Torrington Health Centre

Inspection report

New Road
Torrington
Devon
EX38 8EL
Tel: 01805622247
www.torringtonhc.co.uk

Date of inspection visit: 21 May 2018
Date of publication: 02/07/2018

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This practice is rated as Good overall. (February 2016 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

In 2016, we carried out a focused inspection to review the actions taken by the provider as a result of our issuing one legal requirement at the previous comprehensive inspection. The practice had introduced systems to mitigate risk by improved reporting and investigation of incidents involving medicines.

At this inspection in May 2018, we found:

- The practice had embedded and introduced new systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice had implemented an IT system, which searched patient records to prompt audit and target regular reviews of patients to reduce health risks for them.
- Effectiveness and appropriateness of patient care was closely monitored by the strengthened governance arrangements put in place since the last inspection. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Feedback from all 30 patients at the inspection was strongly positive, and verified staff involved treated them with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. Patients needing urgent appointments were seen rapidly by the duty GP on the same day. Routine appointments for both GPs and nurses were available within two day.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. The practice had recommenced providing teaching placements for medical students.
- The practice had a strong focus on continuity of care with personal GP lists.

Population group ratings

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

Our inspection team

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

Background to Torrington Health Centre

Torrington Health Centre run one registered location, which was inspected on 2018. This was a comprehensive inspection.

The practice is located at:

Torrington Health Centre

New RoadTorringtonDevonEX38 8EL

A branch surgery is run in High Bickington five days per week open from 08.30am to 10am.

The practice provides a primary medical service to 5197 patients of a diverse age group. The practice population is in the sixth deprivation decile. In a score of one to ten the lower the decile the more deprived an area is. Particular areas of Torrington and the surrounding villages have much higher levels of deprivation. There is a practice age distribution of male and female patient's equivalent to national average figures. Average life expectancy for the area is similar to national figures with males living to an average age of 80 years and females to 85 years.

There is a team of five GPs, three partners and two salaried GPS. The gender balance is three males and two female GPs. The team are supported by a practice manager, three practice nurses, and two healthcare assistants and additional administration staff.

Torrington Health Centre is an approved teaching practice providing vocational placements for medical students in years two and three.

The practice is open between 8am and 6pm Monday to Friday, which is a local arrangement in Devon. Appointments are available from 8.30am every morning until 6pm daily. Between 12.15 and 13.15pm the practice is closed for lunch. During this period Castle Gardens Surgery takes calls for the practice which are handed over at the start of the afternoon opening. The branch surgery opening hours are 8.30am until 10am Monday to Friday.

Extended hours opening is currently unavailable but the practice is in negotiation with other practices about sharing this service. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. Outside of these times patients are directed to contact Devon Doctors the out of hour's service by using the NHS 111 number.

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

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

Risks to patients

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

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

Information to deliver safe care and treatment

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

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

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Arrangements for dispensing medicines at the practice kept patients safe. Improvements seen at the last inspection in August 2016, were embedded in practise with significant events reported, actions taken and learning shared.

Track record on safety

The practice had a good track record on safety.

Good

Are services safe?

- There were comprehensive risk assessments in relation to safety issues. Records seen demonstrated risk assessments were regularly reviewed, actions addressed and changes to policy and training of staff implemented where needed.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

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

Please refer to the Evidence Tables for further information.

Good

Are services effective?

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

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patients were able to access equipment for home testing, such as Blood Pressure (BP) machines for reporting results back to their GP to facilitate diagnosis and treatment. Near patient testing equipment was used at the practice to monitor patients on anti-blood clotting medicine (warfarin) providing immediate results and changes to dosage where necessary.
- Staff used appropriate tools to assess the level of pain in patients, where clinically appropriate.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medicine.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. In collaboration with five other practices in the area, the practice had a pharmacist whose role had included reviewing patient medicines and liaising with them if any changes had been made. After the recent departure of the last pharmacist, the practices appointed a new pharmacist who was due to start and be inducted at Torrington Health Centre.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were significantly above the target percentage of 90% or above. For example, vaccination rates for children under 2 years ranged between 97.3% and 100%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Good

Are services effective?

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

- The practice's uptake for cervical screening was 77%, which was comparable with local (76%) and national (72%) uptakes. There is an 80% coverage target for the national screening programme. The practice attempted to increase awareness of this programme amongst eligible women by using all patient contact as an opportunity to support and arrange appointments with them.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. A review carried out by the practice prompted concern about cardiovascular disease prevalence. The practice was mindful of the campaign to improve preventative care and increase uptake of NHS Health Checks for patients. In 2017-2018 the practice completed 195 health checks with patients, which was 152 more than in 2016-2017 (43).
- There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 77% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average of 84% (the practice exception reporting was 0%, which is significantly lower than the national level of 7%).
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is significantly above the national average of 91%, with significantly lower exception reporting (practice 4%, locality 15% and national 12%).
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 97% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the national average of 96%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided as a result of safety alerts and clinical commissioning group initiated audits. For example, the practice conducted monthly audits of the monitoring of patients who were prescribed high risk medicines. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice had jointly funded a pharmacist role with the clinical commissioning group. The pharmacist supported four other practices, including Torrington Health Centre, with reviewing prescribing patient medicines for efficiency and appropriateness.

Good

Are services effective?

- The practice used information about care and treatment to make improvements. An example seen was an audit identifying the percentage of patients prescribed high intensity statin (medicine used to lower cholesterol levels). The practice raised the awareness of GPs to consider whether the patient was on the most appropriate statin therapy, and where appropriate change the patient onto a higher intensity statin. Changing patient to this enhanced the preventative health benefits for patients on statins to reduce the risk of coronary heart disease, heart attacks and strokes.
-
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. The practice reviewed data which showed above average cancer diagnosis in secondary care. The practice implemented a plan to improve cancer diagnoses and increase cancer review performance. In 2015/16 14 patients were diagnosed with cancer, by 2016/17 the practice had increased cancer review performance by 100% with 28 patients having been reviewed within six months of diagnosis.

Effective staffing

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

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

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in practice initiated monitoring and management of their own health.

Good

Are services effective?

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Please refer to the Evidence Tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from 30 patients was strongly positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them. 159 patients were identified as carers out of a total of 5197 patient registered; this represented approximately 3% of the practice list.

Privacy and dignity

The practice respected patients' privacy and dignity.

- 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.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Good

Are services responsive to people's needs?

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account/did not take account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone, web self-help advice and e-consultations with their named GP were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered. The practice had listened and acted on feedback replacing waiting room chairs with high backed ones for patients with limited mobility. A toilet was repositioned for easier access.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

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

People with long-term conditions:

- Patients with a long-term condition to receive an annual review to check their health and medicines needs were being appropriately met. Multiple conditions could be reviewed at one appointment, and consultation times made flexible to meet each patient's specific needs.
- Near patient testing was available for patients on anti-blood clotting medicines. Patients were able to receive immediate results and advice when the dosage needed to be adjusted.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice had acted on patient feedback to provide extended hours opening. A partnership of five GP practices in the Torridge area, including Torrington Health Centre were collaborating to provide patients with extended hours opening across every weekday. At the time of the inspection, this had not yet started.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including families at risk of domestic abuse, homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Patients with a learning disability had access to longer appointments for an annual health check, which was co-ordinated with the learning disability team supporting them.

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

Good

Are services responsive to people's needs?

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics with a consultant psychiatrist. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- 82% patients responding in the national GP Survey reported that the appointment system was easy to use. This was comparable to the local (82%) and national (72%) averages.

Listening and learning from concerns and complaints

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

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

Please refer to the Evidence Tables for further information.

Good

Are services well-led?

We rated the practice and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

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

- The managing GP partner and newly appointed practice manager had oversight of all quality assurance of the practice and met regularly to agree actions to reduce areas of identified risk and improvement. Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population, working in collaboration with four other practices in the Torridge area to achieve this.
- The practice monitored progress against delivery of the strategy.

Culture

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

- CQC received 13 staff comment forms at the inspection, all of which highlighted staff felt proud and valued working at Torrington Health Centre. The managing GP partner highlighted Torrington Health Centre was the only GP practice in the Southwest providing staff with a 'Living Wage'.
- The practice focused on the needs of patients. Three members of the patient participation group (PPG) commented that there was a holistic approach at the practice. They told us GP partners regularly attended PPG meetings, listened and took action to improve patient experience.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. We reviewed one complaint and saw the practice appropriately offered resolution meetings and gave an apology when things went wrong.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Thorough arrangements were in place monitoring when staff revalidation dates were due.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out,

Good

Are services well-led?

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

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Since the last inspection, the practice had embedded clinical audit leading to positive impacts on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. Several examples of clinical audit were seen: pertussis vaccination of pregnant women led to an increase in uptake but further improvement was recorded for action. Antibiotic stewardship audits looked at prescribing rates for common sites of infection, which actions to increase education of patients and reduce prescribing further. Non clinical audit examples were seen, for example patient demand and capacity of resources and appointment availability.
- The practice had plans in place and had trained staff for major incidents. This had been successfully implemented during a period of adverse weather and had ensured vulnerable patients had support when they needed it.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- The practice was chosen by the Devon local medical council to be one of three GP practices within locality to monitor workload and provenance. The aim of this project was to identify areas where improvement and innovation could support GP practices under pressure in the future.

Good

Are services well-led?

- There was a focus on continuous learning and improvement. The practice was a teaching practice and had recommenced medical student placements in 2016. Medical students from years two and three were due to start their placements in September 2018.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice had recently become a research practice and had employed a research nurse. Through the NIHR (National Institute of Health Research) Clinical Research Network South West the practice had patients involved in a study looking into rheumatoid arthritis. Another study was about to start looking at inflammatory back pain, for which patients meeting the criteria were being sought to take part in.

Please refer to the Evidence Tables for further information.