The Health Centre

Quality Report

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

Ratings

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

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 Kingskerswell and Ipplepen Medical Practice (Ipplepen Health Centre), Devon on Thursday 14 July 2016. Overall the practice is rated as outstanding

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. The practice carried out a thorough analysis of the significant events and arranged for their learning to be shared with other practices and the NHS England quality and safety team. Learning from other practices was also shared with practice staff using the significant event audit learning sharing document.
- Risks to patients were assessed and well managed.
- The practice promoted the SAM (Sepsis Assessment and Management) guidelines giving a checklist and traffic light approach for parents to monitor their children during illness and reinforce their knowledge of when to call for advice from health care staff in the practice or in the hospital.
- There were appropriate arrangements for the efficient management of medicines.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Staff held roles within the wider community. For example; one of the GPs was the clinical lead for patient safety and quality for South Devon and Torbay CCG. The IT lead had been appointed by the CCG as their SystmOne, patient record system, Champion.
- Data from Public Health England showed the practice had a higher incidence of patients with long term conditions and dementia. We saw evidence to show that despite this the practice was consistently rated as one of the top practices locally and nationally. For example,Quality and Outcomes

Summary of findings

Framework (QOF) scores, GP national patient survey, ratings on NHS choices, local surveys, friends and family test results, dispensing service quality scheme and CCG monitoring.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The staff often went above and beyond their normal roles to impact on patients within the wider community. For example, one of the GPs had helped set up and volunteered at the local memory café and two others had undertaken a bicycle ride to raise charitable funds for a local hospice which patients benefitted from accessing where their health needs dictated.
- The practice worked jointly with the Teignbridge homeless charity giving out food parcels.
- Relationships with patients was highly valued by all staff and promoted by leaders. We were given examples where staff had worked effectively to build and maintain relationships. For example, patients of a newborn child were sent a letter of congratulations.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns. The practice had further developed the complaints process by seeking an independent GP to review patient care following complaints and complete an independent report. The report confirmed effective complaints management and patient care.
- Patients 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 a proactive system for identifying carers lead. The practice had identified 4.9% of the practice population as carers. The ongoing support included links to local services and referral to the Devon Carers Network.
- There were failsafe systems in place to ensure patients were offered screening. This had resulted in rates for cervical and bowel cancer screening being higher than CCG and national averages.
- There were good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice was organised and had effective governance structures in place.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw a number of areas of outstanding practice. These included:

The practice had standardised their use of the computer system (SystmOne) through the development of templates which included care plans, patient leaflets, preferences, protocols, prompts and alerts to improve patient safety and care. For example, the IT lead had developed a frailty template, for use as part of a local frailty project, which had a very positive impact on the practices in the project, by improving the processes and working through a series of prompts to ensure all relevant data is recorded. This template in some instances has been shared nationally as a result of direct requests from other practices. This had resulted in the member of staff receiving a SystmOne (practice computer system) Champion of the Year award (usually given to GPs), primarily for their work in leading a group of nine SystmOne GP practices sharing learning and developing the very best use of the computer system in support of patient care.

Leaders have an inspiring shared purpose and strive to deliver and motivate staff to succeed. The GPs and leadership team had invested in their staff over a long period of time. This had led to a happy, loyal workforce with low staff turnover. Staff were supported both financially and with protected time to develop both personally and professionally in addition to the required updates. For example; the practice manager had started at the practice as a sixth form school leaver. They had started in the administration team and was sponsored to obtain a dispensary qualification, followed by a national vocational qualification (NVQ) in business and administration and level 4 management NVQ. The practice then funded her foundation degree in Management and Leadership prior to promoting her to practice manager. Two additional staff had been

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supported to obtain NVQ's in management. One of the practice nurses had been funded to do a prescribing course. Another practice nurse had been funded and supported to do a nursing degree and prescribing qualification. Other staff had been sponsored to become health care assistants and dispensers. Existing partners had worked at the practice as GP trainees. Ex members of staff had been encouraged to develop and pursue promotion and roles outside of the practice. For example, one of the partners now worked for the CCG as chief executive officer. Present staff were also supported to have roles within the wider community. For example, one of the GPs was the Clinical Lead for Patient safety and quality for the local CCG and the IT lead had been appointed by the CCG as their SystmOne Champion, working closely with the chief clinical information officer.

The continuing development of staff skills, roles, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were encouraged to attend advanced training, develop systems, lead pilots and suggest ideas to ensure high quality care and achievement. For example, we saw examples of detailed, multi-layered systems and structures which had good outcomes for patients. These systems were detailed and monitored to ensure the information was effective and in the best interest of patients. For example, including an independent review in the complaints process, development of a quality significant event reporting system, sharing the developed templates and processes with the CCG and promoting the SAM (Sepsis Assessment and Management) guidelines resulting in earlier referrals to paediatrics. Systems, audits and processes were performed with a high level of detail resulting in positive impact for patients and cost savings to the practice and CCG.

There were failsafe systems in place to ensure patients were offered screening and results were followed up as appropriate. As a result, cervical and bowel cancer screening rates were higher than the clinical commissioning group (CCG) and national averages

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?

Outstanding ☆

The practice is rated as outstanding for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients 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 arranged for their significant event learning to be shared with other practices and the NHS England quality and safety team and learning from other practices was also shared to improve service quality and support continuous improvement.
- The GPs had started a quality reporting system for the CCG called “Yellow card” where they were able to escalate any episodes of poor care from secondary care to support improved patient care and safety.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Recruitment procedures and checks were completed as required to ensure that staff were suitable and competent.
- There were appropriate arrangements for the efficient management of medicines.
- Health and safety risk assessments, for example, a fire risk assessment had been performed and were up to date.
- The practice was clean, tidy and hygienic. We found that suitable arrangements were in place that ensured the cleanliness of the practice was maintained to a high standard.

Are services effective?

Outstanding ☆

The practice is rated as outstanding for providing effective services.

- Data showed the practice had a higher incidence of patients with long term conditions and dementia. We saw evidence to show that despite this the practice were consistently rated

among the top practices locally and nationally. For example, data from patient surveys and the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average.
- The management team reviewed practice referral rates based on data reported from the CCG and looked into and acted upon the reasons why rates were higher.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. The audits we looked at demonstrated sufficient level of detail, involvement of the whole team, reflection, and evidence of impact on patient care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were proactively supported to acquire new skills, share best practice and develop their career both inside the practice and externally within other organisations.
- There was evidence of appraisals and personal development plans for all staff.
- Staff, teams and services were committed to working collaboratively with other health care professionals and with the voluntary sector. Patients who had complex health needs were supported to receive coordinated care.
- There were innovative and efficient ways to deliver more joined-up care to patients who used services. For example, working to provide GPs at a local community hospital with information about patients in their care.
- There were failsafe systems in place to ensure patients were offered screening and results were followed up as appropriate. As a result, cervical and bowel cancer screening rates were higher than the clinical commissioning group (CCG) and national averages.
- The practice had been innovative and creative in designing and implementing a new range of patient information leaflets and templates for patients to complete which were used for the collection of information. These leaflets and templates were then rolled out in the locality to six other practices.

Are services caring?
The practice is rated as outstanding for providing caring services.

Outstanding ☆

Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients were respected and valued as individuals and were empowered as partners in their care.
- Relationships with patients was highly valued by all staff and promoted by leaders. We were given examples where staff had worked effectively to build and maintain relationships. For example, patients of a newborn child were sent a letter of congratulations.
- The practice had a proactive system for identifying carers. The practice had identified 4.9% of the practice population as carers. The ongoing support included links to local services and referral to the Devon Carers Network.
- The staff often went above and beyond their normal duties to impact on patients within the wider community. For example, one of the GPs volunteered at the memory café and two others had completed a bicycle ride to raise charitable funds for the local hospice which patients had access to if needed.
- The practice worked jointly with the Teignbridge homeless charity. Receptionists had access to food and toiletries parcels which could be collected by anyone the charity sent to the practice or could be issued directly by the practice to ensure vulnerable peoples basic needs were met.
- Practice staff were keen to support the local community and had routinely raised money for the local hospice by doing cycle events, fitness challenges and marathons.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services.

- Patients 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 responded to feedback from patients which showed that waiting times had increased slightly by introducing a leaflet giving patients advice on alternative treatment pathways for issues including minor ailments, mental wellbeing and sexual

Summary of findings

health. The practice had also introduced a practice pharmacist who was being used for medicine reviews, medicine queries, and medicine audits to free up GP time and reduce waiting times.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. The practice had further developed the complaints process by seeking an independent GP to review patient care following complaints and complete an independent report.

Are services well-led?

Outstanding ☆

The practice is rated as outstanding 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 staffing structure and staff were aware of their own roles and responsibilities. There had been effective succession planning in place. For example, the previous practice manager had spent six months coaching and supporting the new practice manager in their role to ensure competency and continuity of service during the transition of management.
- There was a clear leadership structure and staff felt supported by management and by each other. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a robust overarching governance framework which was detailed and supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. This also included sharing learning from clinical audit and significant events with external stakeholders and other professional bodies and using external examples to improve the service.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels and leaders had an inspiring shared purpose, striving to deliver, motivating staff to succeed and also celebrating achievements. For example, the GPs had invested in their staff over a long period of time. The practice had supported staff financially and given protected time to develop their skills and knowledge. This had led to a happy, loyal workforce with low staff turnover.
- The whole team were recognised as team players and encouraged to develop their skills. For example, career development and protected time to access further education.
- All members of the team were valued and appreciated for their contribution.
- Trainee GPs were supported effectively at the practice resulting in staff joining the practice as salaried GPs or partners following their time spent at the practice. Feedback from previous trainees was positive.
- A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. For example the 'One Care Home, One Practice' initiative, the frailty service and sharing good practice with other GPs and external stakeholders.

Summary of findings

The six population groups and what we found

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

Older people

Outstanding ☆

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

- The practice had a higher than national average of older patients. For example, the practice had 26% of patients over 65 years and 3.5% over 85% compared with the national average of 17% and 2%.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had identified the top 2.3% of older patients who were most at risk of hospital admission and were reviewed at least monthly with the wider primary care team.
- Older patients at risk of hospital admission had care plans where necessary.
- Following patient consent, GPs at the practice shared their electronic medical records with the GP colleague who looked after inpatients at the Newton Abbot Community Hospital.
- Practice staff liaised with the patient and a range of agencies (for example, community hospital staff, carers, social services and the voluntary sector) to effectively manage patients hospital discharge. This coordinated discharge involved complex case management and the patient in ensuring patient safety following their return home.
- Flu, pneumococcal and shingles vaccinations were provided at the practice for older people. Vaccines for older people who had problems getting to the practice or those in local care homes were administered in the community by the GPs and nurses.

People with long term conditions

Outstanding ☆

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

- Data from Public Health England showed that 56% of the practice population had a long standing health condition. This is comparable with the national average of 54%.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Summary of findings

- Longer appointments and home visits were available when needed.
- The practice had employed a nurse practitioner to focus on patients at risk of hospital admission or who were housebound with long term conditions to ensure their conditions were closely monitored.
- There was an annual review process where patients with long term conditions such as diabetes, asthma, COPD (chronic obstructive pulmonary disease), CHD (coronary heart disease) and stroke were called in for review on their birthday month.
- Review invitations were sent four times a year to patients with mental health illnesses, dementia and learning disabilities to help ensure reviews took place.
- Patients with chronic diseases were able to access longer appointments for their reviews.
- All patients with a long term condition had a named GP. The named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care, for those patients with the most complex needs.
- Nationally reported data showed that outcomes for patients with long term conditions were either comparable or better than other practices within the clinical commissioning group (CCG) and nationally. For example, patients with a normal blood sugar level recorded in the last year was 84% compared to the CCG average of 79% and national average of 78%.
- A pharmacist worked at the practice and reviewed cases of polypharmacy (where patients are taking 10 or more medicines) to reduce medicine interactions, improve patient wellbeing and reduce cost.
- Patients in caring roles were identified and offered the opportunity to see a specialist carer's support worker at the practice or in their home to receive appropriate support and advice.
- The practice worked alongside the CCG in delivering the 'frailty service' to the patients of Newton Abbot registered at six practices in the locality. One of the GPs was the clinical lead GP but worked with other practice staff to develop the project.

Families, children and young people

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

Outstanding ☆

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- There were regular meetings between the GP surgery and health visitor to discuss action and support for families and children causing concern.
- Patients had access to a full range of contraception services and sexual health screening including chlamydia testing and cervical screening.
- The practice website provided links to information specifically aimed at supporting families, children and young people. This included a variety of behaviour management, parenting and relationship resources.
- The practice promoted the SAM (Sepsis Assessment and Management) guidelines giving a checklist and traffic light approach for parents to monitor their children during illness and reinforce their knowledge of when to call for advice from healthcare in the practice or in the hospital.
- The practice actively participated in promoting Meningitis vaccination for students in secondary and higher education.

Working age people (including those recently retired and students)

Outstanding ☆

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

- The practice offered weekly evening appointments for patients who were unable to attend the practice during normal hours.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice had adjusted appointments schedule to offer evening appointments twice a week.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Summary of findings

- All patients were offered a telephone consultation with a GP or nurse to ensure they got the treatment they needed without spending time waiting for a surgery appointment if this was not necessary.
- The practice had been one of the first in the area to adopt the electronic prescription service. Patients were able to collect their prescription at a pharmacy of their choice, including those more convenient to their work place.
- The practice had a 'self-service health pod' which enabled working patients to update their blood pressure, height and weight measurements without the need for an appointment and which was followed up by the GPs and nursing staff if needed. This was particularly helpful for working age females who needed oral contraception medicine reviews.
- The practice used a text communication service for appointment reminders, which all patients said they found helpful.
- The practice nurses offered foreign travel advice and vaccinations in line with current guidance.
- The practice performance in offering and undertaking NHS Health screening was among the best in the locality. For example, data from the national cancer intelligence network showed that the practice was statistically higher for bowel and cervical cancer screening in the last year.

People whose circumstances may make them vulnerable

Outstanding ☆

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice scheduled longer appointments for patients having reviews for learning disabilities, mental health issues, and dementia.

Summary of findings

- 94% of patients with a learning disability had received an annual health check in the past year and annual visits were provided to a local specialist home for learning disabled.
- 91% of mental health patients had had a face to face review in the last year.
- There was a self-referral service for those patients suffering with anxiety and/or depression.
- A patient lift was provided at Kingskerswell. Disabled parking was available in the practice car park and accessible toilets were provided.
- Chairs in waiting rooms include some with arm rests to assist patients to stand.
- The practice had hearing aid loop systems for the hearing impaired at both sites and all staff had been trained in vision and impaired hearing awareness.
- The practice actively supported the local "one care home – one practice" strategy which aimed to provide continuity to patients and staff in care homes. Feedback from the homes was positive.
- The practice worked effectively with the Teignbridge homeless charity. Receptionists had access to food and toiletries parcels at both health centres which could be collected by anyone the charity referred to the practice. GPs and practice staff had also been given discretion to give these away to anyone they felt would benefit from them. Once issued, a quick phone call to the charity ensured the parcels were replaced promptly.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

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

- The practice had a register which identified patients who had mental illness or mental health problems.
- Data showed that performance for mental health related indicators were all similar to or slightly above the national average. For example, all patients diagnosed with mental illness had been offered the opportunity to have their care reviewed in a face to face meeting in the last 12 months.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

- Staff have a good understanding of how to support patients with mental health needs and dementia. The practice had hosted a dementia awareness training session for voluntary groups and staff.
- Patients had access to a self-referral depression and anxiety service (DAS) if they were suffering with anxiety, stress or depression.
- Patients suffering from depression were seen regularly and were proactively followed up if they did not attend appointments to help reduce the impact on other services such as the A&E service.
- The practice has a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice provided a room for a mental health counsellor to use at the Kingskerswell Health Centre.
- The practice encouraged advance care planning for patients with dementia and regularly worked with multi-disciplinary teams in the case management of these patients.
- All patients diagnosed with dementia had been invited to have their care reviewed in a face to face meeting in the last 12 months. The percentage of patients diagnosed with dementia who had had their care reviewed in the last year was 92% compared to a CCG average of 82% and national average of 84%.
- One of the practice GP partners had been actively involved in setting up and running a new Memory Café based at the village hub in Ipplepen, which patients from Kingskerswell could also access. Staff referred patients to the café and one of the GPs also volunteered at the café. GPs also referred patients to the memory team at the local mental health service.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results were collated with the other practice within the organisation. Results showed the practice was performing higher than local and national averages. 235 survey forms were distributed and 130 were returned. This represented approximately 1.3% of the practice's patient list. Results from the service showed;

- 98% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 90% 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 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Patients commented about the friendly staff, clean environment, and efficient service. Patients stated that they were treated with respect and dignity. We also received appreciative and positive comments by email from four members of the PPG group.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were friendly, helpful and professional. Patients said they thought the facilities were good and the care and treatment they received was very good.

Patients said it was easy to get repeat prescriptions, receive regular healthcare reviews and had prompt hospital referrals. Patients explained these processes were managed efficiently. We received many comments about individual members of staff. Two patients said they sometimes had to wait for an appointment to see their own GP but added that this was not a problem because they were able to access any GP on the same day.

We also received four emails from members of the practice patient participation group (PPG). Three from Kingskerswell and one from Ipplepen. Their opinions mirrored the above views and added that any issues were managed well and resolved promptly. There was one more negative comment which related to the clinical management of a medical condition.

We looked at the friends and family patient feedback from April and May 2016. These showed that of the 40 patients, 36 would be extremely likely or likely to recommend the practice to others and one would be unlikely to recommend the practice.

Outstanding practice

The practice had standardised their use of the computer system (SystmOne) through the development of templates which included care plans, patient leaflets, preferences, protocols, prompts and alerts to improve patient safety and care. For example, the IT lead had developed a frailty template, for use as part of a local frailty project, which had a very positive impact on the practices in the project, by improving the processes and working through a series of prompts to ensure all relevant data is recorded. This template in some instances has been shared nationally as a result of direct requests from other practices. This had resulted in the member of staff receiving a SystmOne (practice computer system) Champion of the Year award (usually given to GPs), primarily for their work in leading a group of nine SystmOne GP practices sharing learning and developing the very best use of the computer system in support of patient care.

Leaders have an inspiring shared purpose and strive to deliver and motivate staff to succeed. The GPs and

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leadership team had invested in their staff over a long period of time. This had led to a happy, loyal workforce with low staff turnover. Staff were supported both financially and with protected time to develop both personally and professionally in addition to the required updates. For example; the practice manager had started at the practice as a sixth form school leaver. They had started in the administration team and was sponsored to obtain a dispensary qualification, followed by a national vocational qualification (NVQ) in business and administration and level 4 management NVQ. The practice then funded her foundation degree in Management and Leadership prior to promoting her to practice manager. Two additional staff had been supported to obtain NVQ's in management. One of the practice nurses had been funded to do a prescribing course. Another practice nurse had been funded and supported to do a nursing degree and prescribing qualification. Other staff had been sponsored to become health care assistants and dispensers. Existing partners had worked at the practice as GP trainees. Ex members of staff had been encouraged to develop and pursue promotion and roles outside of the practice. For example, one of the partners now worked for the CCG as chief executive officer. Present staff were also supported to have roles within the wider community. For example, one of the GPs was the Clinical Lead for Patient safety and quality for the local CCG and the IT lead had been appointed by the CCG as their SystmOne Champion, working closely with the chief clinical information officer.

The continuing development of staff skills, roles, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were encouraged to attend advanced training, develop systems, lead pilots and suggest ideas to ensure high quality care and achievement. For example, we saw examples of detailed, multi-layered systems and structures which had good outcomes for patients. These systems were detailed and monitored to ensure the information was effective and in the best interest of patients. For example, including an independent review in the complaints process, development of a quality significant event reporting system, sharing the developed templates and processes with the CCG and promoting the SAM (Sepsis Assessment and Management) guidelines resulting in earlier referrals to paediatrics. Systems, audits and processes were performed with a high level of detail resulting in positive impact for patients, higher than local and national average screening results and cost savings to the practice and CCG.

There were failsafe systems in place to ensure patients were offered screening and results were followed up as appropriate. As a result, cervical and bowel cancer screening rates were higher than the clinical commissioning group (CCG) and national averages.

The Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, GP specialist adviser, a practice manager specialist adviser and an expert by experience.

Background to The Health Centre

Kingskerswell and Ipplepen Medical Practice is located in South Devon and has two locations; Kingskerswell Health centre located in the small town of Kingskerswell and Ipplepen Health Centre. The two practices combine training, administration, care and treatment and management processes and have worked together for over 50 years. Survey results, performance data and national data is collected as one provider.

This report relates to Ipplepen Health Centre.

Kingskerswell and Ipplepen Medical Practice has an NHSE general medical services (GMS) contract to provide health services to approximately 10,663 patients. This is divided into 5714 patients atKingskerswell Health Centre and 4949 patients at Ipplepen Health Centre. The practice is open between 8.30am and 6pm Monday to Friday. Extended hours appointments at Ipplepen are offered on Tuesdays and Thursdays until 7.30pm. In addition, pre-bookable appointments that can be booked up to two weeks in advance. Telephone appointments are also available. Urgent appointments are also available for patients that needed them.

The practice has opted out of providing out-of-hours services to their own patients and refers them to an out of hours provider via the NHS 111 service. This information is displayed on the outside of the practice, on their website, and in the patient information leaflet.

For both locations the mix of patient's gender (male/female) is almost 50% each. 11.8% of the patients are aged over 75 years old which is higher than the national average of 7.8%. 3.5% of the patients are over the age of 85 which is higher than the national average of 2.3%. There was no data available to us at this time regarding ethnicity of patients but the practice stated that the majority of their patients were white British. The deprivation score was recorded as 8, on a scale of 1-10. One being more deprived and 10 being less deprived.

There are a total of nine GPs working across both practices within this organisation. This equates to just over six whole time equivalent GPs. All GPs are usually based at one practice but work at both sites to cover for holiday and sickness. Nurses work across both locations on a regular basis.

The practice is a teaching practice with good feedback from trainees and the local NHS health education team.

The Ipplepen Health centre practice has an established team of four GPs. There are two male and two female GPs. Three of these GPs are partners who hold managerial and financial responsibility for running the business. The GPs are supported by a practice manager, two nurse practitioners, two practice nurses, three health care assistants and additional administration and reception staff.

We inspected both locations within this organisation. This report relates to the regulatory activities being carried out at:

Ipplepen Health centre

Detailed findings

Silver Street

Ipplepen

Devon

TQ12 5QA

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 and asked other organisations to share what they knew. We carried out an announced visit on Thursday 14 July 2016. During our visit we:

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

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

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

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

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

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

Outstanding ☆

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. The practice had also arranged for their significant event learning to be shared with other practices and the NHS England quality and safety team. Learning from other practices was also shared with practice staff using the significant event audit learning sharing document to help improve service quality and encourage continuous improvement.
- Events were reported efficiently to the National Reporting and Learning System (NRLS) where appropriate.
- The GPs had started a quality reporting system for the CCG called "Yellow card" where they were able to escalate any episodes of poor care from secondary care. GPs were able to report this to the CCG via the yellow card system resulting in the quality team in the CCG investigating the issue. The lead GP for this system met with the medical director of the Trust to discuss any themes and serious incidents that had been reported. All staff at the practice had been informed of the reporting quality issues via the scheme. We were told of examples of where this has improved the care for patients. For example, with better quality discharge summaries from secondary care.

We reviewed 30 safety records, incident reports, and minutes of meetings from both practices where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, dispensary patient had been issued with the wrong medicine. The patient was informed and an investigation showed that a staff member had used the fridge label number rather than the patient name. The incident was discussed at the practice meeting, additional training was given and the standard pertaining procedure was re-iterated and reinforced regarding dispensary of prescriptions.

There were systems in place to effectively monitor and review patient safety alerts. For example, one of the GP partners collected information in a log which listed the practice response to the alert. This was then circulated to staff and discussed at the weekly practice meetings.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. Policies and flow charts, displayed in each room, clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to the appropriate level of child safeguarding training. For example, GPs to level three and nurses to level two. Administration staff were trained to level one and had access to safeguarding procedures and guidance. Staff explained that the health visitors and social workers attended the weekly multidisciplinary meetings to discuss at risk children and families but would also communicate outside of these times.
- A notice in the waiting room and each treatment room advised patients that chaperones were available if required. 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. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Fortnightly infection control room checks were performed and annual infection control audits were undertaken. We saw evidence that action was taken to address any improvements identified as a result. This had included reminding staff about appropriate storage of equipment within clinical areas.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) 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 in place to monitor their use. Patient Group Directions and patient specific directives had been adopted by the practice to allow nurses to administer medicines in line with legislation. The GPs and practice nurses had signed these agreements in line with the requirements of their role for this task.
- There was a dispensary at Ipplepen which served 4200 patients. 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 dispensary had been inspected by NHS England's Dispensary Services Quality Scheme (DSQS) inspector who praised the positive attitude of the practice staff. References were also made to the 'well managed, well-motivated and well organised' systems in place, some of which were shared with other dispensaries in the area.
- The dispensary 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.
- We reviewed five staff personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. There had been a new member of staff who had introduced improvements to the health and safety management at both of the practices. There were fire risk assessments performed in June 2016. A recent regular fire drill had taken place at the Kingskerswell practice in May 2016 which had identified an issue with the evacuation of non-mobile people from the first floor. Alternative methods of conveyance were being sourced. The drill had also identified that not all windows had been closed which was addressed and actioned with all staff now clearer about their responsibilities in the event of a fire.
- The practice promoted the SAM (Sepsis Assessment and Management) guidelines giving a checklist and traffic light approach for parents to monitor their children during illness and reinforce their knowledge of when to call for advice from health care staff in the practice or in the hospital. The clinical staff had received training in the use of the sepsis assessments and had a supply of the leaflets in each clinical room. The practice had made a number of earlier referrals to paediatrics based on the introduction of this assessment tool.

Outstanding ☆

Are services safe?

- There were effective systems in place to ensure that all electrical equipment had been checked in 2015 to ensure it was safe to use and was due for re test in 2017. Clinical equipment had been checked in July 2016 to ensure it was working properly and was due for recalibration in July 2016. The staff booked this process for a Thursday to provide least disruption to the service. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff said sickness and unexpected absences were usually covered by existing staff to provide continuity for patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on all of the computers and alarms in all the consultation and treatment rooms which alerted staff to any emergency. Staff told us there had been an emergency the day before the inspection which had been responded to promptly and managed well.
- 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 in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met 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 from 2014-15 showed that the practice had achieved 100% of the total number of points available which was higher than the clinical commissioning group (CCG) average of 95.9% and national results of 94.8%. There were no overall exception reporting rates. Exception reporting is used where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. The practice was either lower or comparable to local and national reporting for all clinical indicators. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 3.91% compared to a national exception rate of 7.6%. The GPs were able to explain exceptions.

We looked at the exception reporting rates for the practice. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The QOF lead at the practice was able to demonstrate that each example had been justified and reviewed on an individual basis.

QOF data showed the practice had a higher incidence of patients with long term conditions and dementia. We saw evidence to show that despite this the practice were consistently rated in the top practices locally and nationally. For example, QOF scores, GP national patient survey, ratings on NHS choices, local surveys, friends and family test results, dispensing service quality scheme and CCG monitoring.

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

- Performance for diabetes related indicators were all similar to or slightly above the national average. For example, the percentage of patients who had a blood sugar level within normal range in the last year was 84% compared to a national average of 79%.
- Performance for mental health related indicators were all similar to or slightly above the national average. For example, data from 2014-15 showed that the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented was 94% of the points available compared to the national average of 89%.

All staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review and accreditation were proactively pursued. For example, a detailed regular review of cancer diagnosis looked at the care and treatment these patients had received. In the last year there had been six diagnoses made after an admission to hospital. None of the admissions were felt to be avoidable or inappropriate. Cancer profiles within South Devon and Torbay showed the trend for cancer emergency admissions continued to fall which was below the CCG averages.

GPs had also reviewed practice referral rates based on data reported from the CCG and looked into reasons why rates were higher. For example, one audit showed the practice had an above average referral rate for ear, nose and throat (ENT) referrals. One of the registrars at the practice did an audit of patients referred with sinusitis. This showed that practice compliance with a type of medicine therapy before referral had been lower than expected. The GPs discussed the audit at a clinical meeting and action taken showed

care had improved as a result of discussion, training and monitoring. In addition, one of the GPs became trained in a specialist manoeuvre used on patients with dizziness resulting from ENT conditions.

There was evidence of quality improvement including clinical audit.

- We looked at six clinical audits completed in the last two years; four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Current studies included recruiting patients for trials for arthritis, cancer, and access to exercise.
- The process of all audits seen was detailed, reflective and transparent. Findings were used by the practice to improve services. For example, an audit aimed at improving asthma care and control had started in 2014 and had been initially introduced by the CCG. The practice identified that care and control within the practice was good but had identified increased use of some inhalers. The audit initially looked at the patients who used the most inhalers. The whole team was involved with a member of the administration sub-team in producing a personalised asthma action plan document which was then completed by the patient and GP or practice nurse. Regular feedback from this audit was given to all staff at the weekly meetings and the practice shared findings and the action plan template with other practices in the locality. Earlier data from April 2015 showed that the number of practice patients with a personalised asthma care plan had increased from 29 to 176 in five months. This year the number of patients with a plan had increased to 486. Data from July 2016 also demonstrated that there had been a fall in worsening asthma symptoms over the lifetime of the audit. For example data showed that the number of exacerbations was 36, falling to 29 in 2015 and 25 in 2016. Future development of this audit included reflecting on how they could assess how useful these plans were to patients and the possibility of using asthma monitoring apps for smart phones. The other audits we looked at also demonstrated this level of detail, involvement of the whole team, reflection, and impact on patient care.
- We also saw examples of prescribing and non-clinical audits. These included monitoring of waiting times at both practices.

The practice had worked alongside the CCG in delivering the 'Frailty service' to the patients of Newton Abbot registered at six practices in the locality. One of the GPs was the clinical lead GP but worked with other practice staff to develop the project. The practice led in this project by hosting of the bank account and the Prime Ministers Challenge fund and co-ordinating the IT equipment and computer system to ensure all GPs had access to the computer system at the relevant practices. The practice also managed the rotas for weekend working, ensuring all GP shifts were covered and led in the communication to care homes. The practice also recorded all visits and telephone consultations made during weekend working to monitor if the correct patients were being transferred to the frailty service appropriately. The pilot had gained national recognition for attempting to enhance the access to care for patients. The plan was now to set up a rapid assessment service for the whole of Newton Abbot based at Newton Abbot hospital which would be run by the local GPs.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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. For example, respiratory diseases, diabetes and cervical smears. Training had also been undertaken in respect of the administration of travel vaccinations. 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, weekly meetings and reviews of

practice development needs and clinical outcomes. For example, the leadership team had invested in training practice nurses in respiratory disease which included a diploma in the care of patients with chronic obstructive pulmonary disease (COPD) accredited by the National Respiratory Training Centre. Data showed the practice had the lowest emergency admission rate for COPD in the CCG and achieved top QOF performance in these areas for a number of years.

- The practice manager monitored uptake of training on a spreadsheet. Staff had access to protected learning and administration time and appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, appraisals and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. Staff said the support for development was very good and that there were no restrictions when additional training was identified. Staff commented that the leadership team encouraged their professional development, fostered positive morale and offered informal support.
- 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.

Each staff member had a personal development plan and the practice supported staff both financially and with protected time to develop both personally and professionally. This was in addition to the required updates.

For example:

- The practice manager had started at the practice as a sixth form school leaver. They had worked in the administration team and sponsored to obtain a dispensary qualification, then a national vocational qualification (NVQ) in business and administration and level 4 management NVQ. The practice then funded their foundation degree in Management and leadership prior to promoting them to practice manager.
- Two additional staff had been supported to obtain NVQ's in management.
- One of the practice nurses had been funded to do a prescribing course.
- Another practice nurse had been funded and supported to do a nursing degree and prescribing qualification.
- Other staff had been sponsored to become health care assistants and dispensers.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice had safety net systems in place to ensure these processes worked effectively.

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. Patients who were classified as the most vulnerable 2% of patients were telephoned after a hospital admission for a health, medicine and welfare check. GPs at the practice shared their electronic medical records with the GP colleague who looked after inpatients at the Newton Abbot Community Hospital.

Meetings took place with other health care professionals on a weekly basis when care plans were routinely reviewed and updated for patients with complex needs. We spoke with a visiting health care professional who said communication between the practice staff was excellent and that practice staff were approachable and managed requests efficiently. We spoke with two members of the volunteer team who also echoed these views.

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.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

- 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 recorded by the use of templates for each procedure or written signed consent for minor surgery and monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, and smoking were signposted to the relevant service. Leaflets displayed in the waiting room and information on the practice website advertised these support groups. There was an independent volunteer coordinator who was able to offer advice on voluntary services available for patients. For example, how to access transport and befriending services.
- Patients who needed smoking cessation advice were directed for additional support. Data from the primary care web tool July 2016 showed that the practice value for smoking advice was 99.6% which was higher than the CCG value of 99.4% and national value of 95.5%.

There were failsafe detailed systems in place to ensure patients were offered screening and results were received for all samples sent for the screening programmes and followed up as appropriate.

The practice's uptake for the cervical screening programme for 2014-15 was 80%, which was better than the clinical commissioning group (CCG) average of 77% and in line with the national average of 82%. There were efficient administration and patient follow up which resulted in higher than average scores. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and performed well in this screening. For example, data from the national cancer intelligence network showed that 68% of patients between the ages of 60 and 69 years of age had received bowel cancer screening which was higher than the CCG average of 63% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 98% compared with CCG averages of between 79% and 97%. For five year olds rates range between 93% and 96% compared to the CCG averages of between 89% and 96%.

The practice hosted a walking group, led by a volunteer, whose aim was to reduce social isolation and improve the wellbeing of patients. Anecdotal evidence indicated this was benefitting patients through wider social contact and additional exercise.

The practice had been innovative and creative in designing and implementing a new range of patient information leaflets. The first leaflet was designed and published in 2014 when the "better information means better care" brochure was distributed to all patients by NHS England. Feedback to the practice showed the previous leaflet had caused a lot of confusion for patients and staff. As a result the practice interpreted the information and designed their own leaflet which gave clearer and more concise information. The leaflet included a template form for patients to complete, sign and return so they could choose how they would like their information shared, thereby respecting patient confidentiality. A template was developed on the practice clinical system which mirrored the documentation on the form for ease of recording. The leaflet was then rolled out in the locality to six other practices. Following the success of this, the practice continued to create further leaflets and information packs to improve communication with patients.

Outstanding ☆

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 13 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 a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 reported on one report for both locations. The results showed patients at both Kingskerswell Health centre and Ipplepen Health centre 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:

- 93% of patients said the GP was good at listening to them compared to 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 90% and the national average of 87%).
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%)
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%).
- 96% 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%).
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%)

Relationships with patients was highly valued by all staff and promoted by leaders. We were given examples where staff had worked effectively to build and maintain relationships. For example, patients of a newborn child were sent a letter of congratulations. Staff told us they thought the development had a positive impact on the childhood immunisation and pre-school immunisation rates.

The staff often went above and beyond to impact on patients within the wider community. For example, one of the GPs volunteered at the memory café and two others had done a charity bicycle ride to raise money for the local hospice.

The practice worked jointly with the Teignbridge homeless charity. Receptionists had access to food and toiletries parcels which could be collected by anyone the charity sent to the practice or could be issued directly by the practice to ensure vulnerable people's basic needs were met.

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.

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 higher than local and national averages. For example:

Outstanding ☆

Are services caring?

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 92% 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%.
- 90% 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 translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

The practice demonstrated a strong, visible, person-centred culture and staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 523 patients as carers (4.9%). Any carers were signposted to the Devon Carers group who organised to meet them and gave appropriate guidance and support. Information about carers was promoted throughout the team and included on staff training events. The practice had information displayed on the practice noticeboard and within the practice website about the support available.

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

Relationships with patients was highly valued by all staff and promoted by leaders. We were given examples where staff had worked effectively to build and maintain relationships. For example, patients of a newborn child were sent a letter of congratulations.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered evening appointments every Tuesday and Thursday until 7.30pm for working patients who could not attend during normal opening hours or for other patients who found these times more convenient.
- There were longer appointments available for patients who required it, for example those with mobility problems, mental health needs, those with a learning disability or where more than one treatment or review was requested.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. Kingskerswell was registered as a yellow fever centre.
- There were disabled facilities, a hearing loop and translation services available.
- There was a 'health pod' to monitor weight, blood pressure and height, at Kingskerswell which patients could use at a time suitable for them without an appointment.
- Patients could book appointments and request repeat prescriptions on line.

One of the GPs had been actively involved in setting up and running a new Memory Café based at the village hub in Ipplepen which was open for any patient including those from other practices. The GP acted as part of the management committee and ran a safeguarding workshop tailored for the volunteers. The GP had also encouraged a community psychiatric nurse to support when possible and had linked with the local Alzheimer's society for information for carers and patients.

Access to the service

The practice was open for appointments between 8.30am and 6pm Monday to Friday. Extended hours appointments at Ipplepen were offered on Tuesdays and Thursdays until 7.30pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance telephone appointments were also available. Urgent appointments were available for patients that needed them.

The practice had opted out of providing out-of-hours services to their own patients and referred them to an out of hours provider via the NHS 111 service through local contractual arrangements. This information was displayed on the outside of the practice, on the website, and within the patient information leaflet.

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

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 98% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

We looked at feedback from patients regarding waiting times and audits that took place on a regular basis. The feedback and audit had showed that waiting times have increased slightly. As a result, the practice had introduced a leaflet giving patients advice on alternative treatment pathways for issues including minor ailments, muscular problems, foot care, minor injuries, mental wellbeing and sexual health. The practice had also introduced a practice pharmacist who was being used for medicine reviews, medicine queries, and medicine audits to free up GP time.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in both practices. Complaints from both practices were managed centrally.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. For example, there was information on the website and within the practice.

We looked at 13 complaints received by the practice in the last 12 months and found these had been satisfactorily handled, dealt with in a timely way and referred to other professional bodies as appropriate. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a patient had been unhappy with the way a member of staff had spoken to them and handled the situation. An apology was given to the patient and staff were reminded about their conduct and communication patterns.

The practice had further developed the complaints process by seeking an independent GP who had not been in involved in the complaint to review the patient's care. This GP was then asked to complete an independent report for the patient and to provide an impartial and transparent investigation for the patient.

The practice also celebrated positive feedback. Thank you letters and positive feedback from the partners was logged, communicated and stored in each staff members file. We saw one GP, who worked four sessions, had received six thank you cards in the last month. Other staff had also received thank you cards.

Are services well-led?

Outstanding ☆

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

Our findings

Vision and strategy

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 patient waiting areas and staff working areas. This included that "Kingskerswell & Ipplepen Medical Practice aims to provide friendly, caring, responsive, safe, effective and patient centred, primary healthcare services through the development and application of quality procedures, delivered by a team of well-trained doctors and staff. The Medical Practice is dedicated to continuous improvement by promoting an environment in which learning, innovation and excellence will flourish."

- Staff knew and understood these values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There was effective succession planning in place. For example, the previous practice manager had spent six months coaching and supporting the new practice manager in their role. The practice manager had also done this for their successor. Staff said this handover process had been smooth and a positive experience, providing continuity of management oversight and governance.
- Practice specific policies were embedded, implemented and were available to all staff. These were structured, kept under review and easily accessible to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The learning from audits and significant events was shared with external stakeholders and other professional bodies.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had arranged for their significant event learning to be shared with other practices and the NHS England quality and safety team.

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. Patients, external health care professionals and staff told us the partners and practice manager 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. We were told of mutual respect shared between all staff, health care professionals and volunteers. Staff described the practice as a friendly and supportive practice to work at.

Governance and performance management arrangements were proactively reviewed and reflected best practice. For example, the GPs used the findings of the clinical audits to demonstrate to the whole team the impact they were having following their involvement and promotion of the audits. These examples were used to thank staff and credit them for their efforts.

Leaders had an inspiring shared purpose, strove to deliver, motivate staff to succeed but also celebrate achievements. For example, the GPs had invested in their staff over a long period of time. Staff had been supported financially and given protected time to develop their skills and knowledge. This had led to a happy, loyal workforce with low staff turnover of staff. Existing partners had worked at the practice as GP trainees. Ex members of staff had been encouraged to develop and pursue promotion and roles outside of the practice. For example; one of the partners now worked for the CCG as chief executive officer, the CCG commissioning manager had worked at the practice as a practice manager assistant and an ex member of staff trained as a phlebotomist (person who takes blood) now worked in the community.

Present staff also held roles within the wider community. For example; one of the GPs was the Clinical Lead for Patient safety and quality for South Devon and Torbay CCG. The IT lead had been appointed by the CCG as their

Are services well-led?

Outstanding ☆

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

SystmOne Champion, working closely with the chief clinical information officer to deliver an ICT strategy focused on achieving the best out of what they had and joining up their whole health economy.

The whole team were recognised as team players and were encouraged to develop their skills. For example, career development and protected time to access further education. The practice had identified that one member of staff had advanced skills in IT and was the lead for the practice computer systems. They had been involved in the development of many systems and templates which had been implemented in the practice and shared with the wider locality and nationally. For example, a frailty template and fire arms template had been embedded into the computer system. This had resulted in the member of staff being nominated by their colleagues in the CCG for the SystmOne (practice computer system) Champion of the Year award, primarily for their work in leading a group of nine SystmOne GP practices sharing learning and developing the very best use of the computer system.

Trainee GPs were supported effectively at the practice resulting in staff joining the practice as salaried GPs or partners following their time spent at the practice. Trainees were supernumerary and had protected learning time. A partner was appointed as a 'buddy' to ensure support and guidance was available at all times. Feedback from previous trainees was seen on the September 2015 teaching practice report. This included feedback that the trainee was able to set the pace of their workload in terms of appointment length and information of the supportive staff. Existing trainees told us all of the GPs were approachable and supportive. The practice was also a training practice for medical students. The inspection report written by the Peninsula Medical School demonstrated that students enjoyed coming to the practice and felt very supported and effectively coached.

The practice held 'TARGET' days four times a year to provide training, development and improvement sessions and had weekly 'Thursday meetings' which were used for staff training, reviews of significant events, complaints and processes. Feedback from these training events was positive and acted upon. For example, suggesting topics for future training sessions.

The provider was aware of and had systems in place 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).The duty of candour was embedded in the practice ethos and we saw examples where complaints were prevented from escalation because of the open, honest and thorough way incidents, complaints and concerns were managed. Duty of candour was also included in training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty and staff said there was a no blame culture which meant they felt they could contribute to the investigation. The practice had systems in place 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 in place and staff felt supported by management.

- There was a structured programme of meetings. The practice closed each Thursday afternoon and telephone calls were transferred, by arrangement, to the out of hours provider. Patients were always informed about the practice closures. Staff training, meetings, significant event reviews, complaint feedback and updates were provided during this time and multidisciplinary team meetings held. Staff told us these were constructive and inclusive and supported quality improvement.
- Staff told us there was an open culture within the practice and described the practice as a friendly place to work. Staff said they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We were informed of away days and training sessions for all staff. Staff explained social events were held at least twice a year to reinforce working relationships and to recognise the work staff contributed to the practice.
- 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

Are services well-led?

Outstanding ☆

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice informed us that the patient participation group (PPG) had been running for 15 years and that the practice was one of the first practices in the area to set up a group. The practice PPG had gathered feedback from patients through informal feedback, surveys and complaints received and added that the practice was responsive to suggestions and feedback. For example, the PPG had suggested a newsletter would be welcomed by patients. This had been introduced and included information about the practice, research projects and changes in staff. There were approximately 30 members of the face to face PPG group who met three times a year. There were additional patients who were happy to be contacted by email. There were a small number of the group who met face to face. We received four emails from the members and met with one representative. Feedback showed patients were satisfied with the service.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and informal 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.

Continuous improvement

The leadership drove continuous improvement and staff were accountable for delivering change. For example, practice nurses kept abreast of changes in the management of long term conditions and vaccination programmes and were able to implement these and update the team through the meetings held at the practice. Dispensary staff at Ipplepen had pioneered the use of a text reminder service for patients to collect their medicines. Safe innovation was celebrated. For example, a member of the administration team had developed computer templates which had been shared nationally and locally. This had led to the member of staff receiving a national award.

There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. For example, the attention to detail in all the systems followed in the practice led to improved pathways of providing care. For example, clinical audits had triggered the promotion and use of personalised asthma care plans and IT systems had increased the uptake of screening.

A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. For example, the practice was fundamental in setting up the 'one care home, one practice' CCG initiative. The practice routinely supplied information to the CCG and worked closely with the CCG locality leads to monitor success and patient outcomes. The practice used their IT leads to extract data from the clinical systems from the six practices participating in the initiative. To improve documentation, the IT lead undertook training with the other practices at the monthly computer system user group meeting which was hosted at the practice on a monthly basis.

Across the Newton Abbot locality dermatology referral rates were noted to be consistently high. However, Kingskerswell and Ipplepen demonstrated consistently low dermatology referral rates to secondary care due to having a GP Partner who had a specialist interest and qualification in Dermatology (GPwSI). The practice used an in house dermatology referral service model, where all patients who presented with certain conditions were seen by the GPwSI before referral to secondary care. The practice opened up this service model as a pilot to six practices in the Newton Abbot locality. A sharing data agreement was set up between the six practices and an email referral template was developed by the IT lead and sent to the GP with specialist interest. The GPwSI had access to all six practice computer systems which enhanced data sharing with access to records and improved the communication between the GPs from all practices. The pilot ran for six months and achieved its aims by reducing the amount of referrals to secondary care, providing care closer to home for patients and achieved a financial benefit of a saving to the CCG of £22,320.