Bovey Tracey and Chudleigh Practice

Quality Report

Riverside Surgery Le Molay
Littry Way
Bovey Tracey
Newton Abbot
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?	Outstanding

Key findings

Contents

Letter from the Chief Inspector of General Practice

Bovey Tracey and Chudleigh Practice are rated as good overall and outstanding in the well led domain. (the previous inspection rating in April 2015 was Good with outstanding in the effective domain)

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? – Outstanding

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 of Bovey Tracey and Chudleigh Practice on Tuesday 20 March 2018 as 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 there was a genuinely open culture in which all safety concerns raised by staff and people who use services were used as opportunities for learning and improvement.
- 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.
- Patients said the care and treatment they received was very good and added that staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it, although they added that they had to wait a little longer to see a GP of their choice.
- There was a strong focus on continuous learning and improvement at all levels of the organisation with many examples shared of career development.
- The practice was organised, efficient, had effective governance processes and a culture which was embedded effectively and used to drive and improve the delivery of high-quality person-centred care.

Summary of findings

- The involvement of other organisations, voluntary services and the local community were integral to how services were planned. Proactive involvement ensured that services met patient's needs.
- The practice worked with H.I.T.S. (Homeless in Teignbridge) and held emergency food and toiletry bags at each practice for distribution to those in crisis.
- The practice promoted the 'Message in a Bottle' scheme and distributed bottles. This scheme is a mechanism where information relating to frail and vulnerable patients (medical history, allergies and medicines) were stored in a container and kept within the patient's fridge. All emergency staff were aware to check in the fridge to access this information to ensure the most effective care pathway for the patient.
- The leadership, governance and culture were embedded, established and used to drive and improve the delivery of high-quality person-centred care and were clear, supportive and encouraged creativity.
- The practice had standardised their use of the computer system through the development of templates which included care plans, patient leaflets, preferences, protocols, prompts and alerts to improve patient safety and care.
- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture.
- The partners and leadership team were aware of the changes within the community with planned allocation of over 900 homes in the area. The practice staff had begun planning for this increase in patient numbers.

We saw areas of outstanding practice including:

- Leaders had an inspiring shared purpose and strive to deliver high quality services and motivate staff to succeed. The GPs and leadership team had invested in their staff over a long period of time. This had led to a happy, loyal workforce with low staff turnover. The practice welcomed nursing students, medical students and apprentices and had a long history of being a popular GP training practice. Staff were supported both financially and with protected time to develop both personally and professionally in addition to the required updates. For example; reception staff had been supported to develop to senior health care assistants and phlebotomists. Nursing staff had been mentored through non-medical prescribing and one had been supported through nurse practitioner training. This support and motivation had been recognised in 2017 when the employer had won an apprentice training provider award.
- The organised leadership, detailed governance and culture were embedded and recognised as integral to ensuring high-quality care. We saw examples of detailed, multi-layered systems, audits, reviews and governance structures which demonstrated effective and safe outcomes for patients. These systems were detailed and monitored to ensure the information was effective and delivered in the best interest of patients.
- Research was seen as an integral way to generate relevant evidence to help guide general practice and improve patient care. The research team in the practice had successfully recruited many patients and had obtained additional sessional status funding to move research forward in the area. As a result the team had won two awards for outstanding innovation and outstanding team culture award.

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

Bovey Tracey and Chudleigh Practice

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 practice manager adviser.

Background to Bovey Tracey and Chudleigh Practice

Bovey Tracey and Chudleigh Practice is a GP practice based over two sites which provide services under a Personal Medical Service (PMS) contract for approximately 14,600 patients. The main practice is situated in the rural town of Bovey Tracey with a smaller branch surgery situated in the smaller town of Chudleigh, Devon. Staff work across both practices. The practice cover over 100 square miles which includes Dartmoor national park with minimal public transport links.

The practice population area is in the eighth decile for deprivation. In a score of one to ten, the lower the decile the more deprived an area is. The practice distribution and life expectancy of male and female patients is equivalent to national average figures. However, the practice had a significantly higher than average number of patients aged over 75 and 85 years, (13% of the practice list were over the age of 75 years compared to the national average of 8% and 4% of the patient list were over the age of 85 compared with the national average of 2%). Average life expectancy for the area is similar to national figures with males living to an average age of 80 years and females living to an average of 85 years.

There is a team of 13 GPs (seven female and six male). Of the 13 GPs eight were partners and five were salaried GPs. The whole time equivalent of GPs was 10.03 WTE.

The team also includes a practice manager, finance and governance manager, six registered nurses, six health care assistants, and 23 administration and reception staff.

Patients using the practice have access to community staff including community nurses and health visitors who were based at the practice. Patients could also access counsellors, depression and anxiety services, podiatrists, alcohol and drug recovery workers, retinal screening, aortic aneurysm screening and other health care professionals.

The practice is a teaching practice for student nurses, medical students and GP Registrars (doctors training to become a GP).

The GPs provide medical support to residential care homes and nursing homes in the area and have provided weekly 'ward rounds' and annual health reviews for these patients.

The practice is registered to provide regulated activities which include:

Treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and diagnostic and screening procedures and operate from the location of:

Riverside Surgery

Le Molay

Detailed findings

Littry Way

Bovey Tracey

Newton Abbot

Devon

TQ13 9QP

and

Tower House Surgery

Market Way

Chudleigh

Newton Abbot

Devon

TQ13 0HL

We visited both sites during our inspection.

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 set 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 from each computer terminal. 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 appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control. A six monthly infection control audit had been completed in January 2018 and had prompted improvements in stock control and storage.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.
- The practice ensured that facilities and equipment were safe and that equipment was maintained and calibrated according to manufacturers' instructions.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. Staff told us there were enough staff to keep patients safe and how the practice was a busy place to work.
- 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. Staff had been recently supplied with guidance to recognise the unwell patient and to signpost them to other services where appropriate. For example, the pharmacy, physiotherapist or emergency department.
- 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. Staff provided patients with additional literature based on current national guidance. For example, from diabetes UK, cancer research UK and travel websites.
- 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.

Good

Are services safe?

- The systems for managing and storing and disposing of medicines, including vaccines, emergency medicines and equipment, minimised risks. Detailed spreadsheets monitored stock control, expiry dates and ordering details of medicines.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- Staff used online formularies, local guidelines and had regular prescribing meetings to discuss hot topics, formulary updates and prescribing patterns.
- The practice worked with a CCG (clinical commissioning group) pharmacist who reviewed prescribing patterns, performed audits and addressed any issues relating to medicines.
- The practice had used a quality scheme called 'QuickStart'. The staff team had looked at prescribing patterns. The scheme had resulted in 101 minutes of GP time being saved per week and a 4% reduction of unnecessary prescriptions being issued.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments performed annually in relation to environmental safety issues. For example, environmental risk assessments, electrical equipment safety tests, equipment calibration, fire risk assessments, fire drills, legionella risk assessments, infection control audits and gas safety checks.
- 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. For example, a delayed diagnosis of a rare condition had resulted in reflection of clinical care, change in policies and procedures and duty of candour. Learning and action taken was shared appropriately with external organisations including NHS England and the CCG. NHS England had investigated the incident and did not identify any performance concern. Notifications had been sent in a timely way to CQC. There was a system and policy for recording and acting on significant events and incidents. Staff said there was an open and supportive culture which encouraged a duty to raise concerns and report incidents and near misses. Leaders and managers encouraged and supported them when they did so. All staff were invited to the significant event meetings to hear what action had been taken.

- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and took action to improve safety in the practice.
- There was a system for receiving and acting on safety alerts including MHRA (Medicines and Healthcare products Regulatory Agency) alerts. The practice learned from external safety events as well as patient and medicine safety alerts. Staff said they were sent emails regarding any alerts.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.
- The practice had a defibrillator available and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. This plan had been recently used during recent poor weather. A significant event analysis had been completed which highlighted positive outcomes and an effective team approach by the leaders and staff in the practice.

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.

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

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols and used many computer template systems which prompted staff to follow these guidelines. Many of these templates had been developed by staff within the practice but also shared with other practices in the federation and locality to help improve patient outcomes.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patients were given information leaflets regarding their medicines and long term conditions to help them manage their diagnosis and reduce unnecessary hospital admissions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used appropriate tools 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 medicines.
- Frail and vulnerable patients were discussed at the multidisciplinary team meetings and 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.
- GPs offered weekly 'ward rounds' for their patients in local care homes.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice worked with a number of voluntary organisations, Riverside Befrienders and Bovey Community Care who provided transport to appointments, to visit relatives, prescription collection, help with shopping, reading, help around the house, and companionship. Bovey Community Care, in conjunction with the practice, had recently extended its services to support patients on discharge home from hospital.
- The Bovey Tracey League of Friends also offered support to the practice funding additional equipment for patient benefit.
- The community nurses were based within the practice at the Bovey practice site and had consent to access medical records. The community nurses had access to the GPs throughout the day for any urgent matters and attended the monthly clinical meeting to review current patients and palliative care patients. This meeting was also attended by the specialist palliative care nurse from Rowcroft and the Intermediate Care Team (to prevent hospital admission and support early discharge) who also had a satellite base at the Bovey practice.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital.
- A health care assistant offered home visits to housebound patients with long-term conditions who were not on the community nurse caseload to administer influenza, pneumococcal and shingles vaccines.
- The practice used computer software to identify patients at risk of developing diabetes and were

Good

Are services effective?

(for example, treatment is effective)

currently ranked second out of 20 practices in the CCG area with 42% of diabetic patients within a normal test range for all three treatment standards and fourth in the total treatments in range (73.1%).

- The practices offered weekly nurse led clinics for diabetes, cardiovascular disease and hypertension.
- There was a 'one stop shop' clinic for patents with multiple long term conditions so they could get advice and support to live healthier lifestyles. For example, stopping smoking, losing weight and getting more active.
- The practice had reviewed the process for the annual asthma check and had recently started to introduce a text and email option of online assessment form, which was reviewed by healthcare professional and follow up care arranged as appropriate.
- The practice nurse referred housebound patients to the community nursing team for follow up of their long term condition and also made home visits to support the ongoing management plans for patients with more complex needs.
- The practice referred patients aged over 50 years who were isolated and suffering from one or more long term conditions to the Wellbeing Service provided by Bovey Community Care. The Wellbeing Co-ordinator worked with these patients to find out what really mattered to them, set goals and supported the patient to achieve those goals.

Families, children and young people:

- The Health Visitors were accommodated at the practice and had full access to the medical records and direct access to the GPs throughout the day for urgent matters.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were higher the target percentage of 90% or above. For example, rates ranged between 96% and 99%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines, including high risk 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.
- There were designated children's play areas at each practice.
- The practice offered a range of sexual health, chlamydia screening and contraceptive services.
- The patient participation group (PPG) had established a Facebook page to reach out to our younger patients publishing general health and wellbeing related information.

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

- The practice's uptake for cervical screening continued to be higher than local and national averages despite a national downward trend in uptake. Efficient administration recall systems and a compliant patient group were credited for this trend. The practice had been consulted by public health England to enquire why uptake rates were high. The rates were 82% compared with the national screening average of 72%.
- The practices' uptake for breast and bowel cancer screening were higher than the national average. For example, females, 50-70, screened for breast cancer in last 36 months (three year coverage) was 78% compared with the national average of 70%)
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. 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 were aware of and held a register of patients living in vulnerable circumstances.

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

- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average of 84%.

Good

Are services effective?

(for example, treatment is effective)

- 95% 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 comparable to 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 97% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to 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 an embedded culture and comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice had a rolling programme of audits which looked at performance and effectiveness of services. These included audits of telephone calls, incoming post, quality of patient registrations, review of DNA (Did not attend), review of complaints and friends and family test results. There were many clinical audits performed which were also on a rolling cycle. For example, complication rates of minor surgery, infection control, contraception procedures and many prescribing audits. Where appropriate, clinicians took part in local and national improvement initiatives.

Antibiotic guardianship and prescribing. We looked at three audits which confirmed effective care and treatment was being provided and where audit affected change. For example,

- 'Going for Gold' was a project looking at chronic obstructive pulmonary disease (COPD) with an aim to improve outcomes for COPD patients by ensuring prescribed treatments are aligned to latest evidence and guidelines. 328 patients were reviewed. 172 of these were successful and fully aligned to the COPD Gold prescribing guidelines. Re audit demonstrated that the practice now complied with guidelines in 85% of cases. The practice were in the top 15% of practices within the local CCG for this measure.

The practice had a culture of developing software for the patient record to identify patients whom needed to be monitored or reviewed. For example, following a significant event a routine search had been developed to identify patients with two or more episodes of urine tests which displayed the presence of blood which could indicate bladder cancer.

The most recent published QOF results showed the practice had achieved 100% of the points available. The overall exception reporting rate was 10% compared with a national average of 10%. (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. For example, from updated national guidance, alerts or findings from audits, prescribing incentive schemes and significant event investigations.
- The practice was actively involved in quality improvement activity. For example, clinical audit. Where appropriate, clinicians took part in local and national improvement initiatives.
- The practice were an active research centre and recruited for multiple studies including a cancer and diabeties study. There were a team of research staff based at the practice who had recently won and been a runner up in two national awards.

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 opportunities to develop. Staff said they were encouraged and supported to attend training courses, updates and study. Many staff had developed beyond their starting job role through the support and culture of the leadership team.

- The practice provided staff with ongoing support. This included an induction process, appraisals, and support

Good

Are services effective?

(for example, treatment is effective)

for revalidation. Staff said they had received an appraisal in the last year. 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, external support and processes in place for supporting and managing staff when their performance was poor or variable.
- The practice was a well established teaching practice for GP Registrars (doctors training to become a GP). There were three GP trainers at the practice. Each trainee had an educational and clinical supervisor within the practice and had additional time to discuss cases alongside a debrief session and attending tutorials. The practice was also a teaching practice for medical students and student nurses. We saw many letters of thanks and testimonials about the support provided by the practice staff.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment. We spoke with two health care professionals and the manager of a care home who agreed that the GPs and staff at the practice communicated well and were approachable when co-ordinating 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 with consent.
- 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.
- The practice worked with Bovey Futures (a community development organisation) and had obtained a bicycle rack to encourage patients to cycle to the practice.
- Following the recent closure of Bovey Tracey community hospital the Bovey site had been used as a health and wellbeing hub to host health promotion, screening and other events.
- Patients could be referred to the 'onesmallstep' campaign where they could access support to help stop smoking, maintain a healthy weight and move more.

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.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the seven patients we spoke with and the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients told us all staff were kind, caring and approachable and went above and beyond to meet their needs. We received no negative comments about the care received.
- Feedback we received on the day was in line with the results of the NHS Friends and Family Test and other feedback received by the practice. For example, between November 2017 and January 2018 the practice had received 55 friends and family feedback forms. Of these, 48 were extremely likely and likely to recommend the practice, three gave a neutral response and four were unlikely to recommend the practice because of waiting times to get an appointment.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 223 surveys were sent out and 149 were returned. This represented about 1% of the practice population. The practice were above average for its satisfaction scores on consultations with GPs and comparable for consultations with nurses. For example:

- 85% of respondents stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared with a local average of 83% and national average of 79%.
- 93% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 90% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 88%; national average - 86%.
- 88% of patients who responded said the nurse was good at listening to them; (CCG) - 93%; national average - 91%.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.

The leadership team were aware of these scores and suspected the departure of three long standing nursing staff had contributed to slightly lower scores due to new relationships being forged. The team had continued to monitor patient feedback. This included looking at comments on the friends and family results which did not highlight any areas of concern and also included looking at the more recent Improving Practice Questionnaire. This included questions about "the doctor or nurse whom you have just seen." The leadership team were aware that results did not differentiate between doctor and nurse responses but noted that the mean score in those questions is above the national average. There were plans in place to continue to monitor this feedback.

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):

- All patients with communication needs under the Accessible Information Standards had patient plans in place.
- Interpretation services were available for patients who did not have English as a first language.
- Text messages were used to communicate with patients with impaired hearing where appropriate.

Good

Are services caring?

- 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 by capturing information opportunistically, during routine appointments or on registration. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 472 patients as carers (3% of the practice list).

- Carers were identified on registration with the practice or opportunistically during their course of their care and identified on the computer system appropriately. Carers were signposted to Devon Carers for support and access to other support services. A Carers Group took place monthly in Bovey Tracey and a member of the patient participation group was in contact with the group to seek feedback on behalf of the practice. The Care Support Worker also held clinics within the practice as required.
- Staff told us that if families had experienced bereavement, their usual GP contacted them to arrange 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 for GPs were above local and national averages and for nurses in line with 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 89% and the national average of 86%.
- 87% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 86%; national average - 82%.
- 88% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; national average - 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- 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 the geographical location of the practice and specific needs and preferences of the local population. For example;

- The practice offered appointments from 8.30am and until 6pm. The practice also offered routine pre bookable GP appointments outside of these hours on Monday and Wednesday evenings twice a month.
- The facilities and premises were appropriate for the services delivered and used for additional services. For example; retinal screening, aortic aneurysm screening, RISE (Recovery and Integration service) for adults with drug and alcohol addictions and the depression and anxiety service (DAS).
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The GPs offered minor surgery and joint injection services for patients to reduce travel to the local hospital.

Older people:

- Patients were given a named GP to promote continuity, although they could request to see any of the GPs.
- 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.
- Following patient feedback the practice had installed an additional safety rail at the entrance to the Bovey practice. All GP consulting rooms were on the ground floor following the extension at Riverside Surgery in 2016.

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.
- Patients with diabetes were cared for by nurses specialising in diabetic care. Members of the nursing team were able to start patients on insulin. Patients were seen every year or more frequently as required. The diabetic lead nurse liaised with the diabetic specialist nurse from the local acute hospital to discuss complex cases and visited patients within their own homes if required.

Families, children and young people:

- The practice offered a range of contraceptive services.
- .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. Regular meetings were held with health visitors.
- 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 evening opening hours.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice were familiar with and held a register of patients living in vulnerable circumstances including homeless people, patients with learning disabilities, socially isolated people, and those with addiction to drugs and alcohol.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice worked with two voluntary organisations in Bovey Tracey who provided transport to appointments, prescription collection, help with shopping, reading, help around the house, and companionship. More recently, the service had extended to support patients on discharge home from hospital. In Chudleigh patients were signposted to Volunteering in Health who provided similar services.
- The practice worked with H.I.T.S. (Homeless in Teignbridge) and held emergency food and toiletry bags at each practice for distribution to those in crisis.
- The practice promoted the 'Message in a Bottle' scheme and distributed bottles. This scheme is a mechanism where information relating to frail and vulnerable patients (medical history, allergies and medicines) were stored in a container and kept within the patient's fridge. All emergency staff were aware to check in the fridge to access this information to ensure the most effective care pathway for the patient.

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.
- Liaison was undertaken with external agencies, for example the mental health crisis team, local support groups and counsellors when required.
- Patients with mental illness who failed to attend were proactively followed up by a phone call from a GP.
- The practice had access to Crisis Team and the Depression and Anxiety Service offer appointments at the practice.
- The practice pharmacist offered medicine reviews and was able to assess for blister packs if appropriate to support patients to take the right medicines each day..
- The PPG group were currently working with the Alzheimer's Society to arrange a 'dementia friendly walk through of the practice'.
- The practice had access to the local Dementia Support Worker and local Memory Café.
- The provider produced a quarterly patient newsletter which contained information for relatives of patients with dementia. For example, the winter edition contained guidance about what to do if a person with dementia goes missing.

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 told us they were always able to see a GP or nurse on the same day. Patients added that the wait to see a named GP could take a bit longer but was not a problem.

Routine appointments were bookable up to four weeks in advance. Extended opening hours were offered on Monday and Wednesday evenings four times a month (two surgeries on Mondays and two on Wednesdays). The practice offered telephone consultations to any telephone number (work/mobile/home) provided by the patient.

- 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. Staff had also been given guidance on signposting patients to other services. For example, to dentists and pharmacists for none urgent advice and treatment.
- Patients reported that the appointment system was easy to use.
- Staff said they were often able to 'fit patients in' or 'get the GPs or nurses to see patients if they had concerns about health and wellbeing.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment were in line with local and national averages.

- 85% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 89% and the national average of 87%.
- 83% of patients who responded said they could get through easily to the practice by phone; CCG – 73%; national average - 71%.
- 85% 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 - 88%; national average – 84%.
- 88% of patients who responded said their last appointment was convenient; CCG - 86%; national average - 81%.
- 78% of patients who responded described their experience of making an appointment as good; CCG - 78%; national average - 73%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

All patient spoken with said they could get through easily on the telephone and were able to speak with a GP or get an appointment on the same day. One patient said they had experienced a delay seeing a preferred GP but this wait was within two weeks and not urgent. Patients with children said they could always get an appointment for their child. We spoke with a manager of a local care home and two health care professionals who said all staff, including reception staff, were approachable and very responsive. Comment cards and friends and family results reflected these views. One patient said waiting times to get an appointment had been an issue; however this should not distract from the quality of care that the GP gives.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and saw them as a quality improvement process. The process was embedded into the culture of the practice and seen as valuable opportunities to improve care and treatment. Complaints were managed by the practice manager who 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. We looked at the 14 verbal and written complaints received in the last year and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. A number of patients had given feedback about dissatisfaction with getting routine appointments. As a result the practice had protected a number of appointments each day to be able to reorganise the work more efficiently and allow patients to book routine follow up appointments or emergency appointments more easily. Feedback from patients and staff was that this was working well.

The provider had introduced a 'Freedom to speak up' policy at the practice. This whistleblowing policy enabled staff to escalate any concerns both within the practice but also externally to a practice manager from another practice.

Are services well-led?

Outstanding ☆

(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 outstanding for providing a well-led service.

The practice was rated as outstanding for providing well led services because:

- The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable.
- Governance and performance management arrangements were embedded, proactively reviewed and reflected best practice.
- Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed.
- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture.
- There was strong collaboration and support across all staff and a common focus on improving quality of care and people's experiences.
- The practice was innovative and looked to future patient needs.
- The practice was an active research centre and been recognised nationally for high numbers of recruitments and for developing an' outstanding research culture.'

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.
- Staff said that 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 developments and 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 mission statement, vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- There were high levels of staff satisfaction. There were consistently high levels of constructive staff engagement and were actively encouraged to raise concerns. Staff said they were happy, staff turnover was low and that the organisation was a good place to work. Staff told us their line managers were supportive, approachable and that they felt respected, supported, valued and proud to work in the group. Staff said the leadership inspired them to deliver the best care and motivated them to succeed.
- The practice focused on the needs of patients. Patients told us the staff made every effort to make sure patients received the best care.
- 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 the leadership team encouraged staff to be honest and offered support when things went wrong to develop a culture of openness and trust. Staff also added that significant events demonstrating positive outcomes were encouraged and celebrated but also used as an opportunity to discuss 'what could be done even better'. 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. For example, staff had expressed concern at the availability of some appointments. Once the issue had been raised appointment times were adjusted accordingly.

Are services well-led?

Outstanding ☆

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

- 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. Staff said there was a real sense of team working. They were given protected time for professional development, reflection and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff, team leaders and teams. Staff said Bovey Tracey and Chudleigh Practice was a good place to work and the team were supportive of one another. All staff spoken with and staff questionnaires feedback showed there was a genuine culture of putting the patient first.
- Staff said effective communication was seen as a high priority at the practice. Staff said they had meetings within their teams, as part of the wider organisation and with external health care professionals. The GPs met weekly to discuss any issues, foster informal communication, peer discussion and offer support.
- The leadership team produced a monthly newsletter for all staff containing staff news, updates and information of interest.

Governance arrangements

The organised leadership, detailed governance and culture were embedded and recognised as integral to ensuring high-quality care. We saw examples of detailed, multi-layered systems, audits, reviews and governance structures which demonstrated effective and safe outcomes for patients. These systems were detailed and monitored to ensure the information was effective and in the best interest of patients.

- 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 processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- 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. For example, the practice had used a quality scheme called 'QuickStart'. The staff team had looked at prescribing patterns and improving the safety and efficiency of clinical stock control and ordering which had resulted in standardising room layouts, having a single point of ordering to minimise errors.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on 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.

Are services well-led?

Outstanding ☆

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

- 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. For example, 26% of patients had already signed up for online access and were able to book appointments, request prescriptions, review test results and access their summary care record. 70% of patients had a mobile telephone number recorded and received a text message with link to the patient newsletter. The practice were in the process of introducing E-consult for patients. E-consult is an online tool used by patients to request simple tasks and consultations from a GP to reduce face to face appointment time. For example, ordering a sick certificate.

- The practice submitted data or notifications in a timely way to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The leadership team and staff had developed effective and supportive working relationships with community healthcare providers and voluntary sectors so patients could access care, treatment and support relevant to their needs and reduce travel to acute services. For example, older persons services, mental health services, psychotherapists, and drug and alcohol detoxification 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.
- The practice provided a quarterly newsletter for patients which contained practice news, details of opening times, signposting to other healthcare providers, changes in processes and health information. Patients said they found this very useful, especially when they did not attend the practice very often.
- There was an active patient participation group who told us that the practice manager was supportive and attended meetings. The PPG was represented by 22 core members and additional virtual members. The PPG had set up a Facebook page which promoted self-care, advertised events at the practice and had been a useful tool in communicating with patients during the recent snowy weather. The PPG meetings were chaired by the PPG and attended by the practice manager and a GP and included a friends and family survey result feedback as a standing agenda item. The PPG were seen as a critical friend and had influenced many changes at the practice. For example, the introduction of safety rails, review of complaints leaflet, reviewing the patient newsletter and improvements to both buildings.
- The practice had fostered effective working relationships with the 'Riverside Befrienders' who offered transport services for patients. A small fee was changed and any excess funds were donated back into the practice to purchase additional equipment to benefit patients. For example, an examination couch, three additional pulse oximeter machines and two additional machines to assess patient suitability for inhalers.
- Staff said their views were respected, listened to and acted upon. For example, staff had highlighted the patient frustrations in obtaining appointments. As a result new appointments templates had been released at various intervals to make the flow of appointments run smoother. We received 33 staff questionnaires. All of these said the management team were approachable, open and transparent.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

There was a focus on continuous learning and improvement at all levels within the practice. Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

The practice had developed a culture of staff development and had many examples of encouraging and supporting staff on their career pathways. For example, a member of staff transferred from another apprenticeship scheme was initially appointed as an apprentice receptionist andwas

Are services well-led?

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then nominated for Apprentice of the Year. The practice won Small Employer of the Year in 2017 with Education Training & Skills (training provider). This member of staff had subsequently developed skills in phlebotomy.

Other staff had also been supported to develop:

- From a receptionist to Senior HCA (NVQ3 trained).
- From a receptionist to phlebotomist and now part way through national vocational qualification (NVQ) in Healthcare.
- Staff members were mentored by the practice through non-medical prescribing and one supported through nurse practitioner training.

The CCG employed pharmacist was embedded part time in the practice, but mentored by the practice through their non-medical prescribing course.

Research was a priority within the practice. One of the nursing team led the research programme after arriving at the practice with an 'interest'. This was developed and supported by the partners and leadership team. The research team consisted of a GP, nurse, healthcare assistant and administration staff and together, the team had built up the amount of research projects available to patients. Research was a standing agenda item at the partner meetings. The proactive patient group were now enquiring about the projects to become involved with.

The practice had achieved 'sessional status' and had won two awards: (sessional status is awarded to practices who recruit large numbers of patients and results in additional funding and support to take projects forward and expand studies within the area. This in turn can influence national guidelines and benefits for patients.

- In 2017 the practice had won an outstanding innovation award for an increased number of studies and recruitment of a high number of patents onto research projects.In 2018 the practice had been a runner up for an award for outstanding team culture which included the development of IT systems and templates to capture information and identify patients suitable for projects.

The practice had been one of 186 primary care centres taking part in a study in anticoagulation and demonstrated the practice contribution to the study had helped to develop national guidelines and allocation of resources based on the study.

The practice had successfully recruited many patients. For example, we looked at data which showed the practice had recruited the highest number of people to research trials across the whole of the Clinical Research Network South West area from Somerset to Cornwall and the Isles of Scilly.

The practice had obtained additional sessional status funding to move research forward in the area and were looking to collaborate with nearby practices to increase interest in studies and ensure effective working relationships.

Currently the practice were involved in five research studies, looking at conditions including kidney disease and arthritis. The research team had recruited 70 people to participate in studies so far this financial year and had invested in equipment to assist the projects. We heard of benefits to patients who had been included in research studies. For example, accessing potential treatment or resources not otherwise able to get. For example, additional blood tests currently only available in secondary care and discovering underlying pathology that wouldn't have ordinarily been discovered or been picked up during routine screening for research studies.

The practice made use of internal and external reviews of both internal and external incidents and complaints. Learning was shared and used to make improvements. For example, ensuring staff were aware of the latest guidance on the management of sepsis.

The partners and leadership team were aware of the changes within the community with planned allocation of over 900 homes in the area, a potential increase of 2.3 patients per home based on UK averages (2,070 patients). The practice staff had begun planning for this increase in patient numbers and had:

- Built an extension at the Riverside Surgery location.
- Started introducing changes in working patterns to meet the needs of increased patient numbers. For example, use of technology, training nurses to become nurse practitioners and ensuring a stable workforce.
- Kept abreast and worked with colleagues on new models of care and collaborative working.

Are services well-led?

Outstanding ☆

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- Become part of the Templar federation of local GP practices, which had working parties to look at urgent care access, extended hours provision and education.