Castle Gardens Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection October 2014 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Castle Gardens Surgery on 8 March 2018. This was a routine inspection part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The staff were knowledgeable about their patients putting reasonable adjustments in place, where necessary, to ensure they did not experience discrimination.For example, the staff continued to work closely with the community learning disability team providing information for patients in appropriate formats, flexible appointments and continuity of staff. Patients with complex needs were able to have appointments in a place and time that suited them.
- Patients found the appointment system easy to use and reported that they were able to access care on the day when they needed it.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw two areas of outstanding practice:

The delivery and advancement of knowledge and skills at the practice is highly developed and strongly focussed on delivering a responsive service to meet the needs of patients. For example, emergency life support training is delivered more frequently and was role specific.

The practice has been proactive ensuring patient views are heard in the development of Great Torrington becoming a dementia friendly town, providing opportunities for support, companionship and activities for vulnerable people.

The area where the provider **should** make improvements is:

Continue to monitor newly implemented governance systems to track action taken.

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

Summary of findings

The six population groups and what we found

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

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

Castle Gardens Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser and a member of the CQC medicines team.

Background to Castle Gardens Surgery

Castle Gardens Surgery has one location at Castle Hill Gardens, Torrington, Devon EX38 8EU. We inspected this location on 8 March 2018.

Castle Gardens Surgery is a GP practice providing NHS primary care services for 6,888 patients. The practice population is in the sixth deprivation decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. There is a practice age distribution of male and female patients equivalent to national average figures. Average life expectancy for the area is similar to national figures with males living to an average age of 80 years and females to 85 years.

The practice has a total of eight GPs who are supported by two qualified nurses, currently recruiting for vacant practice nurse post and two healthcare assistants, comprising of one male and 11 female staff. There is an administrative team consisting of a practice manager, office manager, receptionists, data administration and dispensers.

Opening hours are between 8.30am to 1.15pm and 2pm to 6pm Monday to Friday. The practice provides extended opening hours every Monday from 6.30pm to 7.30pm for patients needing appointments with a GP, nurse or health care assistant. Extended hours appointments are pre-bookable and preferably for patients who find it difficult to come to the practice during normal working hours. Outside of these hours a service is provided by another health care provider by patients dialling the national 111 service.

The practice is able to offer dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy. The dispensary is open for ordering and collection of medicines from 8am to 12pm and from 2pm to 6pm. Patients are also able to collect medicines from reception between 12pm and 2pm.

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

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

Good

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- There was an effective system to manage infection prevention and control. Infection prevention and control (IPC) procedures were in place. Records demonstrated these were assessed regularly throughout 2017 and where any shortfalls were identified these were risk rated with a clear plan in place to address them. The practice had employed a health and safety specialist to assist with these processes and was accessing training for staff to further improve their knowledge and skills.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

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

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept

prescription stationery securely and monitored its use. The arrangements for storing controlled drugs (medicines requiring extra checks and special storage arrangements because of their potential for misuse) which were awaiting destruction. This was addressed by the practice during the inspection.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Patient Group Directions (PGDs) were in place to allow nurses to administer vaccines, and Patient Specific Directions (PSDs) were used to allow Health Care Assistants to administer some injections and vaccines safely.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- Arrangements for dispensing medicines at the practice kept patients safe.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Access to the dispensary was restricted to authorised staff only.
- There was a named GP responsible for all prescribing matters who was supported by the practice manager in regards of the dispensary.
- Written procedures were in place and reviewed regularly to ensure safe practice.
- Prescriptions were signed before medicines were dispensed and handed out to patients.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. Staff identified a problem with the patient record system which meant warning alerts about patient allergies were not being generated when certain coding information was added. The practice had reduced the risk of patients being prescribed medicines they were allergic to by adding an additional system of assurance by GPs checking records and asking the patient if they had any allergies every time a new medicine was prescribed.
- There was a system for receiving and acting on safety alerts. We asked the practice to track actions taken following an alert about the potential risks of sodium valproate (medicine used to treat epilepsy) as this was not immediately available at the inspection. Within 24 hours of the inspection the practice sent us an audit carried out in 2017 on receipt of the safety alert about the risks of sodium valproate. This demonstrated the practice had identified all childbearing female patients who were prescribed sodium valproate, reviewed and altered the prescription where appropriate and advised them of the associated risks during pregnancy. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used easy read and picture prompt cards to support patients' independence, for example when discussing treatment plans with them.
- Staff used appropriate tools to assess the level of pain in patients, where clinically appropriate.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. Nursing staff specialised in managing patients with respiratory conditions such as chronic pulmonary disease, asthma and diabetes and had diploma qualifications in these areas.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma or chronic pulmonary disease.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90%. For example, vaccination rates for children under 2 years ranged between 95% and 100%
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 78%, which was comparable with local (75%) and national (72%) uptakes. There is an 80% coverage target for the national screening programme. The practice attempted to increase awareness of this programme amongst eligible women by using all patient contact as an opportunity to support and arrange appointments with them.
- The practices' uptake for breast and bowel cancer screening was above the national average. The percentage of women registered at the practice screened for breast cancer was 79% compared with local (66%) and national (62%) averages.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Good

Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the national average of 84%.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was above the national average of 91%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

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

The most recent published QOF results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%. The overall exception reporting rate was 10.3% compared with a national average of 9.6%.

(Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. The practice was aware of the importance of supporting patients who were pre-diabetic to improve their health and wellbeing to help avoid going on to become diabetic. As such, all patients in the pre-diabetic phase were treated as if they had diabetes and were offered six monthly reviews including foot checks and annual retinal screening. This facilitated early identification and treatment to reduce any risks associated with diabetes.
- The practice was actively involved in quality improvement activity. The practice had carried out 13 reviews/full cycle audits covering a range of clinical areas. An audit of patients on anti-clotting medicine (warfarin) resulted in improved monitoring of them. This included: carrying out 6 month reviews of patients with significantly out of range INRs (a laboratory measurement of how long it takes blood to form a clot). Updating alcohol intake of patients on warfarin at every contact. Carrying out early repeat blood checks of INR for patients who had changes made to their medication.
- Where appropriate, clinicians took part in local and national improvement initiatives such as the diabetes integration pilot running across three areas in Devon. A large group of 25 newly diagnosed and long term patients with diabetes attended an event in Torrington with practice staff. Patients received talks from the nurse specialist, podiatrist, dietician, energy and heating specialists and Diabetes UK representatives. Practice nurses were also on hand carrying out health checks of patients and raising awareness about how the practice monitored their health every year.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given

Good

Are services effective?

(for example, treatment is effective)

opportunities to develop, for example regular educational meetings were held. Three GPs had special interest in child health and held post graduate qualifications.

- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- Pregnant women and their partners were signposted to local antenatal classes and breast feeding support groups providing baby massage groups, support for lone parents and healthy eating on a budget.

Consent to care and treatment

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

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

Good

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. We spoke with staff supporting patients living in two care homes who told us the practice staff were friendly and enabling with the people they supported. including making reasonable adjustments enabling agitated patients to be given the flu vaccination in a place of their choice.
- All of the 38 patient Care Quality Commission comment cards we received and two patients we spoke with were strongly positive about the service experienced. Continued themes seen at the last inspection in 2014 were still evident at this inspection. Patients comments highlighted staff were extremely person-centred and they were always treated with respect and compassion. This was borne out in the way staff engaged with patients with complex communication needs. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

The practice was outward facing to the community of Great Torrington and surrounding areas. It helped patients who could be at risk of isolation and needing companionship and activity link up with groups, events and activities in the villages and town. Patients were able to access this information on a noticeboard inside the practice, which PPG members told us was regularly updated with information.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 222 surveys were sent out and 122 were returned. This represented about 1.7% of the practice population. The practice was comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 92%.
- 89% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 92%; national average - 88%.
- 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 94%; national average - 91%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. New and existing patients were encouraged to tell the practice if they were a carer. The practice had an information board specifically for carers, which was managed by the patient participation group. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 183 patients as carers (About 2.6% of the practice list).

- The practice worked collaboratively with the carers forum in Torrington by inviting the chairperson to regularly attend meetings to provide feedback about

carers needs in the community. The chair person told us the practice manager regularly attended the carers forum meetings contributing to the development of Torrington being a dementia friendly town.
- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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

- 88% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 90% and the national average of 86%.
- 81% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 88%; national average - 82%.
- 96% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 91% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average – 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- In November 2017, some patients raised concerns to the practice about a lack of confidentiality in the reception area, particularly during telephone conversations with patients. The practice took action, including: re-training reception staff. Updating patients about the action taken in the practice newsletter, to the patient participation group and on the website. At this inspection, we found conversations with receptionists could not be overheard by patients in the waiting room.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. Extended opening hours were available every Monday evening from 6.30pm to 7.30pm and included access to appointments for blood tests. Online services were available such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, three to four home visits were carried out every day and the practice was making use of a locality commissioned paramedic home visiting service for patients as well. Patients with complex mental health needs were well supported. Staff at a specialist nursing home told us GPs knew the patients needs, had a good rapport and tailored all responses accordingly. For example, a GP visited a patient at their home the previous day within two hours of the staff at the care home phoning for a routine appointment for the patient. Staff said this had resulted in the patient being assessed sooner ensuring appropriate referrals were made which was supportive for the patient and team caring for them.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice provided dispensary services for people who needed additional support with their medicines, for example weekly or monthly blister packs, large print labels.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients who were eligible for the dispensary services. Housebound patients who received their medicines from a nearby private pharmacy were also able to receive medicines by delivery.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

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

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours had increased providing nurse and healthcare assistant appointments every Monday evening. Flu vaccination clinics had been held on several Saturdays during the autumn and winter months.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice understood patients needs and were flexible in the appointment length and timing offered, for example providing longer appointments at quieter times of the day for patients with mental health conditions.

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

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

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use. We were shown routine appointments were still available on the day of the inspection for any patients needing one.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above or comparable to local and national averages. This was supported by observations on the day of inspection and 38 completed comment cards. 222 surveys were sent out and 122 were returned. This represented about 1.7% of the practice population.

- 86% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 84% and the national average of 80%.
- 88% of patients who responded said they could get through easily to the practice by phone; CCG – 82%; national average - 71%.
- 80% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 85%; national average - 75%.
- 94% of patients who responded said their last appointment was convenient; CCG - 88%; national average - 81%.
- 92% of patients who responded described their experience of making an appointment as good; CCG - 82%; national average - 72%.
- 66% of patients who responded said they don't normally have to wait too long to be seen; CCG - 65%; national average - 58%.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. There was a management tracking system, which provided the practice with assurance that its policy and guidance were consistently followed. Eleven complaints were received in the last year. We reviewed one complaint and found that it was satisfactorily handled in a timely way. The team held a resolution meeting with the patients and explained improvements being made.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, the practice identified GP continuity for on-going concerns was an important factor for early diagnosis, treatment and improved patient satisfaction. Patients were encouraged to see one named GP for any on-going concerns for continuity to be achieved.

Are services well-led?

Good

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

Our findings

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

Leadership capacity and capability

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

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The practice was a member of a collaborative known as 'Torridge Health' comprising of five GP practices aiming to improve access and services for patients living in the area. TorrHealth had jointly employed a community pharmacist whose role was under development when we inspected. However, staff told us the community pharmacist would be carrying out medication reviews for patients aged over 75 years on 14 or more medication and visiting patients who were housebound needing a review. Funding bids had been submitted to do a pilot to extend the clinical commissioning group (CCG) paramedic service, which was supporting vulnerable patients in the community.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. In interviews all staff told us there was an open, no blame culture in which they felt supported.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population. For example, Great Torrington community was working towards being a dementia friendly town which the practice was very supportive of. There was GP and management representation at community meetings driving this focus, as well as regular invitations to key people in the community to be part of the patient participation group.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Staff told us significant events and complaints were viewed as positive ways to identify areas for improvement. Staff were actively encouraged to report any incidents and attended meetings to discuss and learn from these. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. Nursing staff raised concerns about the potential risks associated with immunisation of children. Whilst wanting to provide a flexible service, they also wanted to ensure there was a buddy system and GP cover should there be an emergency. Staff had been enabled to provide flexible and safe appointments for children outside of nursery/school times with additional clinical support from colleagues.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.

Are services well-led?

Good

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

- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

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

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, minutes showed the practice held an annual planning meeting at which risks were discussed such as gaps in cover due to planned annual leave. This enabled the practice to plan staffing cover well ahead by drawing from the existing team to promote continuity for patients.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents. There was significantly adverse weather the week before the inspection, which required activation of the business continuity plan. Patients we spoke with reported staff went above and beyond to continue providing a service for them. For example, several staff stayed with their colleagues in Torrington who would otherwise have been unable to travel to work. Some GPs worked remotely with secure access to records providing telephone consultations for patients. Staff worked longer hours to accommodate patients needs. The practice had access to four wheel drive cars through patients volunteering to transport anyone living in isolated rural areas who needed help to see a GP.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care. For example, PPG members told us the practice discussed medicines optimisation with them. They were asked for their help to raise awareness with patients about the need to review medicines, avoid stockpiling medicines by only asking for repeat medication they actually required. At the same time, GPs were reviewing patients medicines regularly and making alterations as necessary.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required. For example, statutory notifications about changes to the partnership had resulted in applications being made appropriately to the Care Quality Commission.

Are services well-led?

Good

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

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. Patients had been encouraged to highlight concerns and develop actions to improve patient privacy
- There was an active patient participation group, which members told us met four times a year.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. The practice provided teaching placements for medical students during their foundation degree and had received an award of recognition for providing an exceptional student experience. Plans were in place for the practice to provide a teaching hub for medical students.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.