Ide Lane Surgery

Quality Report

Ide Lane
Alphington
Exeter
Devon
EX2 8UP
Tel: 01392 439868
Website: http://www.idelanesurgery.nhs.uk/

Date of inspection visit: 14 November 2017
Date of publication: 30/01/2018

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

This practice is rated as Good overall. (Previous inspection report published

March 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Ide Lane Surgery on 14 November 2017. This was part of our scheduled inspection programme.

At this inspection we found:

- There were two areas where the provider could make improvements to infection control measures and information to patients about the complaint process.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines and to meet the needs of the patient population registered at the practice.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice continued to run a clinic providing effective treatment of leg ulcers, which also carried out preventative work with at risk patients to help avert the causes of leg ulcers.
- Inhouse developed IT systems continued to be used to identify and facilitate early intervention for patients at risk.

Summary of findings

- The practice was one of only 12 research practices in the Southwest, supporting and recruiting patients for 36 research studies, 20 in a substantial way in the last three years.
- Staff were committed to working collaboratively using innovative and efficient ways to deliver more joined-up care to vulnerable patients who used services.

The areas where the provider **should** make improvements are:

- To review and update the infection control policy ensuring all aspects of the Code of Practice on the prevention and control of infections and related guidance are covered.
- To review the outcome letter sent following a complaint to include contact details and information about the Ombudsman service so patients are aware of how to escalate the complaint if they wish to.

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

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
People with long term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

Ide Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser.

Background to Ide Lane Surgery

Ide Lane Surgery provides primary medical services to people living in the area of Alphington, near Exeter and the surrounding areas. There is one registered location, which was inspected on 14 November 2017:

Ide Lane

Exeter

Devon EX2 8UP

Website: http://www.idelanesurgery.nhs.uk/

The practice population is in the eighth more deprived decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. There is a practice age distribution of male and female patients equivalent to national average figures. Average life expectancy for the area is similar to national figures with males living to an average age of 79 years and females to 83 years.

At the time of our inspection there are approximately 7,595 patients registered at the practice with a team of three GP partners and three salaried GPs. There are three male and three female GPs. Ide Lane Surgery is the registered provider with CQC. In addition there is a practice manager, a nursing team and additional administrative and reception staff.

Patients who use the practice have access to community staff including district nurses, community psychiatric nurses, health visitors, physiotherapists, mental health staff, counsellors, chiropodist and midwives.

The practice is open between Monday and Friday from 8.30am until 6pm. The practice is a member of Exeter Primary Care (EPC), a federation of all 16 Exeter GP practices. The EPC group organise increased GP access outside of core hours. All registered patients are therefore able to be seen by appointment by an ExeterGP, with read-only access to their medical record upon consent,at an Exeter GP practice between Monday and Thursday 6.30pm until 8pm and Saturday and Sunday 9am and 5pm. Information regarding this service is displayed in the practice on a weekly basis and explained when patients book their appointment. Outside of these hours a service is provided by another health care provider by patients dialling the national 111 service.

Routine appointments are available daily and are bookable up to six weeks in advance. Urgent appointments are made available on the day and telephone consultations also take place. Patients are able to access GP advice via an e-consultation service, where they complete a short secure online form and receive a response from their GP within 24 hours.

Ide Lane Surgery is a GP training practice with one approved GP trainer. The practice provides registrar placements for doctors wanting to qualify as GPs. Placements are provided for medical students during the foundation degree training.

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- Infection prevention and control (IPC) procedures were under review when we inspected. The current policy had been developed in 2012 and staff confirmed it had been reviewed since then but there was no written record of this. We looked at records for a patient suspected of having pertussis (a communicable disease that is reportable). Records demonstrated appropriate reporting to Public Health England, follow up and support of the patient had taken place. The last annual IPC audit was carried out in November 2017 and scheduled to be repeated after the inspection. Staff verified that IPC was regularly discussed at clinical meetings. For example, minutes demonstrated discussions had taken place about decluttering consultation and treatment rooms, stock rotation and controlled ordering of vaccines for safety. A new domestic cleaning company had been employed and minutes reported standards of cleanliness had improved.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing general healthcare waste, however separate colour coded sharps bins were not being used to dispose of cytotoxic waste (such as needles used to give hormone treatment). We saw written evidence that the IPC lead nurse had followed this up with the waste management company but was still awaiting a response when we inspected. We suggested this matter be reported to the IPC nurse lead at the CCG.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role. For example, locum GPs were given a pack of information about the practice and had a one to one induction with the manager.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The GPs and nurses had access to a national sepsis assessment tool and used this to assess patients with suspected infections.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Good

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity at practice meetings, including significant events at practice meetings with all staff. This helped the entire team to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- Records demonstrated the practice sought prompt advice from specialists when issues arose to ensure patient safety was maintained.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, there had been six incidents during 2015/16 where incorrect vaccines or immunisations had been given due to staff not carrying out rigorous checks of patient records prior to giving these. Awareness was raised and increased monitoring carried out through audit. Changes had been made to templates used to record patient contact so that staff had to confirm checks carried out. Records demonstrated there had been no further incidents since putting this in place in 2017, which all of the staff spoken with confirmed.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Data for 2016/17 showed the average daily quantity of Hypnotics (medicines used to aid sleep) was lower at 0.8 than the CCG (1.1) and national averages (0.9).
- Data for 2016/17 showed the number of antibiotic items prescribed per was comparable at 0.96 when compared with the clinical commissioning group average of 0.96 and national average of 0.98. The practice was effective in implementing the national strategy targets in reducing antimicrobial prescribing. Locality data for 2015/16 and 2016/17 highlighted the practice as being the second lowest prescriber of antibiotics in the area.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used equipment to improve treatment and to support patients' independence. For example, near patient testing for patients taking blood thinning medicines was used providing immediate results enabling patients to have immediate information about medicine dosage changes as required.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 could request a health check if they had not received one in the last 12 months. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the national target percentage of 90%. The percentage of childhood vaccinations for children up to 2 years of age were 92-97%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 83%, which was above the 81% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including checks for patients aged 40-74 and carers. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good

Are services effective?

(for example, treatment is effective)

- Staff were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to vulnerable patients who used services. GPs were carrying out joint home visits to patients with complex needs to provide holistic and timely care and support. Practice nurses routinely visited housebound patients with long term conditions to monitor their health and wellbeing. Thirty five patients who were unable to attend the practice had been reviewed in this way in the last 12 months. For example, patients with respiratory conditions were assessed to ensure they were using equipment correctly when taking medicines and information shared with community nurses so that ongoing monitoring continued.

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

- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average.
- 85% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was comparable to local and national averages (practice 95%; CCG 95%; national 95%).
- In house developed IT systems continue were used to identify and facilitate early intervention for patients at risk. For example, the practice was able to identify when patients treated with medicines to stabilise their mental health had not been ordering repeat medicines which could put their health at risk. Early intervention helped prevent patients needing admission to hospital.
- The practice recruited patients to and supported high quality research into effective interventions for treatment resistive depression. Patients had benefitted from a dual treatment approach, for example a combination of medicines, physical exercise and cognitive behaviour therapy. For example, a patient whose mental health was unchanged before this now enjoyed consistent mental wellbeing and stable mood.
- Near patient testing equipment was used at the practice to monitor the health of patients taking higher risk medicines such as lithium (used for treating patients with bi-polar affective disorder). This allowed patients to receive results and immediate support when needed.

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. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results showed the practice had achieved 98% of the total number of points available, which was above the clinical commissioning group (CCG) average of 96% and national average of 95%. The overall exception reporting rate was 4% and lower than the national average of 6%. This was achieved through systematic reviews of patient records and a rolling anniversary programme of recalls for patients to attend to be reviewed. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. The lead nurse was in the process of completing an advanced respiratory care qualification to register with the Association for Respiratory Technology and Physiology. Nationally recognised standards with governance arrangements were being implemented to provide quality assurance of effective care. For example, comparative results of spirometry (test used to help diagnose and monitor certain lung conditions by measuring how much air a patient can breathe out in one forced breath using a piece of equipment) was being reviewed to improve skills and effectiveness of staff doing this.
- The practice was actively involved in quality improvement activity at local and national levels through being a research practice. Patients from the practice had been involved in six research studies over the last 12 months. A further 12 research studies were underway with patient involvement at Ide Lane Surgery. For example, young patients diagnosed with

Good

Are services effective?

(for example, treatment is effective)

rheumatoid arthritis (RA) or musculoskeletal symptoms were being recruited for a study to improve diagnosis of RA. Early diagnosis of RA, would facilitate young patients receiving treatment sooner which would have a positive impact on their quality of life and limiting the course of the condition.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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. Multi-disciplinary case review meetings were held where the needs of patients on the palliative care register were discussed and support arranged. Several examples were seen which demonstrated integration of services between the community nursing service and practice staff. For example, a vulnerable patient and their carer had received considerable support from their GP and district nurse who had carried out joint visits. Plans to relieve stress for the carer had been put into effect and had averted a crisis for the patient and their carer.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers. Detailed information was held about patients, which staff were prompted to view every time they accessed the patient record. Examples included providing reasonable adjustments for vulnerable patients to speak directly with a named administrator who knew them well when a prescription for repeat medicines was needed. The practice monitored medicine requests for patients with complex mental health needs to ensure these were taken as prescribed to enable them to live healthier lives.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Good

Are services effective?

(for example, treatment is effective)

- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We saw many examples demonstrating staff understood patients' personal, cultural, social and religious needs. For example, we observed staff responding rapidly to the needs of an older person who was concerned that their medicines were due to run out. Staff were exceptionally kind, reassuring the patient that a repeat prescription would be arranged and delivered to them at home.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients comments highlighted that staff were kind, caring and provided good continuity and support. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 217 surveys were sent out and 127 were returned. This represented about 1.7% of the practice population. The practice was mostly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 94% of patients who responded said the GP gave them enough time; CCG - 91%; national average - 86%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG 97%; national average 95%.
- 96% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG 90%; national average 85%.
- 96% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.
- 96% of patients who responded said the nurse gave them enough time; CCG - 95%; national average - 91%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 99%; national average - 97%.
- 95% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG 94%; national average 91%.
- 91% of patients who responded said they found the receptionists at the practice helpful; CCG - 90%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- The practice had updated the patient record system so that every time a patient attended or had contact with staff their communication needs were updated. Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were used.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers by inviting new patients registering to do so and asking at every appointment. A holistic approach was taken by the practice, with GPs having personal lists so they got to

Good

Are services caring?

know their patients, carers and extended family and social network needs well. The practice computer system alerted GPs if a patient was also a carer. The practice had identified 193 patients as carers (2.5% of the practice list).

- Multidisciplinary meetings with health and social care and third sector agencies were held to identify and prioritise patients and carers needing support. We saw several examples of vulnerable patients and their carers receiving well co-ordinated, timely and effective help.
- Staff were mindful that young people could be carers for parents. An example seen demonstrated timely identification and close working with other health and social care professionals, the school and third sector agencies to support the young person in this position.
- Staff told us that if families had experienced bereavement, their named 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.

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 above local and national averages:

- 91% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 90% and the national average of 86%.
- 93% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG 88%; national average 82%.
- 97% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 94% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG 89%; national average 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as outstanding for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered. For example, the practice had a higher population of older people so had appropriate equipment such as raised chairs in the waiting area, wheelchairs and automatic doors to facilitate movement in the building.
- The practice made reasonable adjustments when patients found it hard to access services. Patient records highlighted any reasonable adjustments the patient needed. All patients registered at the practice had a named GP and secretary. Examples of making reasonable adjustments included the secretary taking telephone requests for repeat prescriptions when a frail older patient was unable to use the online service or attend the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. Housebound patients were able to have reviews at home carried out by the practice nurses working in partnership with the community nursing team.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and routinely did joint home visits and urgent appointments for those with enhanced needs. The practice nurse also accommodated home visits for those who had difficulties getting to the practice. For example, providing phlebotomy (blood taking) services and effective monitoring and treatment for patients with long term health conditions.
- The practice provided a service for two local nursing homes using the Clinical Commissioning Group (CCG) tablet computer to access records. A named GP held twice weekly clinics at the nursing home to review patients. Patients in other care homes were visited regularly to discuss best interests and treatment escalation plans with patients, family and staff aiming to maintain their dignity.
- The practice provided accommodation and worked closely with a charity providing befriending and transport support for patients needing help. Older patients at risk of social isolation were informed about the charity coffee mornings and given support to attend these events.
- An holistic approach was promoted with patients being signposted to the Exeter Wellbeing service, where they could get involved with social events and exercise.
- The practice was proactive in identifying carers and providing a holistic approach to meet their needs and those of the person they were caring for. For example, providing later appointments during the day so the patient and carer could get ready at their own pace.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The Friends of Ide Lane Surgery, through fundraising, had provided equipment to enable patients to monitor their health when asked to do so, for example ambulatory blood pressure machines.
- The practice was at the forefront of supporting the Wellbeing Exeter project, which secured funding to provide an ongoing service. Patients with long term conditions were referred to this project to improve their quality of life and health through exercise and companionship.

Families, children and young people:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 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. For example, records we looked at confirmed that any failed appointments for child immunisations were followed up and demonstrated the uptake was higher than the CCG (Clinical Commissioning Group) and national averages.
- Staff were mindful of young people being affected by parents long term conditions, including mental and physical illness and disability. Support for young carers was identified and offered in a timely way to limit the impact on their education and lives.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice appreciated the need for accessible appointments and had on line advance booking with early morning and evening appointments available.
- The practice used 'E–Consult' giving patients email access to GP advice. Repeat prescriptions could be ordered on line and most were sent electronically to the patients choice of pharmacy.
- The practice used a text message reminder service for appointments to reduce the number of missed appointments. The practice also offered Saturday flu clinics and were part of the Exeter GP practices rota providing weekend appointments.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients and/or their carers had a direct access number to a named secretary so immediate support and advice could be obtained.
- The practice identified the top 1% frailty group of patients and carried out extra reviews and provided priority appointments with their usual GP in the urgent clinic held every day.
-

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP. A named GP held twice weekly clinics at two nursing homes, regularly reviewing patients with dementia so that proactive treatment and support was arranged for them.
- The practice provide clinic accommodation for the depression and anxiety service so patients were able to see counsellors in a familiar setting.
- Near patient testing equipment enabled the practice to provide immediate results for patients taking lithium (medicine used to treat bi-polar), which is monitored closely due to potential side effects.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 217 surveys were sent out and 127 were returned. This represented about 1.7% of the practice population.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 86% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 84% and the national average of 85%.
- 86% of patients who responded said they could get through easily to the practice by phone; CCG 82%; national average 71%.
- 86% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG 82%; national average 71%.
- 93% of patients who responded said their last appointment was convenient; CCG - 88%; national average - 81%.
- 88% of patients who responded described their experience of making an appointment as good; CCG - 82%; national average - 71%.
- 72% of patients who responded said they don't normally have to wait too long to be seen; CCG - 65%; national average - 78%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. One complaint had been received since April 2017. We reviewed the complaint and found that it was satisfactorily handled in a timely way. The outcome letter sent to the patient did not have contact details and information about the Ombudsman service if they wished to escalate the complaint further.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, the practice had reviewed staff resources and created additional staff posts to meet patient demand. A deputy manager had been recruited and a retained GP (the GP Retention Scheme provides support to help doctors, who might otherwise leave the profession, remain in clinical general practice) provided additional appointments for patients.

Are services well-led?

Good

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- 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 services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. Staff told us there was an 'open door policy' and verified their leaders worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. GPs told us that staff wellbeing was paramount to delivering quality care for patients and had a daily check-in with staff to monitor this.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. A deputy manager position had recently been recruited with the aim of enabling the practice manager to focus on strategic business issues.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

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

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, the practice had invested in a nationally recognised quality assurance assessment and had an action plan in place to address areas for improvement. This included customer service training to address feedback received from patients. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Are services well-led?

Good

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation. The practice was an approved training practice for doctors training to become GPs and teaching practice for medical students.

- There was a focus on continuous learning and improvement at all levels within the practice. Ide Lane Surgery was one of only 12 GP practices in the South West approved to carry out research. A comprehensive programme of research was underway at the practice in collaboration with universities and other organisations.
- Staff knew about improvement methods and had the skills to use them. For example, the lead nurse was completing an advanced qualification as part of the national drive to improve the quality of diagnostic standards of spirometry (test used to help diagnose and monitor certain lung conditions by measuring how much air a patient can breathe out in one forced breath using a piece of equipment) and was utilising this learning to update clinical procedures relevant to spirometry.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.