

# Care Quality Commission

## Inspection Evidence Table

### Chagford Health Centre (1-572923246)

Inspection date: 20 December 2019

Date of data download: 15 November 2019

## Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

### Effective

### Rating: Good

#### Effective needs assessment, care and treatment

**Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.**

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
<ul style="list-style-type: none"><li>The practice used relevant and current evidence-based guidance, standards and practice to ensure effective care and treatment was delivered (this includes from NICE and other expert and professional bodies). Where relevant, they were completing local audits and patient searches to confirm the use of relevant evidence-based guidance, standards and practice.</li></ul>	

- We looked at a sample of patient records to verify this and found comprehensive assessments in place with clear clinical care pathways and protocols.
- Staff knew how to make an urgent referral and systems were in place to monitor this to ensure patients received a timely response.

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHSBSA)	0.25	0.90	0.75	Variation (positive)

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>• A risk assessment tool was used to identify patients at risk of frailty fractures and to follow up patients to discuss their options about medication, referrals etc. They also received a full assessment of their physical, mental and social needs.</li> <li>• Multi-disciplinary team meetings were held every other month, with the Community Nursing Team, Hospice Care, Complex Care Team, Nurse Manager to help identify patients with complex needs and to provide end of life care as required.</li> <li>• Housebound patients were followed up at home and the Practice Nurse administered the flu vaccination to at risk patients, and those aged over 65 who were unable to get to the surgery.</li> <li>• GP's followed up patients who had been discharged from secondary care and reviewed their medication and care plans. Staff chased up discharge summaries if not received by the practice within 48 hours.</li> <li>• Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.</li> <li>• Health checks, including frailty assessments, were offered to patients over 75 years of age.</li> <li>• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.</li> </ul>

## People with long-term conditions

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>• Patients with long term conditions were invited for annual reviews so that they, and the GP, could manage their conditions. They were followed up by a member of the admin team if they did not attend (DNA) their appointment thus ensuring that the patient had regular medication reviews and was reviewed on a regular basis by the GP. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.</li> <li>• A clinical pharmacist working in the practice identified patients on high risk drugs and ensured that they had regular blood tests and follow ups.</li> <li>• Staff who were responsible for reviews of patients with long-term conditions had received specific training.</li> <li>• GPs followed up patients who had received treatment in hospital or through out of hours services</li> </ul>

for an acute exacerbation of asthma.

- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	73.5%	83.0%	79.3%	No statistical variation
Exception rate (number of exceptions).	3.5% (5)	16.2%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	74.6%	78.5%	78.1%	No statistical variation
Exception rate (number of exceptions).	5.0% (7)	14.1%	9.4%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	80.2%	83.6%	81.3%	No statistical variation
Exception rate (number of exceptions).	10.6% (15)	16.1%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	76.9%	76.9%	75.9%	No statistical variation
Exception rate (number of exceptions).	2.8% (5)	11.7%	7.4%	N/A

The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	98.1%	91.5%	89.6%	Variation (positive)
Exception rate (number of exceptions).	18.2% (12)	13.8%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	84.6%	84.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.1% (11)	5.6%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) <small>(QOF)</small>	91.0%	91.1%	91.1%	No statistical variation
Exception rate (number of exceptions).	5.6% (4)	6.3%	5.9%	N/A

## Families, children and young people

## Population group rating: Good

### Findings

- The practice had not met the 90% threshold for all four childhood immunisation uptake indicators.
- Clinical and non-clinical staff had contacted the parents or guardians of children due to have childhood immunisations on numerous occasions, and many of them have refused to give their children any vaccination. Letters had been sent and the Practice Nurse had tried to encourage parents to immunise their children, but without success. The practice had arranged for Public Health to give a presentation at a local school but again this did not increase uptake. Due to the small patient list size, the few children who had not been immunised had a large impact on the uptake figures.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception. Self-testing kits for chlamydia were available in the patient toilet and they had a lead GP for sexual health for young people.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	14	16	87.5%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	17	24	70.8%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	17	24	70.8%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	17	24	70.8%	Below 80% uptake

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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

Population group rating: Good

### Findings

- The practice sent letters to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- The HCA performed NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- Extended hours and Improved Access meant that patients of working age did not have to take time off from work and could attend the surgery out of working hours during the week and at weekends.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	77.3%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	70.8%	75.4%	72.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	61.4%	61.1%	57.3%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	68.6%	63.9%	69.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	42.9%	55.5%	51.9%	No statistical variation

#### Any additional evidence or comments

- The practice's uptake for cervical screening at 77.3% was just below the 80% target. The practice was aware of this and was proactive in trying to increase coverage of cervical screening. They offered early morning and evening appointments, opportunistic screening, alerts were placed on patient records and the importance of this screening was publicised at the practice.

#### People whose circumstances make them vulnerable

#### Population group rating: Good

#### Findings

- Vulnerable adults' registers were kept by the practice and monitored at monthly meetings. The practice also monitored those patients who were identified as having the potential for becoming vulnerable to ensure any changes in their circumstances were known by the practice. The practice offered same day appointments and/or longer appointments when required.
- All patients with a learning disability were offered an annual health check with a GP. Letters were sent out with Makatron symbols. Makaton is a language form that uses symbols, signs and speech to enable people to communicate.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.



## People experiencing poor mental health    Population group rating: Good (including people with dementia)

### Findings

- The Practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day appointments were available or triage appointments to those patients with serious mental illnesses.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- Most of the patients were on repeat dispensing. This allowed the GP to conduct regular medication reviews as the patient would receive a note from the pharmacist, when they were approaching the end of their repeat dispensing cycle, advising them to contact the practice.
- 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.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	100.0%	91.6%	89.4%	Tending towards variation (positive)
Exception rate (number of exceptions).	18.2% (2)	15.5%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	100.0%	90.4%	90.2%	Tending towards variation (positive)
Exception rate (number of exceptions).	27.3% (3)	13.3%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	100.0%	84.2%	83.6%	Variation (positive)
Exception rate (number of exceptions).	15.8% (3)	7.4%	6.7%	N/A

### Any additional evidence or comments

- The practice's exception reporting in the above table is higher than either the local or national averages. 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. However, there were only three patients coded and due to the low patient list size, such a small number can distort the figures. All three patients were known to the practice as were the reasons for the exception coding.

## Monitoring care and treatment

**The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.**

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	548.6	538.2	539.2
Overall QOF score (as a percentage of maximum)	98.1%	96.4%	96.7%
Overall QOF exception reporting (all domains)	4.4%	6.4%	5.9%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes
Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

- There was evidence of clinical audit including how findings were actioned and reviewed. We found quality improvement activity was targeted at the areas where the practice had concerns. For example, audits for high risk medicines and antibiotic prescribing had all been completed and the outcomes were shared with staff.
- Good systems were in place to monitor patient outcomes and trends in performance. Meetings took place on a weekly basis to ensure ongoing oversight of clinical outcomes.

## Effective staffing

**The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.**

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes



There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<ul style="list-style-type: none"> <li>• Staff supervision arrangements were in place. All staff received annual appraisals during which time training needs and support were established.</li> <li>• Systems were in place to quality assure the clinical decision making for those employed in advanced clinical practice. Regular reviews of consultation records and prescribing were completed.</li> <li>• Staff had protected learning time to complete mandatory training. Staff we spoke with told us the practice was very good at supporting them to undertake additional courses for their ongoing training needs.</li> </ul>	

## Coordinating care and treatment

### Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need 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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
<ul style="list-style-type: none"> <li>• The practice, and the Patient Participation Group (PPG), had recently organised a "Feel Good Event" in the village. Information stalls were used to highlight social isolation and healthier lifestyles with the practice nurse in attendance to give advice about matters such as weight</li> </ul>	

management, lowering cholesterol and blood pressure.

- The Health Care Assistant (HCA) carries out health care checks and leaflets were sent out by the Administrative staff after the checks to advise patients how to achieve a healthier lifestyle.
- The surgery notice board has regularly updated information to encourage patients to stop smoking and learn how to lead a healthier lifestyle.

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	98.2%	94.9%	95.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	1.1% (9)	1.1%	0.8%	N/A

### Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes
<ul style="list-style-type: none"> <li>• Consent was documented in patient records. During the consultation, the GP used templates to mark consent obtained.</li> <li>• Staff we spoke with were aware of the Mental Capacity Act and what it meant for their role. They also demonstrated a good understanding of 'best interests' decision making and when this was applicable.</li> </ul>	

## Responsive

Rating: Good

### Responding to and meeting people's needs

#### The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<ul style="list-style-type: none"> <li>Although the patient population was predominantly white British, the practice did have a small number of eastern European patients for whom they had access to interpreting services.</li> <li>All the practice leaflets could be downloaded in other languages and the website had the facility to offer pages in different languages.</li> <li>The practice complied with the Accessible Information Standard and staff had completed the training.</li> </ul>	

Practice Opening Times	
Day	Time
<b>Opening times:</b>	
Monday	8:30am to 8pm
Tuesday	7:30am to 6pm
Wednesday	8:30am to 6pm
Thursday	7:30am to 6pm
Friday	8:30am to 6pm
Saturday	9am to 12:30pm every other month
<b>Appointments available:</b>	
Monday	9:am to 11am; 4pm to 5:30pm; 6:30pm to 8pm
Tuesday	7:30am to 8am; 9am to 11am; 4pm to 5:30pm
Wednesday	9am to 11am; 3:30pm to 5pm
Thursday	7:30am to 8am; 9am to 11am; 4pm to 5:30pm
Friday	9am to 11am; 4pm to 5:30pm
Saturday	9am to 12:30pm every other month
<ul style="list-style-type: none"> <li>The practice was a member of the North Dartmoor Primary Care Network Improved Access Scheme and patients were able to make routine appointments at one of three GP practices during evenings and at weekends. The aim of the service was to make it easier for people to get an appointment at a time that suited them.</li> </ul>	

- This scheme is an extension of the usual GP practice services and the practices were working together to establish a service that met the needs of the public.
- Patients were able to book a routine evening or weekend appointment directly with the participating practices according to a timetable published on the practice's website.
- The practice is open till 6.30pm but phones switch over to the out of hours service between 6pm and 8am as per local arrangements

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2969	237	134	56.5%	4.51%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2019 to 31/03/2019)	98.7%	95.4%	94.5%	No statistical variation

### Older people

### Population group rating: Good

#### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- In recognition of the religious and cultural observances of some patients, we were told that GPs would respond quickly, outside of normal working hours if required, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

### People with long-term conditions

### Population group rating: Good

#### Findings

- Patients with multiple conditions had their needs reviewed in one appointment (longer appointments are always on offer for those with complex needs).
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

## **Families, children and young people**

**Population group rating: Good**

### **Findings**

- Nurse appointments were available out of school hours at the practice, and at the neighbouring practices who were part of the PCN improved access scheme, so that school age children did not need to miss school.
- The practice regularly reviewed high A&E attendances of children and young people to identify those who may be at risk. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child are offered a same day appointment when necessary.
- The practice had a good working relationship with the health visitors and community teams and worked with them to follow up children and promote their health and wellbeing.

## **Working age people (including those recently retired and students)**

**Population group rating: Good**

### **Findings**

- 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.
- The practice was open at various times during the week and weekend, out of core hours (8am to 6:30pm), so that working age patients could attend without having to take time off from work.
- Evening and weekend appointments were offered within the PCN to give additional opportunities for patients to access care and treatment.
- The practice offered E-consult, which was an online system whereby patients could complete a simple form about their problem (or make a specific request for something). A GP would then decide on the best form of treatment and contact the patient, by phone or email, with advice, a prescription or an appointment.

## **People whose circumstances make them vulnerable**

**Population group rating: Good**

### **Findings**

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances could register with the practice, including those with no fixed abode such as homeless people or Travellers. At the time of the inspection, the practice had one homeless patient who had registered using the practice address.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability by offering longer appointments and sending out letters using Makaton symbols (sign language).

**People experiencing poor mental health    Population group rating: Good**  
**(including people with dementia)**

**Findings**

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

**Timely access to the service**

**People were able to access care and treatment in a timely way.**

**National GP Survey results**

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
<ul style="list-style-type: none"> <li>• The practice offered a daily triage service so that patients with urgent needs could see a GP during the morning session or later that day depending upon need.</li> <li>• Home visit requests were followed up with a GP initiated phone call to assess the urgency, need and appropriateness of the request.</li> </ul>	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	100.0%	N/A	68.3%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	94.8%	74.6%	67.4%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to their GP practice appointment times (01/01/2019 to 31/03/2019)	85.6%	70.9%	64.7%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	95.9%	80.7%	73.6%	Variation (positive)



Source	Feedback
NHS Choices	<ul style="list-style-type: none"> <li>The NHS Choices website for the practice contained one five star rated review which commented that the doctors were fantastic, helpful and caring.</li> </ul>
CQC Comment Cards	<ul style="list-style-type: none"> <li>We received 85 CQC comment cards of which two contained comments relating to concerns over diagnoses. The practice was aware of both comments and we saw that the appropriate action had been taken.</li> <li>The 83 remaining comment cards were positive and contained feedback that the doctors and staff couldn't be faulted; the clinical and non-clinical teams were all extremely good; care needs were met; treatment was good; staff listened to patients; patients felt cared for; staff went above and beyond with patient care and that the surgery was always clean and well maintained.</li> </ul>
	<ul style="list-style-type: none"> <li>We were told by the practice of staff being recognised for longevity of service in the NHS and their hard work and responsive patient care with comments such as "always going that extra mile".</li> </ul>

### Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	0
Number of complaints we examined.	0
Number of complaints we examined that were satisfactorily handled in a timely way.	0
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<ul style="list-style-type: none"> <li>Although no formal complaints had been received by the practice during the last 12 months, we saw the complaints procedure and were assured that complaints would be acknowledged, investigated, discussed and resolved appropriately. The practice was aware of, and had actioned the two comment cards containing patient concerns regarding diagnoses.</li> <li>We were also assured that as part of the complaints process, staff were aware of the Duty of Candour and that it would be followed as required.</li> </ul>	

Example(s) of learning from complaints.

Complaint	Specific action taken
The last complaint that practice received (in 2018) was a letter from a patient complaining about a consultation with a specific GP.	<p>The complaint was acknowledged, and a letter of apology was written.</p> <p>The GP involved offered a further consultation to discuss the concerns that the patient had, and the practice offered an independent review by the Parliamentary and Health Service</p>

	<p>Ombudsman for which contact details were given.</p> <p>The practice shared the feedback from the patient with the clinical team to improve their communication with patients during clinical consultations.</p>
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## Well-led

**Rating: Good**

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
<ul style="list-style-type: none"><li>Practice leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it. They were knowledgeable about issues and priorities relating to the quality and future of the service.</li><li>The GP partners and practice manager were contactable during the full operational period and staff knew how to contact them.</li></ul>	

### Vision and strategy

**The practice had a clear vision and credible strategy to provide high quality sustainable care.**

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<ul style="list-style-type: none"><li>The practice had a clear vision for future developments and planning days were in place to further develop these. Staff described the vision and values of the practice and their role in achieving them.</li><li>The practice was working closely with the newly formed primary care network group, so that the practice strategy was in line with health and social priorities across the neighbourhood.</li></ul>	

### Culture

**The practice had a culture which drove high quality sustainable care.**

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes

There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<ul style="list-style-type: none"> <li>A culture of openness and honesty was encouraged with all staff. Staff told us that the management team were open and encouraging of staff raising concerns and issues without fear of any consequences. The partners and practice manager made time available or all staff should the need arise.</li> <li>Regular staff meetings took place so that staff could raise issues; so that they could be addressed, and actions taken to make improvements.</li> <li>The practice had a whistle blowing policy and access to a Freedom to Speak Up Guardian via the Devon Local Medical Committee (LMC).</li> </ul>	

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff	Staff stated they felt supported. They had access to the training they needed for their roles and were encouraged to develop their skills. Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. They told us there was good communication between all staff.

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
<ul style="list-style-type: none"> <li>Staff we spoke with could describe the governance arrangements for the practice, the part they played in terms of accountabilities and what arrangements were in place for the management and leadership team.</li> <li>Practice staff all understood the various roles taken by their colleagues and we saw that clinical and non-clinical oversight was focussed and robust.</li> <li>Regular reviews took place to monitor governance systems and to ensure that appropriate arrangements were in place.</li> </ul>	

### Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<ul style="list-style-type: none"><li>• The practice had a detailed assurance framework that brought together systems, procedures and processes to manage patient safety risks. This included regular meetings with managers and staff, significant event and complaints monitoring and clear staff structures and accountabilities.</li><li>• There was a programme of clinical and internal audit with good clinical oversight of results and patient outcomes.</li></ul>	

### Appropriate and accurate information

**There was a demonstrated commitment to using data and information proactively to drive and support decision making.**

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
<ul style="list-style-type: none"><li>• Regular management and team meetings took place to review data and identify improvements for the practice.</li><li>• Records we viewed were well presented and were accurate, valid, reliable and up to date.</li><li>• Risk assessments were completed by the practice to identify manage and mitigate risks. For example, risks associated with the building and premises.</li></ul>	

### If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes

Any unusual access was identified and followed up.	Yes
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### Engagement with patients, the public, staff and external partners

**The practice involved the public, staff and external partners to sustain high quality and sustainable care.**

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group (PPG).	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<ul style="list-style-type: none"> <li>• The practice met regularly with their Patient Participation Group (PPG) who they considered to be the link between the practice and the patients. Automatic doors had been installed because of views shared by the PPG.</li> <li>• Staff were involved in planning and delivery of services in an informal way. The practice was small and the managers had an open-door policy where staff opinion was always sought and acted upon.</li> <li>• We found the practice was also keen to encourage stakeholder's views and experiences and they took every opportunity to gain this to improve services. This included people from a range of groups relevant to their community.</li> <li>• The practice demonstrated positive and collaborative relationships with the newly formed primary care network. They spoke positively about the opportunities to build a shared understanding of challenges across the neighbourhood and in supporting each other to deliver services to meet those needs.</li> </ul>	

### Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
<ul style="list-style-type: none"> <li>• Staff were given time to attend off-site training events or to complete online training. If this was completed at home, they were paid for this.</li> <li>• Learning needs were discussed at annual appraisal.</li> <li>• The practice had taken part in pilots to improve the services offered to patients. For example, a clinical pharmacist worked at the practice for one day per week to support patients.</li> <li>• Vulnerable adults' registers were kept by the practice and monitored at monthly meetings. The practice also monitored those patients who were identified as having the potential for becoming vulnerable to ensure any changes in their circumstances were known by the practice.</li> <li>• The practice reviewed the service provided to patients and made changes to improve access. For example, the practice had introduced E-consult as a further way for patients to access clinicians.</li> </ul>	



- The practice was part of a primary care network (PCN) and was working within this to improve services for patients.

## Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> 1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

## Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.