

Rolle Medical Partnership

Quality Report

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

Ratings

Overall rating for this service	Outstanding	☆
Are services safe?	Good	●
Are services effective?	Good	●
Are services caring?	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 Rolle Medical Partnership on 22 March 2016. Overall the practice is rated as outstanding.

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

- Services were tailored to meet the needs of individual patients and were delivered in a way to ensure flexibility, choice and continuity of care.
- The leadership, governance and culture at the practice were used to drive and improve the delivery of high quality, patient centred care.
- The practice employed an innovative use of technology to provide services to its patients.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We identified areas of outstanding practice:

- The practice had devised comprehensive electronic templates for patients receiving end of life care, respiratory disorders, diabetes, hypertension and

Summary of findings

other long term conditions on their computer system, which had been adopted by the clinical commissioning group (CCG) as an example of good practice and shared with other practices in Devon.

- The practice employed a carer support worker on a part time basis. The practice's computer system alerted GPs if a patient was also a carer. The practice, through involvement of the carer support worker, had identified 5% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them as well as that provided through speaking with the carers support worker.

- The Patient Participation Group (PPG) were a significant asset to the practice and met regularly. They were instrumental in improving services for patients using the practice, they carried out patient surveys and submitted proposals for improvements to the practice management team which were acted upon.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



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

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework 2015-16 showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as outstanding for providing caring services.

Outstanding



- Data from the National GP Patient Survey January 2016 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.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- Services are tailored to meet the needs of individual patients and are delivered in a way to ensure flexibility, choice and continuity of care.
- In response to its significant older population, the practice offered proactive, personalised care to meet the needs of the older patients in its population. The practice carried out an annual audit specifically on its older population group which showed that 98.7% of patients aged over 75 years had received a health check within the last 12 months.
- The practice demonstrated creative innovation. For example, by the introduction of a bespoke system to facilitate online consultations
- The practice had set up its own social media webpage on a well-known website in response to expanding patient's needs. This was very popular and enabled young people and other population groups who preferred this method of communication to engage with the practice and for the practice to promote health related information to their patients.
- There were innovative approaches to providing integrated person-centred care. Systems devised by the practice had been adopted by the Clinical Commissioning Group (CCG) as examples of good practice and shared with other practices in Devon. For example, the practice had devised comprehensive electronic templates for patients receiving end of life care, respiratory disorders, diabetes, hypertension and other long term conditions on their computer system.
- One of the GP Partners was a Macmillan GP lead (cancer care). Patients at the end of their life had a treatment escalation care plan in place where appropriate. The practice had the highest number of patients in the locality on the EPaCCS (electronic palliative care coordination system) which ensured the highest standards of care were delivered.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.

Outstanding



Summary of findings

- The practice was in the process of introducing systems to identify military veterans and ensure their priority access to secondary care in line with the national Armed Forces Covenant. The practice had identified 25 military veterans to date.
- One of the nurses had undertaken training for catheter care which meant that patients didn't have to go to hospital for this service.
- The practice had good facilities and was well equipped to treat patients and meet their needs such as through 24 hour blood pressure recording, four cardiac event monitors (which record your heart's activity), and D-dimer testing (D-dimer tests are used to help rule out the presence of an inappropriate blood clot).
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The leadership, governance and culture are used to drive and improve the delivery of high quality patient centred care.
- High standards were promoted and owned by all practice staff, and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning.
- Staff told us that there was a high level of constructive engagement between the practice leadership and with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology, such as its bespoke online consultation system via the practice website and social media web pages.
- The practice and it had a very active patient participation group (PPG) with which influenced practice development.
- The practice had consulted with the PPG in making mindfulness the current health promotion theme of 2016.

Outstanding



Summary of findings

The six population groups and what we found

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

Older people

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

- In response to its significant older population, the practice offered proactive, personalised care to meet the needs of the older patients in its population. The practice carried out an annual audit specifically on its older population group which showed that 98.7% of patients aged over 75 years had received a health check within the last 12 months.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The GPs met weekly with the health and social care team at core group meetings to review elderly and vulnerable patients. Written feedback received from the core group team reported this meeting to be the most productive and well attended by GPs amongst practices in the locality.
- One of the GP Partners was a Macmillan GP lead (cancer care). Patients at the end of their life had a treatment escalation care plan in place where appropriate. The practice had the highest number of patients in the locality on the EPaCCS (electronic palliative care coordination system) which ensured the highest standards of care were delivered.
- The practice had devised a comprehensive End of Life Care electronic template on their computer system, which had been adopted by the clinical commissioning group (CCG) as an example of good practice and shared with other practices in Devon.
- When a patient passed away the practice sent a bereavement card to their next of kin or relatives expressing their condolences and providing them with details of support available for people experiencing bereavements. The practice had received written letters of thanks from relatives for sending these sympathy cards.

Outstanding



People with long term conditions

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

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

Outstanding



Summary of findings

- Data from the 2015-16 Quality Outcomes Framework (QOF) showed that the practice was performing in line with national averages. For example, 91% of patients on the diabetes register had received a blood pressure check within the last 12 months.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- The practice provided 24 hour electrocardiograms (ECG). An ECG is a test which measures the electrical activity of your heart to show whether or not it is working normally.
- The practice offered 24 hour blood pressure recording, and had four cardiac event monitors (which record your heart's activity)
- The practice had the highest number of patients in the locality on the EPaCCS (electronic palliative care coordination system) which ensured the highest standards of care were delivered.
- The practice offered patients D-dimer testing (D-dimer tests are used to help rule out the presence of an inappropriate blood clot). Some of the conditions that the D-dimer test was used to help rule out included deep vein thrombosis and pulmonary embolism.
- The practice nursing team had devised electronic templates for regular reviews of patients with long term conditions. These had been recognised as a high standard of practice by the CCG. As a result the practice had shared these templates with other practices in Devon. The templates helped staff to comprehensively review patients with diabetes, respiratory disorders, high blood pressure, asthma, dementia, arthritis and depression.

Families, children and young people

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

- 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 patients 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 patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had achieved a cervical screening rate of 83% which was better than the national average of 81%.

Outstanding



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Community midwives held two clinics per week in the practice. New mothers were sent a 'congratulations card' together with a letter and registration documents to register the baby. The practice invited new mothers to a dedicated post-natal mother and baby clinic. Reminders were sent to those who did not attend. The practice had a dedicated safeguarding administration member of staff who followed up non-attendance, informed the GP and the health visitor.
- We saw positive examples of joint working with midwives and school nurses. The practice liaised closely with the health visitors who provided a sexual grooming awareness service.
- The practice had a strong online presence with a website, online services and its own social media page on a well known social media website.
- The practice was currently implementing the "You're Welcome" campaign for young people. This included good health promotional material and the website hyperlinks were accessible via the practice social media page.
- The PPG facilitated a placement for students from the local college to spend time at the practice to interview team members to gain an understanding of how GP practices worked to share with their peers.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had supported 16 patients to stop smoking in the last 12 months and 15 during the previous year.
- The practice was in the process of introducing systems to identify military veterans and ensure their priority access to secondary care in line with the national Armed Forces Covenant. The practice had identified 25 military veterans to date.

Outstanding



Summary of findings

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.

Outstanding



People experiencing poor mental health (including people with dementia)

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

- 95% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average/ worse than the national average.
- The practice was in the process of introducing mental health support services at the local community college, with local schools, use of new media including an online appointment booking system.
- 100% of patients with mental health issues had had their comprehensive care plans reviewed in last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Outstanding



Summary of findings

- The practice had consulted with the PPG in making mindfulness the current health promotion theme of 2016. The PPG had arranged health and wellbeing speakers to deliver seminars through 2016 on the importance of mindfulness for good mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing in line with local and national averages. 239 survey forms were distributed and 124 were returned. This represented about 1% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to a Clinical Commissioning Group (CCG) average of 84% and a national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 91% and national average 85%).
- 86% of patients described the overall experience of their GP practice as fairly good or very good (CCG average 83% and national average 73%).
- 90% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (CCG average 85% and national average 78%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. Patients described the first class service they received from GPs, nurses and reception staff. Comments highlighted the patient centred approach of the practice under a responsive leadership team.

We spoke with 10 patients during the inspection. All 10 patients said they were extremely satisfied with the care they received and thought staff were professional, knowledgeable approachable and involved them in decisions about their care and treatment.

Results from the practice friends and family survey showed that 100% of patients surveyed in the last 12 months were likely or extremely likely to recommend the practice to their friends and family.

Outstanding practice

- The practice had devised comprehensive electronic templates for patients receiving end of life care, respiratory disorders, diabetes, hypertension and other long term conditions on their computer system, which had been adopted by the clinical commissioning group (CCG) as an example of good practice and shared with other practices in Devon.
- The practice employed a carer support worker on a part time basis. The practice's computer system alerted GPs if a patient was also a carer. The practice, through involvement of the carer support worker, had identified 5% of the practice list as carers.

Written information was available to direct carers to the various avenues of support available to them as well as that provided through speaking with the carers support worker.

- The Patient Participation Group (PPG) were a significant asset to the practice and met regularly. They were instrumental in improving services for patients using the practice, they carried out patient surveys and submitted proposals for improvements to the practice management team which were acted upon.

Rolle Medical Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission Lead Inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Rolle Medical Partnership

Rolle Medical Partnership was inspected on Tuesday 22 March 2016. This was a comprehensive inspection.

The main practice is situated in the coastal town of Exmouth, Devon. The local area is ranked eight on its level of deprivation, with one being the most deprived and 10 being the least deprived. This meant that Exmouth is a relatively affluent area. The 2011 census showed that 95.9% of the local population identified their ethnicity as being white British.

The practice provides a primary medical service to 11,784 patients of a diverse age group. The practice is a teaching practice for medical students and was a training practice for GP registrars.

There is a team of six GPs partners and four salaried GPs. Of these GPs, six female and four male. Some work part time and some full time. The whole time equivalent is seven GPs. Partners hold managerial and financial responsibility for running the business. The team is supported by a practice manager, an office manager and a practice nurse manager. There are two nurse prescribers, three practice nurses, three health care assistants, a phlebotomist and additional administration staff.

Patients using the practice also have access to community nurses who are based at the practice. Patients have access to mental health teams, depression and anxiety service, health visitors. Other health care professionals visit the practice on a regular basis.

The practice is open between the NHS contracted opening hours 8am to 6.30pm Monday to Friday. Appointments are offered anytime within these hours. Extended hours surgeries are offered at the following times; on a Wednesday 8am to 8pm and on a Saturday 8.30am until 11.30am.

Outside of these times patients are directed to contact the Devon doctors out of hour's service by using the NHS 111 number.

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

The practice has a Personal Medical Services (PMS) contract with NHS England.

Rolle Medical Partnership provided regulated activities from two locations. The main location is situated at Claremont Grove, Exmouth EX8 2JF. The branch location is situated at Treetops Surgery, Prince of Wales Drive, Exmouth EX8 4SW. We visited the main location at Claremont Grove during our inspection. We did not visit the branch location.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 March 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing and administrative staff and spoke with 10 patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 25 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 are provided for specific groups of people and what good care looks 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.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. All significant events were reviewed quarterly and at an annual review meeting. For example; a fire alarm had been activated by accident. Lessons had been learnt following the incident. These included more fire evacuation training for staff and a fire risk assessment was updated. Fire marshal training was provided to staff by the local fire service.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. 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 relevant to their role. GPs were trained to safeguarding level three for children and had also completed safeguarding vulnerable adults training.
- A notice in the waiting 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a GP or nurse were on the premises.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Are services safe?

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 one of the GPs as a health and safety representative. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patient's needs.
- 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). This practice was not an outlier for any QOF (or other national) clinical targets. The practice had achieved 100% of available QOF points 2015-16. Data from 2015-16 showed;

- The percentage of patients with diabetes who had received a foot examination in the last 12 months was 96% which was higher than the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 94% which was higher than the national average of 86%.
- The percentage of patients registered with mental health issues who had received a health check in the last 12 months was 94% which was higher than the national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been 12 clinical audits completed in the last two years, 10 of these were completed audits where the improvements made were implemented and monitored. These included audits on vaccine storage, asthma reviews, breast cancer, contraceptive implants, minor operations, anti-coagulation, osteoporosis and prescribing audits.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

- Findings were used by the practice to improve services. For example, a complete two cycle audit on vaccine storage had resulted in protocols being updated to reflect the recording of fridge temperatures at the time stock was received. This had resulted in more effective storage of vaccines and minimised the risk of vaccines having to be destroyed due to incorrect storage.

Information about patients' outcomes was used to make improvements. For example, an audit into patients on anti-coagulation medicine had led to patients being invited in to see their GP for a review. At these reviews, treatment had been adjusted according to patient need, such as changing dosages or medicines as well as checking for other potential conditions. In addition the practice regularly reviewed their QOF performance and national GP patient survey results to identify where patient outcomes could be improved.

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. It 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. 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. One health care assistant had been able to extend their role through additional training, development and mentoring to include ear irrigation and catheter care at the practice; others had been supported to complete nurse prescribing accreditation by the practice.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and depression and anxiety. Patients were then signposted to the relevant service.
- One of the nurses had completed a weight management course and was available on the premises to advise patients about lifestyle choices. Smoking cessation advice was available both in house and from a local support group.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice breast cancer screening rate was 78.9% which was better than the CCG average of 77.5% and the national average of 72.2%. The practice bowel cancer screening rate was 65% which was better than the CCG average of 62% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 81% to 98%. This was in line with CCG averages of 95 to 97% and 81 to 98%.



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 25 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 six members of the patient participation group (PPG). They also told us they were extremely 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. The practice also had a virtual PPG with approximately 60 members.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 92% of patients said the GP gave them enough time (CCG average 90%, national average 87%).
- 98% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 97% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 90%, national average 85%).

- 93% of patients said they found the receptionists at the practice helpful (CCG average 90%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 90% and national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 86% and national average 82%)
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 94% and national average 92%)

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. One of the practice team was trained to communicate using sign language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice had a strong emphasis on supporting its carers. The practice employed a carer support worker on a part time basis. The practice's computer system alerted GPs if a patient was also a carer. The practice, through involvement of the carer support worker, had identified 5%



Are services caring?

of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them as well as that provided through speaking with the carers support worker.

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

The practice had systems in place to identify military veterans and ensure they received appropriate support to cope emotionally with their experience in the service of their country in line with the national Armed Forces Covenant 2014. The practice was in the process of reviewing their protocol on this and had so far identified 25 military veterans.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were tailored to meet the needs of individual patients and were delivered in a way to ensure flexibility, choice and continuity of care. For example;

- One of the nurses led a patient walking group to help promote healthy lifestyles. The practice had provided them with the time, training and resources to complete a healthy walking leadership course.
- The involvement of other organisations and the local community was integral to how services were planned and ensured that services met patients' needs. For example, the practice liaised closely with the health visitors to provide a sexual grooming awareness service.
- One of the GP Partners was a Macmillan GP lead (cancer care). Patients at the end of their life had a treatment escalation care plan in place where appropriate. The practice had the highest number of patients in the locality on the EPaCCS (electronic palliative care coordination system) which ensured the highest standards of care were delivered.
- There were innovative approaches to providing integrated person-centred care. For example, the practice had devised comprehensive electronic templates for patients receiving end of life care, respiratory disorders, diabetes, hypertension and other long term conditions on their computer system, which had been adopted by the Clinical Commissioning Group (CCG) as an example of good practice and shared with other practices in Devon. This facilitated better information sharing between the practice and secondary care services.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice facilitated regular health education seminars for their patients and the public on such topics as long term conditions and managing self-care.
- The practice had good facilities and was well equipped to treat patients and meet their needs such as through 24 hour blood pressure recording, four cardiac event monitors (which record your heart's activity), and D-dimer testing (D-dimer tests are used to help rule out the presence of an inappropriate blood clot).
- The practice had provided a photographic display at reception of their GPs and managers in response to patient feedback to aid identification.
- A visual display screen had been installed in the waiting room which showed relevant health information.
- The practice had introduced a buddy system in response to patient feedback so that if a GP was absent, they had a buddy who also had patient knowledge.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. Or they were referred to other clinics for vaccines available privately.
- New baby packs included; a congratulations card, information relevant to newly born children and details about a dedicated mother and baby clinic twice weekly run by a GP and midwife. There was a dedicated baby changing room at the practice.
- There were accessible facilities, a hearing loop and translation services available.
- One of the nurses had undertaken training for catheter care which benefitted patients as they didn't have to go to hospital or rely on other community services for this facility.
- One of the nurses led a patient walking group to help promote healthy lifestyles. The practice had provided them with the time, training and resources to complete a healthy walking leadership course. 10 patients had been referred to the walking group.

Access to the service

The practice opened between the NHS contracted opening hours 8am to 6.30pm Monday to Friday. Appointments



Are services responsive to people's needs?

(for example, to feedback?)

were offered anytime within these hours. Extended hours surgeries were offered at the following times; on a Wednesday 8am to 8pm and on a Saturday 8.30am until 11.30am.

The practice had implemented a bespoke online consultation system, to help provide patients with alternative access to a GP, which allowed patients to email their GP or nurse and obtain a response within 24 hours. The practice provided staff with an extra session slot every morning or afternoon to provide capacity for this facility. Approximately 20 patients every week used this service. Feedback from patients was extremely positive about the responsiveness of this facility.

The practice had set up its own social media webpage on a well-known website in response to expanding patient's needs. This was very popular and enabled young people and other population groups who preferred this method of communication to engage with the practice and for the practice to promote health related information to their patients.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable or better than local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 78% and national average of 75%.

- 92% of patients said they could get through easily to the practice by phone (CCG average 84% and national average 73%).
- 69% of patients said they always or almost always see or speak to the GP they prefer (CCG average 72% and national average 59%).

Patients 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. There was active review of complaints and how they were managed and responded to.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, a complaints poster and leaflet was displayed in the waiting room as well as on the practices website.

We looked at the 17 complaints received in the last 12 months and found these were satisfactorily handled and showed openness and transparency in dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient complained that they couldn't use the online repeat prescription service due to a computer problem. The practice had apologised, investigated this and resolved it to the patient's satisfaction. The practice demonstrated that it had complied with the duty of candour.

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 leadership, governance and culture were used to drive and improve the delivery of high quality patient centred care. The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable, which included an emphasis on high quality patient care, maintaining appropriate staffing levels, effectiveness and efficiency and a continued commitment to improvement through innovation, technology and reviewing existing systems. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. Other examples of leadership included;

- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- The practice carried out proactive succession planning. For example, in the recruitment of a new practice nurse prior to the previous member of staff leaving to enable an effective handover period.
- Staff told us that there was a high level of constructive engagement between the practice leadership and with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology, such as its bespoke online consultation system via the practice website. In addition to this the practice had a strong online presence with its own social media webpage on an internationally recognised social media website. The practice social media webpage helped it to engage with young people and other population groups who preferred this method of communication.
- The practice had a very active patient participation group (PPG) with 250 members which influenced practice development. The PPG had conducted surveys which the practice had responded to, to bring about improvements for patients. For example, the PPG had set up an easy breathe friends group for patients with respiratory disorders. The PPG requested the practice facilitate educational seminars for patients on various topics such as long term conditions, which had been implemented.

- The PPG had secured funding for the practice to obtain a centrifuge to assist in clearer diagnoses of blood tests, as well as portable blood pressure monitoring devices.
- The practice had consulted with the PPG in making mindfulness the current health promotion theme of 2016. The PPG had arranged health and wellbeing speakers to deliver seminars through 2016 on the importance of mindfulness for good mental health.

Governance arrangements

Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. The practice had a well-structured meetings system which covered all areas recommended by NICE guidance.

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
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had a three year business plan which was reviewed annually. We saw that it included a robust and forward thinking strategy which reflected the vision and values. It included such things as a full risk assessment of the practice, succession planning, staff training and development and providing value for money.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

Are services well-led?

Outstanding



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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings. We saw evidence of minutes and agendas for these, which included GP partners meetings, business meetings, quality half day training meetings, palliative care meetings, weekly health and social care meetings with other health professionals and all staff meetings. Whole practice staff meetings were held bi-monthly and every member of staff was invited. Staff could add items to the agenda prior to the meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted quality half days were held every quarter. These included operational discussions, better ways of working, new NICE guidance, contracted changes.
- The practice held annual away days. In June 2015 the practice staff had a session on how different personality types could work together, and used colours and animal personality types to demonstrate this. Staff told us this had been enjoyable and productive. In December 2015 the practice held an annual Christmas party.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice was focusing on mental health issues this year in response to PPG feedback. This included wellness and mindfulness, stress, anxiety and depression. A recent talk on mindfulness delivered by a clinical psychologist had been well received by the 50 patients who attended; an eight session programme was planned.
- The practice was reaching out to local schools and colleges to help tackle low self-esteem and related issues. GPs from the practice visited local schools and colleges on a regular basis to promote this.
- Resources for a quarterly patient newsletter were provided by the practice, which was completed by the PPG. Copies were available at reception and online.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG with 10 committee members, and a total of 250 members. The PPG was well organised with clearly designated roles including a chairman, a treasurer, carer and a military veteran liaison officer.
- The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team, which were acted upon.
- The six PPG members we spoke with during our inspection told us that the practice was very responsive to any points raised. For example, the PPG had requested educational health promotion meetings for patients be organised by the practice on such topics as cardiology and respiratory conditions. The practice had facilitated these.
- The PPG had set up a respiratory friends group which carried out numerous social gatherings and educational seminars on a monthly basis.
- The practice had gathered feedback from staff through an annual staff survey, through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff had suggested a summer uniform in addition to the existing winter uniform. The practice leadership had

Are services well-led?

Outstanding



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

implemented this suggestion. Staff stated they were very satisfied with the uniform provided. Patients told us that the summer uniforms looked very smart and cheerful.

- Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

This training, teaching and research practice had three GP trainers supporting two trainee doctors. Within the last 12 months the practice had helped a trainee in difficulty, and delivered a high level of education to support them. The practice also helped to train student nurses. Practice GPs also had lead roles outside of the practice in the CCG which helped them to deliver the most up to date care to their patients. These included lead roles in rheumatology, dermatology, cancer and health education which provided access for patients to near to home expertise rather than attend local hospitals for their diagnosis.

The practice demonstrated creative innovation. For example by the introduction of a bespoke online consultation system. This service was provided to increase access to GP consultations and respond to expanding

patient needs. The bespoke system was a web link from the practice website which enabled patients to secure a GP or nurse consultation by email within 24 hours. This service was also advertised in the waiting room. The system automatically picked up key words from the information supplied by patients and identified whether a more urgent response was required. Patient feedback was positive about the system.

The practice focused on smarter ways of working through liaison with seven other practices in the area to deliver flu vaccinations to eligible patients. The practices had divided up the large number of residential care homes and nursing homes between them and deployed their resources according to practice size. Nurses from the eight practices had provided patients with flu vaccinations, blood pressure and blood tests with commensurate patient specific directions in support of these where required.

Since September 2015, the practice was piloting the Doctor First telephone triage system every Monday and also throughout the Christmas holiday period to help improve access to GP services.

The practice actively participated in research to enable positive patient outcomes. This included involvement in research study on asthma, respiratory disorders and numerous other areas.