added there was continuity of care, with urgent appointments available the same day.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice was clean, tidy and hygienic. We found that suitable arrangements were in place ensuring cleanliness of the practice was maintained to a high standard.
- The practice had focussed on issues around equality and diversity. For example, making information accessible to patients with a learning disability or mental health needs, such as an online virtual tour of the practice.
- The practice was run efficiently and was well organised. There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We saw areas of outstanding practice:

There was a proactive approach to understand the needs of their patients. Examples being:

- A large proportion of the patient population are elderly and the practice works hard to support this group of patients enabling them to embrace new technologies within the practice. This is achieved by offering support to patients who need help with navigating the online functions of the practice's website by giving them a step by step handout they devised for patients to take away. Further support is provided by offering one to one 'guided' tours of The Waiting Room 2 (website software) where one of their apprentice receptionists will sit with a patient in one of the practice rooms and show them on the computer how to navigate the website to be able to make the most of the online services. This is reflected in that the practice has the highest percentage of users of online services (requesting prescriptions or booking online appointments) in the whole of the NEW Devon CCG (Evidence: NHS Choices).
- The practice had recently won recognition as the highest recruiting practice to a national study in the early detection of arthritis in an early arthritis study. The Practice had been conducting research studies for around five years and was committed to providing its patients with a high standard of care and attention. These studies involved approximately 600 patients and included diabetes, cancer detection and asthma treatment for children. Clinical trials are research studies in which people help test treatments or approaches to prevention or diagnosis of health conditions to evaluate whether they are safe and effective.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were above average compared to the local CCG and national averages.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Two GP partners had a particular interest in research and one partner, was the Macmillan Lead for Cancer and Palliative Care for Devon CCG.
- The practice participated in clinical research to achieve better outcomes for patients
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. The practice encouraged young people to work within the health profession by offering apprenticeships leading to full employment
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



Summary of findings

Are services caring?

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 in the majority of aspects of care. For example, 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice identified military veterans in line with the Armed Forces Covenant 2014. This enabled priority access to secondary care to be provided to those patients with conditions arising from their service to the country.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example the practice worked closely with the local community and Dementia friendly Parish links.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had increased its number of partner GPs to provide greater flexibility in appointments.
- The practice provided support for other services on site to make it easier for patients to access services; for example, podiatry, physiotherapy, ultrasound, midwifery, health visitor and counselling.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients; for example, end of life care and drug and alcohol addiction.

Good



Summary of findings

- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- There was a strong focus on continuous learning and improvement at all levels.
- The Yealm Medical Centre provided placements for GP registrars, qualified doctors training to be GPs, medical associates and medical students. Feedback from trainees and students demonstrated this was a popular placement.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. For example, the practice computer system alerted staff to patients who required longer routine appointments because of their complex health needs.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, with out of hours services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible
- The GPs provided dedicated flu clinics in the local residential home and visited housebound patients to provide this service.
- The practice provided twice weekly delivery service of medicines to housebound patients and delivered urgent medicines to patients in the local villages during their breaks.
- The practice undertook sessional research projects through a NHS research centre aimed to benefit the older patients. 94% of the patients who were invited to take part in research felt their participation was valued.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.

Good



Summary of findings

- Performance for diabetes related indicators were higher than the CCG and national averages. The percentage of patients with diabetes on the register for whom the most recent blood sugar readings were in the average range was 86% compared the CCG average of 76% and the national average of 78%.
- A diabetes nurse specialist worked with the practice nurse to provide extra support for patients with complex needs.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met.
- Weekly meetings were held to discuss patients with complex needs and the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- From the sample of documented examples we reviewed 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.
- Immunisation rates were relatively high for all standard childhood immunisations. For example, 93% for children under one years of age and 100% for children aged one to two years.

Appointments were available outside of school hours and the premises were suitable for children and babies.

- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was 97%, which was above the national average of 82%.
- Family planning, implant contraception and emergency contraception was available at the practice.

Good



Summary of findings

- Minor surgery such as joint injections and minor skin lesions was available in the practice.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.

Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours appointments.
- 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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had focussed on issues around equality and diversity. For example, making information accessible to patients with a learning disability or mental health needs, such as an online virtual tour of the practice.
- The practice offered longer appointments for patients with a learning disability and offered an annual health review.
- 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 offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may

Good



Summary of findings

make them vulnerable. They 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.

- Pre prepared medicine blister packs were available for patients who needed them.
- The practice worked effectively with members of the community to ensure vulnerable patients received the care they required. For example, schools, local charities and the local Church.
- A GP specialised in the treatment of patients with drug and/or alcohol abuse and offered support and treatment.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- 96% of 64 patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had developed an online virtual tour of the practice for patients with a learning disability or mental health problems.
- The practice was a dementia friendly practice and had appropriate signage.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their records in the preceding 12 months was 94% of 23 patients, which was better than the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Good



Summary of findings

- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed 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 were published on 7 July 2017. The results showed the practice was performing in line with local and national averages. 220 survey forms were distributed and 129 were returned. This represented just over 2% of the practice's patient list.

- 96% of patients described the overall experience of this GP practice as good compared with the CCG average of 91% and the national average of 85%.
- 90% of patients described their experience of making an appointment as good compared with the CCG average of 82% and the national average of 73%.
- 96% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Patient's comments included, staff have a caring attitude, treat patients with respect and were very supportive and informative.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice participated in the friends and family test. The results for July 2017 showed that out of 20 responses 95% of patients would recommend the practice.

Outstanding practice

We saw areas of outstanding practice:

There was a proactive approach to understand the needs of their patients. Examples being:

- A large proportion of the patient population are elderly and the practice works hard to support this group of patients enabling them to embrace new technologies within the practice. This is achieved by offering support to patients who need help with navigating the online functions of the practices website by giving them a step by step hand out they devised for patients to take away. Further support is

provided by offering one to one 'guided' tours of The Waiting Room 2 (website software) where one of their apprentice receptionists will sit with a patient in one of the practice rooms and show them on the computer how to navigate the website to be able to make the most of the online services. This is reflected in that the practice has the highest percentage of users of online services (requesting prescriptions or booking online appointments) in the whole of the NEW Devon CCG (Evidence: NHS Choices).

Yealm Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser.

Background to Yealm Medical Centre

The Yealm Medical Centre is situated in the rural village of Yealmpton in Devon. The practice provides a general medical service in an area covering Brixton, Newton Ferrers, Noss Mayo, Ermington, Holbeton and surrounding hamlets. There is also a branch surgery at Newton Ferrers which is open one morning a week for patients who are unable to visit the main practice.

At the time of our inspection there were approximately 5,500 patients registered at the practice. The practice population is in the ninth decile for deprivation, which is on a scale of one to ten. The lower the decile the more deprived an area is compared to the national average. The practice population ethnic profile is predominantly White British. The practice has a higher elderly population than the national averages with 31% of the practice list aged over 65 years compared to the national average of 17%. The average male life expectancy for the practice area is 82 years which is higher than the national average of 79 years; female life expectancy is 85 years which is higher than the national average of 83 years.

There is a team of three male and three female GP partners. The GPs are supported by two GP registrars (a qualified doctor who is training to become a GP). The team are supported by a practice manager, also a partner, a deputy

practice manager, a dispensary manager, three practice nurses, a healthcare assistant, a phlebotomist (a person trained to take blood samples) and additional administration and reception staff.

The practice is also a teaching practice for registrars training to become GPs, medical associates medical students and physician associates (Physician associates work under the direct supervision of a doctor and carry out many similar tasks, including patient examination, diagnosis and treatment).

The practice has dispensing facilities for patients who lived more than a mile away from a dispensing chemist; approximately 70% of the practice population access this service. The dispensary is open during surgery times. A delivery driver is available to ensure medicines reach isolated patients.

The practice is active in research and clinical trials. These are research studies in which patients help test treatments or approaches to prevent or diagnose health conditions to evaluate whether they are safe and effective.

Patients using the practice also have access to community nurses, mental health teams and health visitors and other health care professionals who visit the practice regularly.

The practice reception is open between 8.30am to 6.30pm on Mondays and 8.30am to 6pm on Tuesday to Friday. Booked appointments are offered between 9am and 11am and 4.30pm to 6pm. A second surgery is held at 11.30am for additional patients who need to be seen on the day. A duty GP is available for emergencies between 8am and 6.30pm. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. Extended hours are offered on a Monday evening between 6.30pm and 7pm and on Thursday mornings from 7.30am to 8am. Outside of these times

Detailed findings

patients are directed to contact the NHS 111 service. Details are also given on the practice website of other useful telephone numbers and addresses where patients can seek assistance when the practice is closed.

The Yealm Medical Centre provides regulated activities from the main site at the Yealm Medical Centre on Market Street, Yealmpton, Plymouth, Devon PL8 2EA and its Branch practice in Bishops Court, Newton Hill Newton Ferrers. We did not visit the branch practice at this inspection.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 9 August 2017. During our visit we:

- Spoke with a range of staff including GPs nurses, dispensers, administrative staff, and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members

- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a patient requested a change of medicine this was prescribed causing adverse side effects. The practice rectified this and carried out a search of all patients on this medicine to ensure that the incident would not be repeated.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. 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. From the sample of documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses, healthcare assistants and dispensers were trained to level two and administrative staff level one.
- A notice in the waiting room advised patients that chaperones were available if required. The nursing staff and three members of the management team acted as chaperones. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. The infection control lead met with the cleaning staff every Wednesday to address any issues arising and to maintain standards.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken, the last being in April 2017 and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process

Are services safe?

to ensure this occurred. 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. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines. Appropriate patient specific prescriptions or directions were in place to support this task from a prescriber.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency annually reviewed.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- The practice was able to provide pharmaceutical services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy premises. The practice had arranged a delivery service for some patients to have their dispensed medicines delivered to their homes, and suitable records were maintained.
- Some medicines were made up into blister packs to help people with taking their medicines, and safe systems were in place for dispensing and checking these.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

The practice used locum GPs to cover staff away days. We found appropriate recruitment checks and induction procedures were in place for these staff.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment, the last review date was July 2017 and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical equipment was checked in May 2017 and clinical equipment was checked and calibrated in June 2017 to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems, by holding weekly meetings, to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 99.6% of the total number of points available with 11.3% exception reporting overall compared to the CCG average of 11.1% and the national average of 9.8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines could not be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators were all comparable or higher than national scores. For example, the patients who had a blood sugar test result within normal limits were 89% compared with a national average of 78%.
- Performance for mental health related indicators were all slightly higher than national averages. For example, the patients who had been diagnosed with dementia and had a care review was 96% compared with a national average of 84%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the last 12 months was 94% compared with the national average of 89%.

There was evidence of quality improvement including clinical audit:

- There had been clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, and peer review. The practice was involved with clinical research to improve NHS care. The practice had been or were involved with seven different clinical studies.
- Findings were used by the practice to improve services. For example, there was some evidence that parents were more reassured and less likely to repeat visit a practice if they were given written advice. An audit was undertaken over a five month period of winter 2015-2016 to see how many children under the age of six years attended the practice having or showing signs of a fever. 111 children were seen and 40 repeat attended for the same illness, a 36% re attendance rate. The GP produced an information leaflet for parents containing information for parents to follow when their child had a temperature. All GPs gave these out to parents when they visited the practice. A repeat audit was carried out over the winter months of 2016-2017. The practice saw 76 children aged six years or under and with only 15 re-attending for the same illness, a 19.7% repeat attendance rate. This demonstrated a 117% reduction of repeat attendance rates since the start of the distribution of the leaflet.

The Practice had been conducting research studies for around five years and was committed to providing its patients with a high standard of care and attention. These studies included diabetes, cancer detection and asthma treatment for children. Clinical trials are research studies in which people help test treatments or approaches to prevention or diagnosis of health conditions to evaluate whether they are safe and effective.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding.

Are services effective?

(for example, treatment is effective)

- The practice ensured all clinical staff had an up to date license to practice on the General Medical Council's (GMC) register for GPs, or the Nurses and Midwifery Council (NMC) register for nurses. All clinical staff had up to date indemnity insurance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff told us there was a culture of education and development at the practice. For example, a practice nurse had recently completed their mentorship training and a new practice nurse was being supported to develop her skills.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice provided apprenticeship places which allowed young people to gain experience of working within a GP practice and learn new skills.

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, investigation and test results. Systems were in place to ensure referrals were sent and responded to within timescales.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.

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.
- 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 patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on smoking, alcohol, stress management, drug misuse, diet and exercise, heart disease prevention and general health checks

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice's uptake for the cervical screening programme was 97%, which was higher than the CCG average of 82% and the national average of 81%. Information from the practice indicated cervical screening was the 5th highest in the country. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast

cancer screening. The practice uptake for females being screened for breast cancer was 79% which was above the CCG average of 77% and was higher than the national average of 72%. The patient uptake for bowel screening was also higher at 70% compared to the CCG average of 63% and the national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the CCG/national averages. For example, rates for the vaccines given to under two year olds were 93% which was within national targets. Vaccination rates for five year olds were 100% compared with the CCG range and 96% and national range of 94%.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.
- Patients could be treated by a clinician of the same sex.

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 97% of patients 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%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 86%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.

- 99% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 94% and the national average of 91%.
- 98% of patients said the nurse gave them enough time compared with the CCG average of 95% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 99% and the national average of 97%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 74% of patients said they found the receptionists at the practice helpful compared with the CCG average of 67% and the national average of 56%.

Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals. Age related furniture and toys were available for younger children.

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 above the local and national averages. For example:

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 86%.
- 96% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.

Are services caring?

- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 74 patients as carers (about 1.3% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older and younger carers were offered timely and appropriate support, for example, flexible appointment times.

Staff told us that if families had experienced 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.

The practice identified military veterans in line with the Armed Forces Covenant 2014. This enabled priority access to secondary care to be provided to those patients with conditions arising from their service to their country.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population. They had invested in the extension of the current building and provided an additional GP partner to cope with the demand of an increasing population due to new housing being built in the area. They also;

- Offered extended hours on a Monday evening and Thursday morning for working patients who could not attend during normal opening hours.
- Provided longer appointments of up to 30 minutes for patients with a learning disability to allow for more time to ensure the patient understood what the doctor was saying and to gain their consent for treatment.
- Focussed on issues around equality and diversity. For example, making information accessible for approximately 100 patients with a learning disability or mental health needs, such as an online virtual tour of the practice. Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Provided same day appointments for children and those patients with medical problems that require same day consultation.
- Equipment such as automated Blood Pressure, 24hr Blood pressure and 24hr electrocardiogram (ECG) machines were available to save patients time in accessing these elsewhere.
- Sent text message reminders of appointments and test results to all of the patients within the practice.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. The practice was registered as a Yellow Fever centre.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. Disabled car parking was available.
- The practice demonstrated how they encouraged uptake of the cervical screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.
- Patients could receive contraceptive services such as coil fitting, Implanon fitting and emergency contraception.
- The practice was proactive in responding to patients' needs and tailored services accordingly. For example:
- The practice worked with other health professionals to minimise unnecessary hospital admissions, particularly for older and vulnerable patients with chronic health conditions;
- Patients were able to access services at the practice by telephone and face to face;
- The practice increased the length of individual appointment times for patients with complex medical conditions these could be 20 minute or 30 minute appointments dependent on need.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate. For example the practice had developed their own pictorial easy read appointment slips for about 15 patients.
- We noted that the practice had installed an electronic booking-in system, to speed up the process and help maintain patient privacy.
- One of the partners was the Macmillan lead for end of life care for Devon CCG. This appointment placed the practice as a leader in the local area. The practice has one of the highest death at home rates, rather than in hospital, in the whole of the CCG.

Access to the service

The practice reception was open between 8.30am to 6.30pm on Mondays and 8.30am to 6pm on Tuesday to Friday. Booked appointments were offered between 9am and 11am and 4.30pm to 6pm. A second surgery was held at 11.30am for additional patients who needed to be seen on the day. A duty GP was available for emergencies between 8am and 6.30pm. The practice offered a range of

Are services responsive to people's needs?

(for example, to feedback?)

appointment types including book on the day, telephone consultations and advance appointments. Extended hours were offered on a Monday evening between 6.30pm and 7pm and on Thursday mornings from 7.30am to 8am.

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

- 85% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 88% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 97% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 90% and the national average of 84%.
- 95% of patients said their last appointment was convenient compared with the CCG average of 88% and the national average of 81%.
- 90% of patients described their experience of making an appointment as good compared with the CCG average of 82% and the national average of 73%.
- 69% of patients said they didn't normally have to wait too long to be seen compared with the CCG average of 65% and the national average of 58%.

The practice was aware of the data, and explained the actions they had taken to improve the survey results. For example the results for 2015/16 survey only 59.2% of patients said that they saw or spoke to a nurse or GP the same or next day. The results published in the July 2017 showed that 97% of respondents were able to get an appointment to see or speak to someone the last time they tried (compared with local (CCG) average of 90% and the national average of 84%). The practice had reviewed and implemented their work streams and efficiencies within the practice to allow for patients being able to speak to their clinical team. They had achieved this by:

- Patients who needed to be seen or spoken to on the day were provided with an on the day appointment or telephone call.
- Patients with less urgent needs could pre-book appointments and pre-book telephone appointments, the latter within one week.

- The clinics for nursing staff had been reviewed at least every 2 months over the last 12-18 months; this had resulted in some appointment slots now being book on the day only or within the next two days. This had allowed their service to be more responsive and accessible to patients.
- The set-up of their duty GP clinics and 'normal' GP clinics were frequently reviewed. The duty GP clinics were structured so that a second surgery in the morning wasn't booked with face to face appointments; instead they start on telephone appointments. This allowed more contact with patients allowing patients, who do require being seen, to be assessed and booked at an appropriate time, i.e. straight away or later in the afternoon.

The practice also recognised that the results for patient's experience of making an appointment, although higher than the national average, showed a minor decrease from 93% to 90%. To achieve these high scores, the practice had worked hard to ensure that they were offering access to the practice via their website; by offering online appointment booking facilities. Information from the practice indicated they were the fourth highest (out of 116 practices in the CCG) in satisfaction rates for ease of making an appointment and the highest for on line registration rates.

The practice understood the needs of different groups of patients and to deliver care in a way that meets the needs and promotes equality, for example, by assisting patients to use the on line services.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Duty GPs telephoned the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

Are services responsive to people's needs? (for example, to feedback?)

The practice had an effective system in place for handling complaints and concerns. The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. There was a poster and leaflets displayed in the waiting room explaining how to complain should patients wish to do so.

We looked at 12 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a

timely way, showing openness and transparency in dealing with the complaint. The practice reviewed complaints annually to detect themes or trends. We looked at the report for the last review and no themes had been identified. However, lessons learned from individual complaints had been acted on and improvements made to the quality of care as a result. For example, requests for home visits for patients used to be done at the end of the morning surgery. They had now instigated a system where the duty doctor reviewed all the visit requests mid-morning rather than waiting until end of morning surgery.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas; this was to be a respected practice in the community where patients saw them as a conscientious, trustworthy and reliable resource and to be respected by other local healthcare professionals. Staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had developed close ties with the local community and offered services within the premises for the benefit of the patients.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, frailty and dementia, safeguarding, research and drug misuse.
- Practice specific policies were implemented and were available to all staff. These were kept under review and available to any member of staff on any computer within the practice.
- A comprehensive understanding of the performance of the practice was maintained. The practice sought feedback from other professionals for example, visiting professionals, medical students and registrars.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing

mitigating actions. For example, significant events were on the agenda of weekly clinical meetings. Evidence showed risks were discussed and actions agreed at these meetings.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

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

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

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

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

- The practice held and minuted three monthly multi-disciplinary meetings including meetings with district nurses, the reablement team, the health and social care hub coordinator, community geriatrician and social workers to monitor vulnerable patients. Locum GPs were employed to allow for all GPs to attend the meeting.
- GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.

Are services well-led?

Good 

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

- The GPs held a daily huddle meeting before surgery to discuss complex patients and any overnight issues received from the out of hours service, this allowed for all the GPs to follow up any pressing issues with support from colleagues where required.
- Weekly clinical meetings were held.
- Staff told us the practice held regular team meetings but added communication was also informal and effective on a daily basis. These meetings included an educational element as

well as covering business and operational matters.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held. Minutes were comprehensive and were available for practice staff to view.
- 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 and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, submitted proposals and assisted the practice with their projects for improvements to the practice. For example, they were looking at setting up groups for patients with diabetes and Parkinson's disease.
- The NHS Friends and Family test, complaints and compliments received
- Staff through an annual staff survey, through staff away days and generally through staff meetings, appraisals

and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

- The practice continuously sought feedback on their performance from other professionals and we saw positive comments from GP locums, psychology, nursing homes and the learning disability team.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice is also a teaching practice for registrars training to become GPs, medical students and physician associates (Physician associates work under the direct supervision of a doctor and carry out many similar tasks, including patient examination, diagnosis and treatment). The practice is also a centre recognised by the Health Education England South West for supporting and offering additional remedial specialist training for GP registrars. These GP registrars may have had concerns raised by their previous training practices or had problems with GP training in their hospital posts such as professionalism or performance issues.

The practice undertook sessional research projects through a NHS research centre aimed to benefit the older patients. 94% of the patients who were invited to take part in research felt their participation was valued.

The practice had supported a practice nurse to complete their mentorship course and the practice were looking to train student nurses

The practice were looking towards pilot schemes with other services to improve care for patients suffering from dementia.