

Moretonhampstead Health Centre

Quality Report

Moretonhampstead Health Centre
The Health Centre
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Devon
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Website: www.moretonhampsteadhealthcentre.co.uk

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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 Moretonhampstead Health Centre on Tuesday 4 April 2017. Overall the practice is rated as Outstanding.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and

respect and were involved in their care and decisions about their treatment. Patients said the staff had a common caring ethos going over and beyond to ensure that patients are receiving outstanding care.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a GP but added they had to sometimes wait to see a named GP. Patients said there was continuity of care, with urgent appointments available the same day. Patients could access 'drop in' appointments on a Friday or access appointments on Tuesday afternoon at Lustleigh Parish Hall or Wednesday mornings at Manaton Parish Hall.
- Since the closure of the local hospital the practice had taken on a 'walk in' minor injury service during opening hours.
- The GPs worked with a RISE (Recovery and Integration Service) worker to care for and treat patients with a chronic drug addiction. This service had reduced the

Summary of findings

need for patients to travel 10 miles to the nearest service and had removed the stigma and made it more likely that patients will access the help they require to recover.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We saw two areas of outstanding practice:

Involvement and empowerment of other organisations and the local community was integral to how services were planned and ensured that services met patient's needs. There were innovative approaches to patient care and support in a rural close knit community which had reduced demand on GP and hospital services and improved patient wellbeing. For example, the practice had been supportive and instrumental in setting up domiciliary care agencies, community support groups, art groups, mother and baby support groups and prescription collection services for the benefit of local patients. These initiatives had resulted in more case histories of keeping patients at home, increased wellbeing and reduced social isolation. The art group promoted by practice staff met in the meeting room twice a week. Patients from the practice said this had improved

their wellbeing and gave them something to look forward to each week. Data showed patients had reduced GP, nurse and home visit consultations compared to the periods prior to intervention. Their combined attendance dropped from 30 appointments in the eight months prior to the first set of classes to 10 appointments in the most recent eight month period.

There was strong culture of collaboration, empowerment and engagement from the leadership with a common focus on improving people's experiences in the rural community. The leadership had an inspiring shared purpose to motivate staff, patients and the wider community to succeed and improve quality of care and people's experience. The practice staff were outward looking and supportive in relation to the set up and governance of new community groups. For example, supporting and empowering the Morecare support group with recruitment and governance processes which then meant they could attend the monthly complex care multidisciplinary group meetings and offer support to patients. Additionally the practice had responded to the lack of domiciliary care services in the area and signed up as a partner to support an initial bid for a new community led local care agency 'NedCare'. GPs had referred 27 patients who had received assistance from this service. We were given case histories where patients had been provided with support and reduced the need for admission to a care home or hospital.

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



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was a culture of learning and education. We saw evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. External charities and support groups were included in this process
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as outstanding for providing caring services.

Outstanding



- Patients were truly respected and valued as individuals and are empowered as partners in their care and motivated to attend support groups.

Summary of findings

- People's emotional and social needs are seen as important as their physical needs.
- Data from the national GP patient survey showed patients consistently rated the practice higher than others for several aspects of care. For example, survey results were consistently above 96% compared with a national average of between 87% and 95%.
- Patients said the staff had a common caring ethos going over and beyond to ensure that patients were receiving outstanding care. For example, fundraising for support groups held at the practice, supporting charitable organisations, visiting patients outside of contracted hours and promoting patient groups in the rural community.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Feedback from patients and comment cards was positive and findings from the national patient survey were consistently above local and national averages.
- We saw 186 forms for the Friends and Family Test collected over the last year. 100% were extremely likely or likely recommend the Practice to their friends and family.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice had responded to the lack of domiciliary care services in the area and signed up as a NED Care' supporter. GPs had referred 27 patients who had received assistance from this service. We were given case histories where patients had been provided with support and reduced the need for admission to a care home or hospital.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a GP and chose to sometimes wait a few days to see the GP of their choice rather than see the GP on duty that day.

Outstanding



Summary of findings

- Patients could access 'drop in' appointments on a Friday, appointments at a branch surgery and access to a 'walk in' minor injury service during opening hours.
- Patients said there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available but was under review. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The building had recently been extended and refurbished to include the additional treatment room, extra consulting room, improved patient access, secure notes and medicine storage.
- The practice had responded to community need by offering a meeting room which was being used for multi-disciplinary team meetings and community groups. These included an art group, knitting group, depression and anxiety service, alcohol and drug abuse support group and podiatry service; patients benefitted directly from these services.
- The art group promoted by practice staff met in the meeting room twice a week. Patients from the practice said this had improved their wellbeing and gave them something to look forward to each week. Data provided by the art group demonstrated that patients showed a reduction in anxiety, an increase in confidence levels and an improvement in wellbeing scores. Data also showed that patients had reduced GP, nurse and home visit consultations compared to the periods prior to intervention. Their combined attendance dropped from 30 appointments in the eight months prior to the first set of classes to 10 appointments in the most recent eight month period.

Are services well-led?

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

- There was strong culture of collaboration, empowerment and engagement from the leadership with a common focus on improving people's experiences in the rural community. The leadership and practice staff had an inspiring shared purpose to motivate staff, patients and the wider community to succeed and improve quality of care and people's experiences. The supporting business plans reflected the vision and values and were regularly monitored.

Outstanding



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They were engaging with and empowering the local community to be partners in the community services provided. Staff described how the partners prioritised safe, high quality and compassionate care.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice staff were outward looking and supportive in relation to governance of new community groups. For example, supporting the domiciliary care agency with guidance on governance issues and engaging with the local health community in ensuring the minor injuries service continued.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. We saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group. For example, when patients had been prevented or delayed from returning home from hospital because of lack of domiciliary care provision, the GPs had become joint founders and a partner to support the initial bid for a new community led local care agency 'NNE Care'. The GPs had since referred 27 patients who had received assistance from this service. We were given case histories where patients had been provided with support and reduced the need for admission to a care home or hospital.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

Summary of findings

- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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 people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- Socially isolated older patients were encouraged to attend the art groups held at the practice to reduce their social isolation. Data also showed that patients had reduced GP, nurse and home visit consultations compared to the periods prior to intervention. Their combined attendance dropped from 30 appointments in the eight months prior to the first set of classes to 10 appointments in the most recent eight month period.
- The practice worked with Morecare, a local charity who provided befriending and transport services to patients. Practice staff had helped the charity with meeting space, with governance processes and also encouraged attendance at the multidisciplinary team meetings where patients with complex care needs were discussed.

Outstanding



People with long term conditions

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

Outstanding



Summary of findings

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Data showed that diabetes indicators were either comparable or higher than other practices in England and the CCG. For example, data from 2015/16 showed that 87% of patients with diabetes had had a normal blood sugar recording compared to the CCG average of 81% and national average of 78%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- From the sample of documented examples we reviewed 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.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice and patient participation group had been instrumental in setting up a 'bumps and beyond' group which had initially been held at the practice until attendance had

Outstanding



Summary of findings

grown in numbers. The group offered support to parents with young children and was supported by the practice based midwifery team. Any concerns identified were discussed at multidisciplinary team meetings.

- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- 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.
- Repeat medicines could be requested via e mail, the local pharmacy or in person at The Health Centre. These could be collected from a designated collection point in Lustleigh village or sent by post.
- Appointments could be booked up to three months in advance. Early morning and evening appointments were available

Outstanding



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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 offered 15 minute appointments to all patients and longer appointments for patients who needed them.
- The practice regularly worked with other health care professionals, support groups and charities in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations. The practice offered their meeting room for these organisations and supported them with issues such as governance and fundraising.

Outstanding



Summary of findings

- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The GPs worked with a RISE (Recovery and Integration Service) worker to care for and treat patients with a chronic drug addiction. This service had reduced the need for patients to travel 10 miles to the nearest service and had removed the stigma and made it more likely that patients will access the help they require to recover.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- 92% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84% and CCG average of 87%.
- The practice specifically considered the physical and social health needs of patients with poor mental health and dementia. For example, patients and their carers were signposted to the art group which was held at the practice.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented was 100% which is better than the CCG average of 87% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Outstanding



Summary of findings

- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 showed the practice was performing in line with local and national averages. 214 survey forms were distributed and 125 were returned. This represented 4% of the practice's patient list.

- 99% of patients described the overall experience of this GP practice as good compared with the CCG average of 90% and the national average of 85%.
- 97% of patients described their experience of making an appointment as good compared with the CCG average of 82% and the national average of 73%.
- 95% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which contained detailed comments about the care and treatment received.

Comments included references to kind, friendly, caring, helpful staff. Comments also included references to an efficient respectful service from staff who took time to listen and involve patients in their care. We read comments about the clean, tidy and welcoming environment.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were kind, approachable, committed and caring. Patients said care was 'excellent' and added that the practice was held in high regard within the community.

We saw 186 forms for the Friends and Family Test over the last year. 100% were extremely likely or likely recommend the Practice to their friends and family. Some of the comments on the completed forms included remarks about the efficiency of the GPs and helpful, friendly and informative staff.

Outstanding practice

We saw two areas of outstanding practice:

Involvement and empowerment of other organisations and the local community was integral to how services were planned and ensured that services met patient's needs. There were innovative approaches to patient care and support in a rural close knit community which had reduced demand on GP and hospital services and improved patient wellbeing. For example, the practice had been supportive and instrumental in setting up domiciliary care agencies, community support groups, art groups, mother and baby support groups and prescription collection services for the benefit of local patients. These initiatives had resulted in more case histories of keeping patients at home, increased wellbeing and reduced social isolation. The art group promoted by practice staff met in the meeting room twice a week. Patients from the practice said this had improved their wellbeing and gave them something to look forward to each week. Data showed patients had reduced GP, nurse and home visit consultations compared to the

periods prior to intervention. Their combined attendance dropped from 30 appointments in the eight months prior to the first set of classes to 10 appointments in the most recent eight month period.

There was strong culture of collaboration, empowerment and engagement from the leadership with a common focus on improving people's experiences in the rural community. The leadership had an inspiring shared purpose to motivate staff, patients and the wider community to succeed and improve quality of care and people's experience. The practice staff were outward looking and supportive in relation to the set up and governance of new community groups. For example, supporting and empowering the Morecare support group with recruitment and governance processes which then meant they could attend the monthly complex care multidisciplinary group meetings and offer support to patients. Additionally the practice had responded to the lack of domiciliary care services in the area and signed up as a partner to support an initial bid for a new community led local care agency 'NED Care'. GPs had referred 27

Summary of findings

patients who had received assistance from this service. We were given case histories where patients had been provided with support and reduced the need for admission to a care home or hospital.

Moretonhampstead Health Centre

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 specialist adviser.

Background to Moretonhampstead Health Centre

Moretonhampstead Health Centre is based in the rural town of Moretonhampstead on the edge of Dartmoor national park, Devon. The practice also provide simple consultations at two satellite clinics once a week at two parish halls in nearby villages which have minimal public transport access. The practice area is predominantly rural and covers 220 square miles.

The practice is commissioned by NHS Northern, Eastern and Western Devon CCG and is part of the Devon Local Medical Committee.

Moretonhampstead Health Centre provides a personal medical service to approximately 3100 patients. The 2011 census data showed that the majority of the local population identified themselves as being White British. The mix of patient's gender (male/female) is almost equal female and male although there is a higher number of female over 85 years old. Public health data showed that 4.1% of the patients are aged over 85 years old which is

higher than the local average (CCG) of 3.1% and higher than the national average of 2.3%. Levels of deprivation are recorded at 8 out of 10. One being more deprived and 10 being less deprived.

There are three GP partners (two female and one male) who together provided 17 sessions work at just under two whole time equivalent. There are two part time practice nurses and one healthcare assistant. The clinical team are supported by a practice manager, seven administration staff and a cleaner.

The practice is a training practice for medical students and for doctors who wish to become GPs.

The practice is open between 7.40am and 7pm on Mondays, and between 8.30am and 6pm Tuesday to Friday. Between 8am and 8.30am and 6pm and 6.30 calls are diverted to the out of hours provider who would contact the GP on call by mobile telephone if required. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for patients that needed them. Friday morning drop in appointments are also available and on average see 16 patients attending per week.

Out of hours patients are advised to contact the out of hours service provider via the NHS 111 service.

We inspected the main location at:

Moretonhampstead Health Centre, Embleford Crescent, Moretonhampstead, Devon, TQ13 8LW

Detailed findings

The practice hold satellite surgeries at Lustleigh Parish Hall and Manaton Parish Hall. We did not inspect these sites however; we were provided with risk assessments for these locations which indicated a clean and safe environment for providing services at these locations.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as NHS England and a manager of local care home to share what they knew. We carried out an announced visit on 4 April 2017. During our visit we:

- Spoke with a range of staff including GPs, nurses and administration staff. We spoke with 10 patients who used the service, two members of the patient participation group, a community matron, locum GP, and representatives from the local charity Morecare and coordinators of an art support group.

- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed 44 comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living 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 a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of the two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events and offered support to the staff involved.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the wrong patient records were sent to an acute hospital. This was identified by the hospital staff and no harm came to the patient. The confidentiality breach was reported to the practice who managed as a significant event. The staff involved were supported but also reminded on the checks required. All administration staff were also informed of the importance of double checking patient details before sending referrals.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff by accessing the shared folders on

the computer and on posters displayed in office areas. 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.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, nurses to level two and administration staff level one.
- A notice in the waiting room advised patients that chaperones were available if required. Nursing staff were used as chaperones and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with evidence based practice. There was an IPC protocol and staff had received up to date elearning training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the last audit performed shortly before the inspection had prompted a refresher training session for reception staff in how to safely manage specimens handed in by patients.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being issued to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical

Are services safe?

commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw data to show that the practice were low prescribers of antibiotics. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed four personnel files of newly recruited staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. The practice manager was in the process of reorganising these to make auditing and checking processes more efficient.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- There had been a risk assessment of the satellite clinics held at the local parish halls. These appointments were for consultation and medicine reviews rather than treatment.
- The practice had an up to date fire risk assessment and had recently carried out a fire drill within the new building. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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). The last legionella assessment had last taken place earlier this month and practice staff were in the

process of introducing the management controls. The practice manager had recently updated the environmental risk assessment of the building to include the new extension.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. To ensure consistency Locum doctors were booked from a select group of approximately six GP locums who were known to practice staff and patients.
- Risk assessments for the branch locations indicated there were appropriate arrangements to ensure patients were safe. Emergency arrangements were in place for fire evacuation. Electrical equipment which might be needed on site was tested and calibrated along with those at the main site. GPs had telephone access to the practice for managing emergency situations and carried basic emergency medicines with them when on site. First aid equipment was kept at each branch and there was secure storage at each location for sample pots and other necessary GP equipment. Patients requiring intimate examinations were provided with appointments at the main location where to ensure their privacy and dignity were respected.

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 in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Checks were in place to ensure this equipment was within expiry date. 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

Are services safe?

building damage. The practice manager was in the process of updating this to reflect the recent staff changes and recent joint working and arrangements with two other local practices.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based guidelines.

- The practice had systems to keep all clinical staff up to date. This was either done at clinical meetings or by sending staff emails of the updates. A recent example included the update about female genital mutilation. Staff accessed guidelines from NICE and used this information to deliver care and treatment that met patients' needs and used travel websites to obtain evidence based guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%.

The practice was comparable for exception reporting. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The overall clinical exception reporting rate was 10.7% which was 0.4% below the CCG average of 11.1% and about 0.9 percentage points above the national average of 9.8%. The practice were aware of the areas they needed to improve and had implemented a programme of patient reviews. The programme was designed to ensure patients received the most appropriate treatment and achieved the best outcomes for their condition or illness. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record was 12% compared with the CCG average of 12% and national average of 13%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients with diabetes, on the register who had a blood pressure reading recorded was 79% compared with the CCG average of 76% and national average of 77%.
- Performance for mental health related indicators was higher than the CCG and national averages. For example, The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented was 100% compared to the CCG average of 87% and national average of 89%.

The practice had a low number of emergency hospital presentations. For example, data from 2015/2016 showed that 32 patients per 100,000 population had been referred compared to the CCG average of 107 and national average of 89. This was due to the proactive nature of the practice in identifying ongoing patient healthcare needs through; regular reviews and health checks, close working relationships and multi-disciplinary team meetings with the practice based community services, detailed multi-disciplinary team meetings which also looked at patients who were not at risk but were known to be unwell, responsive and proactive home visits and through a knowledgeable and informed patient list.

There was evidence of quality improvement including clinical audit:

- We looked at six clinical audits commenced in the last two years. Three of these were completed audits over multiple cycles where the improvements made were implemented and monitored. For example, a hormonal replacement therapy (HRT) audit was performed because a GP heard, through internal audits, about a patient who had been prescribed the wrong type of HRT. The first cycle of the audit showed one patient at the practice was on an HRT medicine which did not conform to evidenced based practice. Changes were made accordingly following the audit. The second audit cycle showed all patients were being correctly treated and were in receipt of the latest recommended medicines.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- New staff, including locum staff, told us they had been supported when starting work and that they had received an induction which including shadowing existing staff, being informed of emergency procedures and how to use the clinical computer system. Staff also said they had received training on topics including safeguarding, basic life support, infection prevention and control, fire safety, health and safety and confidentiality. However, records did not formally record this induction process. The practice said this would be implemented for the next new member of staff.
- Practice staff demonstrated how they ensured role-specific training and updating took place for those reviewing patients with long-term conditions. Staff added there were no restrictions on training updates and they routinely updated their skills.
- 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 with peers and GPs.
- There was a culture of staff learning and development at the practice. Learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. For example, a health care assistant had expressed a wish to pursue nurse training and was being supported and funded to achieve pre nursing qualifications. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support from the GPs and practice manager. Practice staff received support for revalidation. All staff had received an appraisal within the last 12 months.
- The practice was a training practice for medical students, student nurses and doctors who were training to become GPs.
- The practice held a protected learning event every three months with two other practices in the area. Each practice is covered by Devon Doctors (the out of hours provider), with a GP Partner from each practice being available to deal with any urgent matters that may arise for patients during the learning sessions and staff were provided with educational sessions, cross site working and shared development.

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

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.
- We saw evidence to show that 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 professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Complex care meetings took place with other health care professionals and the community support charity, Morecare, on a monthly basis where care plans were routinely reviewed and updated for patients with complex needs. Healthcare professionals we spoke with and representatives from Morecare said communication with practice staff was excellent and that GPs responded to requests promptly. The health care professional also added that the practice 'hosted' the meetings and had access to patient requests so any treatment, changes in medicines or care planning were acted on immediately. Discussions with a manager of a local care home said planning care and treatment was done mutually and added that practice staff were efficient and responsive to requests for patient review.

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. Feedback from healthcare professionals (HCP) about the end of life care provided by the practice was positive. The HCP said the GPs responded promptly to pain relief requests and said requests for joint visits were always responded to.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was recorded on templates within the patient record, as free text or on written consent forms which were scanned into the patient record after the surgery.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, alcohol abuse and depression and anxiety.

The practice's uptake for the cervical screening programme was 80%, which was comparable with the CCG average of 82% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 91% to 95% compared to the national averages of 90%. For five year olds ranges ranged from 82% to 94% compared to the national average of 88% to 94%.

There was a policy to offer reminders for patients who did not attend for their cervical screening test. There were failsafe systems 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. For example, females between the ages of 50 and 70 years screened for breast cancer in the last 36 months was 77% compared to CCG average of 77% and national average of 73%. 63% of patients between the ages of 60 and 69 years had been screened for bowel cancer in the last 30 months, which was the same as the CCG average but higher than the national average of 58%.

Appropriate follow-ups for the outcomes of any screening or health assessments were made, where abnormalities or risk factors were identified.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect. Patients told us they felt truly respected and fully empowered to be partners in their own care and treatment.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception areas were open to the waiting room. Staff were positioned so computer screens could not be viewed by patients. Patients told us a radio was usually playing to help protect patient privacy but this was not being played on the day of inspection.
- 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.
- Patients could be treated by a clinician of the same sex.
- Patients were empowered to become involved in the services offered including the art groups and support groups. The patient support group, Morecare, were included in the complex care meetings and seen as a valuable team member when planning patient care and support.

All of the 44 patient Care Quality Commission comment cards we received were all positive about the service experienced and contained detailed positive feedback about the staff and all areas of the service provided. 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 10 patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 98% of patients 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%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 97% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 98% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 100% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared with the CCG average of 90% and the national average of 87%.

The views of patient comment cards and discussions with the 10 patients on the day were in line with these survey findings. The views of external stakeholders were also positive and in line with our findings. For example, the manager of a local care homes where some of the practice's patients lived said the service received was 'amazing'. The manager explained that the GPs visited promptly when requested and said the reception staff and practice manager were always approachable and responsive.

Patients said the staff had a common caring ethos going over and beyond to ensure that patients are



Are services caring?

receiving outstanding care. We were given many examples of individual actions where staff worked in a caring and supportive manner to demonstrate a community based ethos.

We saw 186 forms for the Friends and Family Test from the last year. 100% were extremely likely or likely recommend the Practice to their friends and family. Some of the comments on the completed forms included remarks about the efficiency of the GPs and helpful, friendly and informative staff.

Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 86%.
- 94% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 98% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that the majority of patients in the practice had English as a first language but that interpretation services were available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 97 patients as carers (about 3.2% of the practice list). Written information was available to direct carers to the various avenues of support available to them including the art and knitting groups. The practice had been instrumental in setting up, and now worked closely with, the local charity Morecare who provided befriending and transport for carers and patients. The practice had also supported a local service who had compiled a local 'directory of services for patients and their carers.

Staff told us that if families had experienced bereavement, their usual GP contacted them who then offered advice on how to find support services.

Practice staff had also supported fundraising activities in the community. For example, the practice had held events to support a local art group to continue providing art sessions to local vulnerable patients in the community. The practice had hosted these sessions free of charge. Two staff at the practice were travelling overseas to do voluntary support for vulnerable people. Staff at the practice had coordinated fundraising to provide financial support for the charity work and had collected items of equipment and clothing to take. Patients told us this made them feel involved in improving life for people less vulnerable than themselves and added to the communitarian attitude.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population. Services were tailored to meet the individual needs of patients and were delivered in a way which ensured flexibility, choice and continuity of care.

- The practice offered 'drop in' appointments on a Friday where patients could be seen without making an appointment in advance. There had been an average of 16 patients per week being seen at these clinics with all patients arriving at the practice being seen.
- Telephone consultations were available with GPs providing on average 4 to 5 consultations when on duty.
- Patients could book appointments and request repeat prescriptions via an online appointment booking system.
- Repeat medicines could be requested via e mail, the local pharmacy or in person at The Health Centre. These could be collected from a designated collection point in Lustleigh village or sent by post to improve access to medicines for patients.
- Appointments could be booked up to three months in advance. Early morning and evening appointments were available
- Straightforward consultations with the GPs could be arranged one morning a week at satellite surgeries at Lustleigh Parish Hall and Manaton Parish Hall if it was more convenient.
- All routine GP appointments were 15 minutes. There were longer appointments available for patients who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice in this rural community.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered a minor operations and joint injection service which were both audited to ensure effective outcomes for patients.
- Overseas travel advice including up-to-date vaccinations and anti-malarial medicines was available from the nursing staff within the practice with additional input from the GP's as required.
- There were accessible facilities provided on one level for easy access. The internal entrance doors opened automatically by pushing a button.
- The local hospital had recently been shut down so the practice extended their service provision to offer a minor injuries service to patients and visitors to the area to avoid them travelling to the nearest acute hospitals which are over 13 miles away. Minor injury treatment included all those prescribed by NHS England including; sprains and strains, wound infections, minor burns and scalds, minor head injuries, insect and animal bites, minor eye injuries and minor injuries to the back, shoulder and chest.
- The practice and patient participation group had been instrumental in setting up a 'bumps and beyond' group which had initially been held at the practice until attendance had grown in numbers. The group offered support to parents with young children.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The building had recently been extended and refurbished to include an additional treatment room, an extra consulting room, improved patient access and secure notes and medicine storage.

The services provided were flexible, provided choice and ensured continuity of care. The practice had responded to community need by offering a meeting room which was being used for multi-disciplinary team meetings and community groups. These included an art group, knitting group, depression and anxiety service, alcohol and drug abuse support group and podiatry service which patients directly benefitted from.

- The art group promoted by practice staff met in the meeting room twice a week. Patients from the practice said this had improved their wellbeing and gave them something to look forward to each week. Data provided by the art group demonstrated that patients showed a reduction in anxiety, an increase in confidence levels and an improvement in wellbeing scores. Data also showed that patients had reduced GP, nurse and home



Are services responsive to people's needs?

(for example, to feedback?)

visit consultations compared to the periods prior to intervention. Their combined attendance dropped from 30 appointments in the eight months prior to the first set of classes to 10 appointments in the most recent eight month period.

- The GPs prescribe medicines for a small number of patients with a chronic drug addiction. As part of this service a RISE (Recovery and Integration Service) worker meets with a GP and the patients on a regular basis. The practice have enabled the RISE worker to use the meeting room one afternoon a month to run a drop in clinic for any addiction problems and any form of substance abuse. A minimum of two patients accessed this clinic on a monthly basis and overall an average of 15 patients had attended over the last 6 months. This service had reduced the need for patients to travel 10 miles to the nearest service and had removed the stigma and made it more likely that patients will access the help they require to recover.
- When the local hospital closed the practice staff had been part of 'Wellmore', a group of like-minded people who had the health and social care needs of the community at the centre. Although the group was not managed by the practice, the staff had been joint founders and developers and had supported the group in setting up a directory of services and information for patients and carers.
- The practice had identified and filled gaps in services including minor injuries during opening times. The practice had also offered the extended premises for support services. Data showed that the practice had a low number of emergency admissions compared to the CCG and national average.
- The practice had responded to the lack of domiciliary care services in the area and signed up as a partner to support the initial bid for a new community led local care agency 'NED Care'. GPs had referred 27 patients who had received assistance from this service. We were given case histories where patients had been provided with support and reduced the need for admission to a care home or hospital.
- The practice had been a partner in supporting Morecare, a charity of volunteers who offer a range of services including befriending, shopping, prescription collection and delivery and transport to and from hospital and GP appointments. Practice staff had helped the charity with meeting space, with governance processes and also

encouraged attendance at the multidisciplinary team meetings where patients with complex care needs were discussed. Representatives from Morecare told us they felt involved in these meetings and had been able to offer assistance and support to patients and their carers. Morecare provided a service to approximately 80 patients and at least 60% of those patients had been referred directly by the Practice.

Access to the service

Patients could access appointments and services in a way and at times which suited them. The practice was open between 7.40am and 7pm on Mondays and between 8.30am and 6pm Tuesday to Friday. Between 8am and 8.30am and 6pm and 6.30 calls are diverted to the out of hours provider who would contact the GP on call by mobile telephone if required. Friday morning drop in appointments were available. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey in July 2016 showed that patient's satisfaction with how they could access care and treatment was consistently higher than local and national averages.

- 89% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 98% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 99% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 90% and the national average of 85%.
- 98% of patients said their last appointment was convenient compared with the CCG average of 95% and the national average of 92%.
- 97% of patients described their experience of making an appointment as good compared with the CCG average of 82% and the national average of 73%.
- 86% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 64% and the national average of 58%.



Are services responsive to people's needs?

(for example, to feedback?)

Patients told us on the day of the inspection that they were able to get appointments with a GP or nurse when they needed them but sometimes chose to wait a little longer to see a specific GP or nurse.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

There was an active review of complaints and how they were managed with improvements made as a result of complaint outcomes. The practice had a system for handling complaints and concerns.

- Their complaints policy and procedures had recently been reviewed and updated and were being reviewed to ensure they were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, in patient leaflets, on the website and on posters in the waiting room.

We looked at the two complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way, with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint regarding a consultation with a member of staff had resulted in a patient apology and discussion with the staff member. The patient was then offered the opportunity to see an alternative member of staff in future.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients in the close knit rural community. Staff knew and understood the values.

There was strong culture of collaboration, empowerment and engagement from the leadership with a common focus on improving people's experiences in the rural community. The leadership and practice staff had an inspiring shared purpose to motivate staff, patients and the wider community to succeed and improve quality of care and people's experiences. The supporting business plans reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a structured overarching governance framework which supported the delivery of the strategy and good quality care both within the practice and externally. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. Staff added that whilst there was a clear structure there was no hierarchy but staff respected one another and worked well as a team.
- Practice specific policies were implemented, kept under review and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. Any learning was shared with other stakeholders.
- The practice staff had supported the local Morecare support group with recruitment and governance

processes which meant they could then engaged and empowered to attend the monthly complex care multidisciplinary group meetings and offer support to patients.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care, whilst engaging with and empowering the local community to be partners in the community services provided. Staff explained that the partners prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of the significant event register we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- The practice staff worked efficiently with external stakeholders and regulators. For example, coroners, CCGs and NHS England.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses, social workers and the voluntary sector to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings and held quarterly meetings with other GP practices to share learning and training events.

Are services well-led?

Outstanding



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

- 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 and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said the practice was a good place to work and added that they felt respected, valued and supported, particularly by the practice manager and partners in the practice. Staff said the management team motivated staff to succeed.

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 and staff. It proactively sought feedback from:

- Public and patients. For example, when patients had been prevented or delayed from returning home from hospital because of lack of domiciliary care provision, the GPs had become joint founders and a partner to support the initial bid for a new community led local care agency 'NED Care'. The GPs had since referred 27 patients who had received assistance from this service. We were given case histories where patients had been provided with support and reduced the need for admission to a care home or hospital.
- Patients through surveys and complaints received. For example, In line with patient feedback and the ethos of a Green Impact initiative, a decision was made to remove the water machine in the waiting area. The machine was replaced with a water jug and beakers at the reception desk.
- Patients through the patient participation group (PPG). The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG and practice

had been instrumental in setting up a 'bumps and beyond' self-help group for parents and babies. The PPG told us the practice staff had supported and encouraged this group and initially hosted the meetings at the practice. The group had now increased in numbers that it was held in the village hall.

- The NHS Friends and Family test, complaints and compliments received in the last year. 100% of 186 respondents were extremely likely or likely to recommend the practice.
- Staff told us they felt involved and engaged to improve how the practice was run. Staff said the practice manager had an 'open door' policy and said the GPs and practice manager were approachable and receptive to questions and suggestions and often encouraged staff to act on ideas. For example, staff had worked with the management of the local care home and had donated pets for residents to receive therapeutic support.
- There had been concern in the local area when the community hospital and minor injury unit had closed. The GPs proactively worked with other organisations to introduce this service at the practice. This service had improved care outcomes for patients and obtained best value for money which was demonstrated by a low hospital emergency admission rate and the service enabled patients receive a service closer to home.

Continuous improvement

There was a 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. The practice were in the process of working towards the 'Green Impact for Health' scheme and had installed solar panels and replaced the water dispenser with a jug and glasses. The staff were also looking at ways to further increase social prescribing at the practice which could include exercise classes for patients and a bathing service using the hospital's accessible bath.