Old Farm Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced responsive inspection at Old Farm Surgery on Wednesday 13 September 2017. Overall the practice is rated as good.The practice had previously been inspected in January 2016. Since that time a senior partner and practice manager had left the management team.

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

- Morale at the practice remained high since the changes in leadership and the new staff team demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.
- 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.
- The practice had a proactive nursing team including a nurse practitioner to meet the needs of the local population.
- 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.
- Patients were satisfied with the care and treatment they received.
- A small number of practice staff and patients had been involved in a musical production locally to raise awareness about and fundraise for a local homelessness charity.
- 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 and said there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Summary of findings

- The practice was a recognised training practice for doctors training to become GPs and had recently received positive feedback from the GP registrars and from the Quality Panel (QIP) of Health Education England.
- The practice had been a research practice for the last few years and were active in many studies with the Torbay Hospital Diabetic Research Team.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We saw one area of outstanding practice:

- The practice had a strong emphasis on self-management and ethos of empowerment of the vulnerable patient population by supporting them to live healthier lives and obtaining the support they needed. For example, through the successful and popular detailed website and effective, proactive joint working with community groups including charities, counselling services, support groups and health and social care hubs.

The areas where the provider should make improvement are:

- Ensure systems are in place to ensure the patient voice is heard and considered. For example, with a patient participation group.

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?

Good

The practice is rated as good for providing safe services.

- 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.
- Recruitment procedures and checks were completed as required to ensure that staff were suitable and competent.
- There were suitable arrangements for the efficient management of medicines.
- 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?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or 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 evidence of education and personal development for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was effectively coordinated with other services involved.
- The practice was a recognised training practice for doctors training to become GPs and had recently received positive feedback
- The practice was a research practice, which facilitated improved care of patients.

Summary of findings

- The practice had a strong emphasis on self-management, shared decision making, goal setting and ethos of empowerment for all patients and in particular the vulnerable patient population. Staff were consistent in supporting people to live healthier lives and obtaining the support they needed through a targeted and proactive approach to health promotion and prevention of ill-health with positive results. For example, through the successful and popular detailed website and effective joint working with community groups including charities, counselling services, support groups and health and social care hubs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Patients were happy with the care and treatment they received and said that all staff were helpful, friendly and caring.
- 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.
- Staff demonstrated they were caring by empowering patients to access the care and support they needed and took part in community events to help the more vulnerable people in the community.
- Views of external stakeholders were very positive and aligned with our findings.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice had a higher than national average of deprivation, unemployment and number of long term conditions. The staff group empowered the population to access the care and support they needed. For example, promoting easy access to food banks, advice, counselling and support.
- 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.

Summary of findings

- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available. The practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- •Morale remained high following the retirement of the senior partner in April 2017. The new staff team demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.
- The practice had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to it.
- 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.
- Staff had appraisals booked and attended staff meetings and training opportunities.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- The provider was aware of the requirements of the duty of candour and complied with these requirements.
- Staff told us that the partners and practice manager 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 patient participation group had declined in numbers and was not active; the practice was exploring ways to reinvigorate the group.
- There was a focus on continuous learning and improvement at all levels within the practice. For example, the working collaboratively with nearby practices to become more effective and introduce new models of care whilst maintaining individual identities of both practices.

Summary of findings

- Staff at the practice were members of local practice manager groups, Locality Clinical Commissioning Group (CCG) and the practice was part of the Brixham and Paignton Practices (BPMA) group.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good 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. For example, the practice referred patients to the 'Community Builder', a Torbay council employee focussing on patients who were socially isolated to reduce risks associated with this and improve wellbeing.

People with long term conditions

Good

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority. Patients were invited to annual birthday reviews; these were check-ups of long term conditions organised in the patient's month of birth.
- The practice worked towards avoiding unnecessary hospital admission
- The GPs were part of the Brixham and Paignton Medical Association alliance who provide an intermediate care service. The GPs provided sessional cover and were involved in the development of this.

Summary of findings

- Staff 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.
- The practice had a health pod in reception which enabled patients to self-manage their conditions by regularly checking their own height, weight and blood pressure. This information was automatically fed through to their medical record and flagged an email message to the staff if any readings were out of range. These were then actioned by the nursing team.
- The practice website provided focused information and tools to enable patients to access health information and support groups. The website had been cited as an example of best practice in self-care by the clinical commissioning group's (CCG) medicines optimisation team.

Families, children and young people

Good

The practice is rated as good 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 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 and health visitors to host weekly clinics and a five week course on parenting for parents.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, midwives and health visitors have access to the patients electronic records.

Summary of findings

- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- Women were able to access a contraceptive implant service at the practice.
- Old Farm Surgery was accredited as "Young People Friendly." This independent accreditation recognised the practice as being especially suitable and welcoming for people under 25. Practice staff helped teenagers access a range of services. For example, Checkpoint (a service for children's rights, counselling, drug & alcohol support and sexual health) and organise appointments for them at the practice. Staff provided free condoms to teenagers with a C-Card (a local Torbay sexual health initiative).
- The practice website provided information specifically aimed at supporting families, children and young people. This included a variety of behaviour management resources, parenting and relationship resources. The practice actively promoted the SAM (Sepsis Assessment and Management) guidelines giving a traffic light approach for parents to monitor their children during illness and reinforce their knowledge of when to call for advice from healthcare in the practice or in the hospital.
- The practice had a comparatively high level of referral to paediatrics for behavioural and neuro-developmental concerns and recently participated in a pilot scheme which provided staff with access to a named paediatrician for advice and triage. This pilot came to an end, but had provided a lasting link with the paediatrician for timely advice by email and telephone.

Working age people (including those recently retired and students)

Good 

The practice is rated as good 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, all patients were offered a telephone consultation with a GP or nurse practitioner. Staff said the system meant that by dealing with straightforward things over the phone there were enough appointments on the same day or at a time that was convenient to the patient.
- Online appointments could be accessed outside normal working hours.
- Text message reminders were used and patients could request repeat prescriptions on line.
- Travel advice was available from the nursing staff.

Summary of findings

- Practice staff worked effectively with other services and were able to refer patients to clinics held within the practice, for example smoking cessation. The practice also offered age appropriate screening tests including prostate and cholesterol testing.
- The practice promoted self-referral via their website to appropriate services such as physiotherapy, depression and anxiety services, the alcohol support team and the specialist drug service.
- The practice had a self-service health pod which enabled working patients to update their blood pressure, height and weight without the need for an appointment.

People whose circumstances may make them vulnerable

Good

The practice is rated as good 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 longer appointments for patients who needed them.
- Same day appointments were valuable for supporting vulnerable patients and decreasing non-attendance rates. The team at Old Farm Surgery knew the most vulnerable patients and were vigilant when they contacted the practice. Medicines were closely supervised for the most vulnerable using an in house system run by prescribing clerks to ensure medicines were prescribed in a timely manner.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff were consistent and proactive in supporting people to live healthier lives and used every opportunity to identify where their health and wellbeing can be promoted. Old Farm Surgery had previously led on a supported self-care service for patients. Despite this service ending there continued to be a focus on early identification and prevention and on supporting people to improve their health and wellbeing by working with many voluntary services in the local community. These provided support to those in hardship, including food parcels, essential furnishing of accommodation, financial advice, emotional support and coaching to promote self-belief, independence and responsibility.

Summary of findings

- The practice website informed vulnerable patients about how to access various support groups and voluntary organisations, including domestic violence support.
- 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 practice were flexible about vulnerable patients remaining registered when they move out of area to see an episode of care through to completion if possible.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good 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.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, blood tests were regularly performed on patients receiving certain mental health medicines and mental health medicine reviews were conducted to ensure patients were receiving appropriate medicines and no side effects.
- Patients had access to a self-referral service (DAS – Depression & Anxiety Service) if they were suffering with anxiety, stress or depression. The DAS team saw patients at the practice.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 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.
- 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 published in July 2017 showed the practice was performing in line with local and national averages. 420 survey forms were distributed and 129 were returned. This represented 2.6% of the practice's patient list.

- 90% of patients described the overall experience of this GP practice as good compared with the CCG average of 89% and the national average of 85%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.
- 78% 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 77%).

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 were all positive about the standard of care received. All cards were complimentary about the care and treatment they received and said staff treated them with respect and dignity. One patient said they looked forward to coming to the practice and another said that the practice had a good reputation in the local community. There was one negative comment about the length of time required to wait at the practice for their appointment time. None of the patients we spoke with said this had been a problem. The national patient survey results showed that 67% of patients usually waited 15 minutes or less after their appointment time to be seen which was comparable to the local CCG average of 68% and national average of 64%.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients said it was convenient having a practice close to where they lived.

There were no friends and family test results available.

Old Farm Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser.

Background to Old Farm Surgery

Old Farm Surgery is a GP practice which provides a Personal Medical Service contract for approximately 4900 patients.

The practice is situated in a residential area of Paignton, Devon.

The practice is open Monday to Friday between 8.30am and 6pm. Calls before 8.30 and after 6pm are answered by local arrangement by the out of hours provider. Any urgent issues are transferred to the GPs. Patients phone and speak to a GP initially before receiving an appointment. Reception staff had guidance to follow when transferring these calls and can fast track where appropriate. Outside of these hours patients are directed to the local NHS out of hours provider (NHS 111). This information is displayed outside of the practice and on the practice website.

The practice population is in the third decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. For example, data from 2015/16 showed that 36% of the patient population were in paid work or full-time education compared to a local average of 57% and national average of 63%. Over half (57%) of the population had a long term condition. This was higher than the national average of 53%. There was an even practice age distribution of male and female patients. Average life expectancy for the area is similar to national figures with males living to an average age of 80 years and females living to an average of 84 years. There was a higher than average number of younger patients. For example 21% of the practice population were up to the age of 14 years compared to a 17% national average.

There are two GP partners (one male and one female) and one salaried GP (male). Together the GPs provide a whole time equivalent of 2.1 WTE and 17 sessions. The GPs are supported by a nurse practitioner, two practice nurses, a locum practice nurse and one health care assistant. The administration of the practice is managed by a practice manager and a team of five reception and administration staff who are managed by a team leader and operations manager.

The practice is a recognised training practice for doctors training to become GPs and had recently had a successful accreditation of their first ever ST3 Registrar in August 17. The practice is a teaching practice for 3rd, 4th and 5th year medical students from Plymouth university. The practice is also a research practice. The nursing team at the practice were leading on new local student nurse training in collaboration with Plymouth University.

The practice is registered to provide regulated activities which include:

Treatment of disease, disorder or injury, surgical procedures, maternity and midwifery services and Diagnostic and screening procedures and operate from the main site of:

67 Foxhole Road

Paignton

Devon

TQ3 3TB

Detailed findings

Why we carried out this inspection

The practice was last inspected by CQC in January 2016 when it was rated as Good. This inspection was prompted following the recent departure of a senior partner and practice manager.

We carried out a responsive 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 to share what they knew. We carried out an announced visit on 13 September 2017.

During our visit we:

- Spoke with a range of staff including the practice manager, operations manager, team leader, nurse practitioner, three GPs, practice nurse healthcare assistant and three reception/administration staff. We spoke with six patients who used the service.
- 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.

Good

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 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 kept a log of events to monitor any trends.
- Staff said that where events occurred staff were supported in a 'no blame' culture. Staff said that all members of the team were included in discussions and learning outcomes.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a repeat prescription error had been highlighted during a patient consultation. The GP immediately amended the prescription and discussed learning with all staff at clinical and staff meetings following this event. Learning included ensuring staff were more aware to check monthly amounts when swapping patients on to repeat dispensing.

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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The practice had a high number of vulnerable families and children and had effective relationships with the health visitor. Monthly safeguarding meetings with the GPs and health visitors were held. The health visitors told us communication was excellent with the practice and that clinical staff were responsive and reception staff were helpful. GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- 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 were trained to level two and other staff to level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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 daily and weekly 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 best practice. There was an IPC protocol and staff had received up to date training. Monthly and weekly IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Good

Are services safe?

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 dispensed 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 commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. The nurse practitioner and one of the practice nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed three personnel files 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. Improvements had been made recently to capture and monitor this information more effectively. For example, introducing a spreadsheet to record insurance details and professional register PIN numbers.

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.
- The practice had reviewed the process for regular fire drills and fire risk assessments since our last inspection and showed us the up to date fire risk assessment which was performed in February 2016. The last fire drill had been carried out on 30 August 2017. 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.
- Electrical equipment had been checked at the beginning of September 2017 and clinical equipment, including equipment in doctor's bags, had been checked and calibrated in November 2016 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 risk assessment had been performed in May 2017 and had not raised any action points.
- 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. We were told that existing staff tended to cover shortages to provide continuity of services for patients.

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. 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.

Good

Are services safe?

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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) best practice guidelines.

- Staff had access to an intranet with links to external websites and resources including local safeguarding teams, NICE guidelines, charities, support groups and contact details of other health care professionals. Staff said this was very useful for accessing support for patients.
- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015/16 showed that the practice had achieved 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%. Unpublished, non-verified data provided by the practice showed that for 2016/17 the practice had improved its performance and achieved 99%.

Published data showed that exception reporting rates at the practice were lower than local and national averages. (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). For example, for 2015/16 overall exception reporting rates were 3% compared to the CCG average of 7% and national average of 6%. Clinical exception reporting rates were also lower. For example, 5% compared to the CCG average of 13% and national average of 9%.

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, in whom a blood sugar level within normal limits was recorded was 71% with a 4% exception reporting rate. The CCG average for this indicator was 82% with a 19% exception reporting rate and national average was 78% with a 13% exception reporting rate.
- Performance for mental health related indicators was similar to the CCG and national averages. For example, the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 80% with a 4% exception reporting rate. The CCG average for this indicator was 85% with an 8% exception reporting rate and national average was 84% with a 7% exception reporting rate.

There was evidence of quality improvement including clinical audit:

We looked at 14 clinical audits commenced in the last year. Two of these were completed full cycle audits. We saw many examples where the improvements made were implemented and monitored. For example, the prescribers at the practice had identified that they were high prescribers of bronchodilator inhalers (medicines to help open airways and make breathing easier for patients) compared with other practices on CCG prescribing data. The nurse practitioner carried out a search and found 272 patients who were being prescribed these medicines. Of these 272 patients, 12 patients (8.5%) were prescribed 20 or more inhalers in the period January 2016 to January 2017. Upon review, nine (75%) of these patients had shown a reduction in the number of bronchodilators ordered, with the largest reduction being 52% from 23 to 11 bronchodilators ordered.

Overall, there was a reduction of 3% in the number of bronchodilators issued on prescription between

Good

Are services effective?

(for example, treatment is effective)

September 2016 and September 2017 (1,235 to 1,194). The team met to discuss these actions and planned to re-run the search in six months as they feel this is an important area of prescribing to continue monitoring.

Other audits included reviewing minor surgery procedures to check for infection. Of the 40 procedures none had developed infection or complications.

Effective staffing

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

- The practice had a structured induction programme for all newly appointed staff and locum staff. This had been reviewed in August 2017. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice had devised a quiz to assist new staff orientate themselves around the building and with systems and processes. For example, locating the fire panel, personal information about staff and local contact details
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff said there were no restrictions in training and added that a new eLearning mandatory training programme had been recently introduced. This training included: safeguarding, fire safety awareness, basic life support and information governance.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of informal meetings, appraisals, formal staff meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Staff told us the programme of appraisals had taken a back seat over the last year because of staff changes, the introduction of new clinical computer system and introduction of the new eLearning programme. All staff said they had continued to receive informal support and had been able to discuss concerns, receive support and identify and access training in the last year. We saw that dates for appraisals had been booked for the next two months.
- The practice was a recognised training practice for doctors training to become GPs and had recently had a successful accreditation of their first ever ST3 Registrar in August 2017. There was positive feedback in the format of a deanery report from January 2017 where the GP trainer was described as having made a 'massive commitment' to attend all training opportunities. The GP trainer at the practice helped to coordinate the local GP trainers group and was involved in the ARCP (Annual Review of Competence Progression). We saw positive feedback from the GP registrars and from the Quality Panel (QIP) of Health Education England. The practice achieved an overall score of 'Excellent' and the report stated that the practice had gone above and beyond to welcome trainees and had actively engaged with QIP.
- The practice was also a teaching practice for 3rd, 4th and 5th medical students from Plymouth University. The nursing team at the practice were leading on new local student nurse training in collaboration with Plymouth University.

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. A new computer system had been recently introduced and embedded as part of Torbay-wide collaborative initiative to improve patient care. The new system enabled staff to access:

- Risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Patients told us referrals were made in a timely manner.

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. Meetings took place with other health care professionals (community matron, district nurse, palliative care nurse and health & social care team) on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. A separate monthly meeting was also held with the health visitors. We spoke with a healthcare professional who said that communication with practice staff and the team was excellent and that reception staff would promptly pass on messages and would 'go above and beyond' to accommodate external healthcare professionals who wanted to use rooms at the practice.

Healthcare professionals also praised reception staff commenting that they went above and beyond to sort any issues such as arranging GPs to return telephone calls, organising GP visits and dealing with medicine requests quickly and efficiently.

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. Hospice staff stated that the practice had given them a dedicated phone number for direct access to a GP. We saw a testimonial from a community specialist nurse for the local hospice. They stated that the staff were very responsive to patients' needs either with a visit to a patient on the same day if requested as an urgent need or when needing palliative support.

The GPs attended palliative patients either by regular phone calls or visits and worked with hospice nurses and consultants when dealing with difficult symptom plans.

Regular meetings were held with palliative care staff to discuss any patients at the end of life. The hospice nurses added that the staff at the practice looked holistically at the patients and their relatives ensuring any social and equipment needs were being accessed, enabling patients to stay independent for as long as they could. A whiteboard was kept in the office to highlight staff to patients at the end of their life to ensure a rapid response was made.

The practice were in the process of improving the way military veterans were identified in line with the Armed Forces Covenant 2014. This included asking a question about military service on the new patient questionnaire and ensuring the identification code on the computer was being used by staff.

Consent to care and treatment

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

- < >taff 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 obtained using templates within the patient's electronic record. We saw examples to show that the minor operation consent form had been reviewed since our last inspection. This document now contained information for patients on the procedure and details of risks, complications and post-operative wound care.

Supporting patients to live healthier lives

Staff were consistent and proactive in supporting people to live healthier lives and used every opportunity to identify where their health and wellbeing can be promoted. Old Farm Surgery had previously led on enabling patients to self-care across the CCG and was responsible for delivering "Live Well, Feel Better", a supported self-care service with Devon Partnership Trust to 36 Practices in the area. This work finished in 2016 when the contract finished. Since this time the practice continued to focus on early identification and prevention and on supporting people to improve their health and wellbeing by working with many voluntary services in the local community. These included:

- ANODE, a charity providing and facilitating holistic services for vulnerable people. The practice were the only GP Surgery to host the CASS service which provides tangible support to those in real hardship, including food parcels, essential furnishing of accommodation, financial advice, emotional support and coaching to promote self-belief, independence and responsibility.

Good

Are services effective?

(for example, treatment is effective)

- The 'Community Builder' who works with those most isolated and vulnerable in the community to signpost a comprehensive range of support services, information and activities.
- The Crafty Fox café and hub providing services including a job club, knitting group, drug and alcohol counselling, domestic abuse support group, and educational events.
- Fernlea trust who provide crisis pregnancy and pregnancy loss support.
- Torbay drug and alcohol support group.
- The Haven - a safe space in Paignton providing a listening ear and practical support. Patients get access to free tea and coffee, the use of a phone to a UK landline, use of a shower and cooking facilities.
- Centerpeace counselling (drop-in community support centre located in the heart of Paignton).

We saw testimonials about the practice staff from these services. These included comments about staff being responsive, sensitive, caring and unbiased.

The practice had a strong emphasis on self-management, shared decision making, goal setting and ethos of empowerment. The practice used a detailed website for patients to access health information videos, applications, web links and referral links. This had been identified by the Clinical Commissioning Group (CCG) as an example of good practice. The website was well used. For example, in the last 30 days the website was accessed by 964 individual users, 63% of whom were returning users and 37% were new visitors.

The practice were flexible about vulnerable patients remaining registered even if they move out of area. This service was determined case by case but aimed to see patients through an episode of care through to completion if possible to avoid crisis occurring.

The practice had a self service health pod to enable working patients to update their blood pressure, weight and height without appointment.

The practice's uptake for the cervical screening programme was 75%, which was comparable with the CCG average of 82% and the national average of 81%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test and practice staff would often follow this up with a telephone call. 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 and were comparable with local and national average response rates. For example, in 2015/16 57% of patients between the ages of 60 and 69 years of age had been screened for bowel cancer in last 30 months. This compared to the CCG average of 62% and national averages of 58%.

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 94% which was above the national target of 90%. For five year olds 95% to 100% had received vaccines compared to the local average of 92% and 96% and national averages of 88% and 94%. The health visitors told us that Old Farm was the only practice in the area to still offer weekly baby/developmental clinics at the practice and used any opportunity to offer immunisations to children during these sessions and opportunistically.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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.

- 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 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.

All of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said the staff were wonderful, caring, kind, polite, helpful and good. Patients described the care and treatment as very good, excellent, thorough and responsive.

We spoke with six patients. 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. Patients added that they felt 'lucky' to have a practice like Old Farm and said the practice had a good reputation in the community.

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

- 88% 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%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 87% 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%.
- 90% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 94% 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%.
- 87% 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%.
- 89% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. For example, we spoke with two health care professionals and read testimonials from five external charities, groups and health providers. All comments were positive about the way patients were treated as individuals and how staff facilitated and linked patients with services and additional support.

A survey carried out by Healthwatch in April and May 2017 had awarded the practice five out of five stars which was better than neighbouring practices.

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.

Good

Are services caring?

Patients told us that children and young people were treated in an age-appropriate way and recognised as individuals.

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 81% 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%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 93% and the national average of 91%.
- 85% 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 interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets, information TV screen and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. These included weight management, cancer care, bowel and breast screening, social activities, website information, direction for simple and common ailments and Depression and Anxiety service. Detailed information about support groups and health information was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

A small number of practice staff and patients had been involved in a musical production locally to raise awareness and fundraise for a local homelessness charity.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 193 patients as carers (3.9% of the practice list). The practice employed a carer

champion one day a week who identified carers and met with them to offer support with completing forms and signposted them to support groups. Written information was available to direct carers to the various avenues of support available to them.

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

Good

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:

- 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.
- The practice had allocated a room for the local cardiac rehabilitation service. Patients from the local community were referred to this service.
- One of the GPs also provided medical cover to three prisons in the area.
- Since the closure of Paignton Hospital in May 2017, a new Intermediate Care service had been set up through the local alliance of GP practices BPMA. (Brixham & Paignton Medical Association). GPs provide regular weekly sessional cover and were involved with the development of the intermediate care service through the BPMA.
- The practice had a proactive nursing team including a nurse practitioner to meet the needs of the local population.
- 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 sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included accessible toilets, level access, a hearing loop, and interpretation services available.
- A quiet room was available for patients requesting privacy.
- The practice was in the process of fitting an automatic opening front door.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, patients who are unable to use the stairs were seen on the ground floor.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments were also available between 8am and 8.30 depending on patient need. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. All patients were called back by a clinician(GP, Nurse Practitioner or Practice Nurse) who then assessed how best to treat the patient. Patients told us they had not experienced any difficulty getting routine or urgent appointments. One comment card stated there was sometimes a longer than normal wait to see their GP on time.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 73% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 79% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 83% 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 88% and the national average of 84%.
- 85% of patients said their last appointment was convenient compared with the CCG average of 86% and the national average of 81%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.
- 58% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 63% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Healthcare professionals told us any requests for home visits were communicated promptly by reception staff and acted upon by the GPs.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

The practice had a system for handling complaints and concerns.

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

We looked at five complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way. 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 about the telephone triage system resulted in an apology and explanation to the patient about the reasons this system had been introduced. The practice had also monitored to see if any other complaints about the appointment system had been received. There had not been any other complaints.

Are services well-led?

Good

(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. This included being a family health practice with a mission to help patients lead an active and fulfilling life. Staff had written the mission statement as a team and were aware of the role they played to provide this service. The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There had been staff changes in recent months which included retirement of a senior partner and departure of a practice manger. Staff said there had been no staff sickness and added that morale remained high. 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.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Staff meetings, clinical meetings and multidisciplinary meetings were held monthly which provided an opportunity for staff to discuss vulnerable patients and learn about the performance of the practice. Staff explained that the preparation for the CQC inspection had involved the whole staff group.
- 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. For example, risk assessments, environmental checks and clinical audit.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the senior partner, new partner and new practice manager at the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They showed us how they 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. Healthcare professionals spoke of the partners providing holistic, responsive care for the vulnerable in the community.

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. 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.

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 community nurses, health visitors and hospice care staff to monitor vulnerable patients and families and safeguarding concerns.
- Staff told us the practice held regular staff and clinical team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, by the partners and leadership team in the practice. All staff

Are services well-led?

Good

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

had been 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 valued feedback from patients and staff. However, staff explained that due to illness the patient participation group (PPG) had stopped meeting. There were no recent friends and family test results. We were told that the subscription had lapsed but that the practice had now re-subscribed to the system and had the cards on the front desk and in consultation rooms. There was a link on the front page of the practice website.

Feedback from staff was obtained both formally through staff meetings and informally through discussion. Staff said they were involved in the day to day running of the practice and had been fully included in discussion about changes in the practice staffing and organisation. For example, staff explained that the partners had been open and transparent about possible future mergers or joint working with other practices and had been asked to contribute towards the CQC presentation. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example:

- The practice had been a level 1 NIHR (National Institute of Healthcare Research) research practice for the last few years and were active in contributing to an early arthritis study and diabetic studies with the Torbay Hospital Diabetic Research Team to influence improvements in care of patients with these conditions. The practice were in the process of being involved with future studies including a study of genetics of thinner people and a study of ketamine in alcohol abuse.
- The practice worked with neighbouring practices. The practice manager was shared with a neighbouring practice and together they were working collaboratively to become more effective and introduce new models of care whilst maintaining individual identities of both practices.
- The practice manager was an active member of a local practice manager group and Haytor Health & South Devon Primary Care Collaborative Board.
- One of the GPs and the nurse practitioner were active members of the Locality Clinical Commissioning Group.
- The practice was part of the Brixham and Paignton Practices (BPMA) group.