Woodbury Surgery

Quality Report

The 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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Good ●
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Woodbury Surgery on 20 September 2016. Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. Woodbury Surgery was proactive in identifying frailty and managing vulnerable patients and those with long term health conditions registered at the practice. An intuitive IT system facilitated the early identification of patients who could also be at risk of developing long term conditions enabling early interventions to take place.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was high patient satisfaction, with all 46 patients confirming they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- People's individual needs and preferences were central to the planning and delivery of tailored services.We saw several examples of this illustrated by: Longer 15 minute appointments as a standard; seeing patients in the setting they were most comfortable with; a flexible and responsive service by clinical staff for housebound patients; bridging gaps bringing services closer to home such as specialist clinics for patients with long term conditions and building a trusting rapport with hard to reach vulnerable groups such as the travelling community.
- Patients 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.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The GP partnership provided a total team approach to monitoring the health and well being of patients with innovative new ways of providing care and treatment.
- The leadership, governance and culture at Woodbury Surgery was used to drive and improve the delivery of high-quality person-centred care.
- Learning was celebrated and the practice was proactive in using opportunities to improve services by seeking and acting upon feedback from staff, patients and other stakeholders.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw two areas of outstanding practice:

People's individual needs were central to planning and the delivery of tailored services. For example, the practice had initiated a complex condition clinic where patients were seen by a GP and other specialists to ensure patients received a comprehensive holistic review that met all health and social care needs. The practice understood the impact of living with chronic and life limiting conditions such as chronic kidney disease. Clinics were held with consultant and specialist nurse input facilitating closer monitoring of these patients.

The practice had invested in a software risk management system, which enabled patient records to be analysed to produce risk profiles and target audit activity and health screening. For example, the system enabled the practice to identify patients and led to timely diagnosis of coeliac disease so that they could receive appropriate support and treatment to manage this condition.

Action the provider should take to improve:

Ensure that pre appointment checks for locum staff are carried out for every new period of cover at the practice.

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 in place 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 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 in place to keep patients safe and safeguarded from abuse. Evidence seen demonstrated that the practice took the approach that safety was everybody's business. This was illustrated by two examples: The proactive support of women experiencing domestic violence; Approach to reviewing patients with learning disabilities, which included carers and other supporters involved in their care.
- Risks to patients were assessed and well managed to achieve the best outcomes for patients.
- Safety net systems were effective and demonstrated by actions taken following a significant IT failure affecting communications and patient records systems earlier in the year

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average. The practice had an active management approach to reducing exception reporting through using their bespoke software to support proactive care delivery.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and focussed on positive benefits for patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. The practice was proactive in using a survey approach regularly to obtain feedback from patients about the quality and development of services.
- The practice aim was to empower patients as active partners in their care, which was well under development. The practice was actively working with the community of Woodbury and surrounding areas and had developed good links with the third sector service 'Neighbourhood Friends' to provide additional support such as transport for vulnerable and older people.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Services were tailored to meet the needs of vulnerable people and delivered in a way to ensure flexibility, choice and continuity of care. This was demonstrated by: Longer appointments as standard; a flexible and responsive service by clinical staff for housebound patients; bridging gaps bringing services closer to home such as specialist clinics for patients with long term conditions and building a trusting rapport with hard to reach vulnerable groups such as the travelling community; hosting screening clinics at the practice.
- Services were taken to patients who found it difficult to attend the medical centre such as patients with complex learning disabilities providing comprehensive assessment and support for them.
- Patients 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. There was a dispensary on site,

Summary of findings

which most patients were able to use. The practice was awarded funding for a small electric car and starting a prescriptions delivery service to vulnerable and isolated patients.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Outstanding ☆

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

- The leadership, governance and culture were used drive and improve the delivery of high quality person-centred care.
- The practice mission statement focussed on the partnership with patients in a safe and supportive environment.GP partners recognised could be further developed in line with the practice aspirations to empower patients. Staff were proud to work at the practice and had a shared vision to deliver high quality care and their responsibilities in relation to it.
- Leaders inspired and motivated staff to contribute the development of services for patients and were supported by management. The practice had a raft of policies and procedures to govern activity and held regular governance meetings. There was high staff retention and the leadership team working with staff to achieve this through flexible ways of working.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. For example, invested in a software risk management system, which enabled patient records to be analysed to produce risk profiles and target audit activity and health screening.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- There was innovative engagement with staff and patients. This was illustrated by several different ways the practice sought feedback, in person, using regular surveys and through three patient groups. All 48 patients involved in the inspection gave strongly positive feedback, which reflected the GP survey results and the practice's own regular surveys.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels. Woodbury Surgery was a teaching practice providing placements for medical students and was working towards approval to provide placements for registrar GPs.

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

Outstanding ☆

The practice is rated as outstanding for the care of older people in the Responsive and Well-Led domains; the ratings for these domains mean the population groups are also rated outstanding.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, practice nurses had carried out home visits to housebound patients to review their health and give flu vaccine.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The nursing team provided outreach services for housebound patients, regularly carrying out health and well being reviews of any patients with long term conditions.During the Autumn months, this also included an outreach flu vaccination service for thse patients.
- GPs proactively managed patient risks providing responsive triage to determine the support patients needed when contacting the practice.For example followed up every telephone call to the practice within 30 minutes of the patient phoning to assess their needs.

People with long term conditions

Outstanding ☆

The practice is rated as outstanding for people with long-term conditions in the Responsive and Well-Led domains; the ratings for these domains mean the population groups are also rated outstanding.

- There was a holistic approach to assessing, planning and delivering care and treatment to people who had long term conditions and early interventions for those who could be at risk of developing them.
- Anticipatory risk management provided timely interventions for patients who could be at risk of developing long term conditions.Examples seen included: the identification of at risk patients and led to timely diagnosis of coeliac disease so that they could receive appropriate support and treatment to manage this condition. The identification of and monitoring of patients who had previously had gestational diabetes for whom there was a known risk that they could go on to develop diabetes in later life.

Summary of findings

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 94.5%. (CCG 89.2% and 88.3% national averages).
- There was effective management all patient registers through it's bespoke software to recall patients for review and had achieved lower exception reporting (Longer appointments and home visits were available when needed.
- Woodbury Surgery facilitated access for patients and had brought several services closer to home, particularly for people living with chronic and life limiting conditions. For example, the practice ran a monthly clinic for patients with chronic renal disease which had specialist consultant and nursing input.

Families, children and young people

Outstanding ☆

The practice is rated as outstanding for families, children and young people in the Responsive and Well-Led domains; the ratings for these domains mean the population groups are also rated outstanding.

- There were systems in place 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 A&E attendances. Immunisation rates were high for all standard childhood immunisations, in particular for children aged five years achieving 100% for these in 2015/16.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 87.5%, which was better than the CCG average of 82.5% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Outstanding ☆

The practice is rated as outstanding for working age people (including those recently retired and students) in the Responsive and Well-Led domains; the ratings for these domains mean the population groups are also rated outstanding.

Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. For example, an aortic aneurysm screening clinic was being held on the day of the inspection for eligible men aged 65 years.

People whose circumstances may make them vulnerable

Outstanding 

The practice is rated as outstanding for people whose circumstances may make them vulnerable in the Responsive and Well-Led domains; the ratings for these domains mean the population groups are also rated outstanding.

- Services were tailored to meet the needs of vulnerable people and delivered in a way to ensure flexibility, choice and continuity of care.This was illustrated by:
- Woodbury practice had effective management systems in place to proactively manage patients at risk of unplanned hospital admissions.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. For example, a flexible approach ensured that staff looking after patients, family members and carers were fully involved in assessment and planning of care for patients with complex learning disabilities.
- The practice had developed a trusting rapport with traveller families and understood their culture needs.Six families and their extended families had returned to a temporary site each year to access health reviews for their children and parents and were registered at the practice.
- The practice regularly worked with other health, social and third sector care professionals in the case management of vulnerable patients. For example, the practice worked in partnership with the third sector organisation 'Neighbourhood Friends' to provide and develop a range of supporting services for older, vulnerable patients registered at the practice. A prescriptions delivery service was due to start for vulnerable and isolated patients.
- The practice informed and actively supported vulnerable patients needing to access various support groups and voluntary organisations. For example, vulnerable patients were provided a safe haven at the practice whilst escaping domestic abuse.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff 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.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

The practice is rated as outstanding for people experiencing poor mental health (including people with dementia) in the Responsive and Well-Led domains; the ratings for these domains mean the population groups are also rated outstanding.

- 90.6% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was better than to the national average of 84%.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93.7%. This was above average compared with the CCG (87.2%) and national averages (88.5%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing better when compared with the local and national averages. Two hundred and thirty three survey forms were distributed and 140 were returned. This represented 3.7% of the practice's patient list. Results from the survey showed;

- 97.4% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 93.5% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 93.3% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 95.6% 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 79%).

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. Patient comments highlighted that staff were compassionate, supportive and filled them with confidence about the care and support they were receiving.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The results from the friends and families test were very positive. Between August 2015 and August 2016, 51 patients responded in the friends and families test. Of these, 48 respondents said that they were likely or extremely likely to recommend the practice to their friends and family.

Woodbury 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 and a CQC pharmacist inspector.

Background to Woodbury Surgery

Woodbury Surgery has one registered location providing general medical services at: The Surgery, Fulford Way, Woodbury, Exeter EX5 1NZ

It is a small rural practice with a dispensary caring for approximately 3916 patients in an area covering 250 square miles and is located nine miles from the main hospital. Bus services serving the community are infrequently scheduled. Approximately 3350 patients are able to use the dispensary services because they live too far from another community pharmacy. Information about this is listed on the practice website and patient information leaflet.

The population of the practice is diverse and includes a large retired population, families who have been in farming for generations, young families and working age adults. The local population is predominantly White British with some Eastern European and travellers. There is a broad socioeconomic mix including a number of vulnerable children and adults and some rural poverty in farmed areas. The practice serves patients on a traveller site and has developed close working relationships with families staying there. There is also an influx of temporary residents during the summer months, due to the location being near popular holiday destinations. The deprivation decile rating for this area is 10 (with one being the most deprived and 10 being the least deprived). This meant that this area was affluent compared to the national average.

The practice is managed by three GP partners (one male and two females). If required the practice uses the same GP locums for continuity where ever possible to cover absences such as holiday periods. The nursing team consists of three female nurses: two practice nurses and a healthcare assistant. One nurse is an independent prescriber and is able to treat minor illnesses.

Woodbury Surgery is a teaching practice, with three GP partners approved as GP tutors with the University of Exeter. The practice normally provides placements for medical students in years 2 and 4 of their education.

The practice at Woodbury Surgery is open 8am to 6.30pm Monday to Friday. Phone lines are open from 8.30am to 1pm and 1.30pm to 6pm, with the out of hours service responding to patient phone calls after this time. GP appointments for patients are available every weekday. On Monday mornings the practice runs an open surgery between 9am and 10.30am, which patients can turn up to and wait to be seen by a GP. Extended opening hours are available with early morning and evening appointments by arrangement. These were available on Tuesday mornings and on Monday and Tuesday evenings.

Opening hours of the practice are in line with local agreements with the clinical commissioning group. Patients requiring a GP outside of normal working hours are advised to contact the out of hours service provided by Devon Doctors. The practice closes for four half days a year for staff training and information about this is posted on the website.

The practice has a general medical services (GMS) contract.

Detailed findings

The following regulated activities are carried out at the practice: Treatment of disease, disorder or injury; Surgical procedures; Family planning; Diagnostic and screening procedures; Maternity and midwifery services.

Why we carried out this inspection

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

We inspected Woodbury Surgery under our old methodology on 7 February 2014. Under the previous regulations the practice was compliant in all key areas inspected. The report is published on our website at: www.cqc.org.uk.

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 20 September 2016. During our visit we:

- Spoke with a range of 13 staff (GPs, nurses, practice manager, dispensary manager, reception, administrative and dispensary staff) and spoke with two patients who used the service.
- Spoke with the co-ordinator of a voluntary service that the practice works closely with to support people in the community.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised 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.

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 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 an effective system in place for reporting and recording significant events.

- Staff told us there was a no blame culture and 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice reviewed the timeline of clinical contacts with a patient who had abnormal blood results. The practice identified that there had been missed opportunities, where onward referral could have led to timely diagnosis and treatment. This was discussed at a clinical meeting, where it was identified the patient recall system played a key part in providing a safety net and should always be reviewed whenever a medicine dose was changed or when there was other clinical contact with a GP or nurse.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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.During the inspection we observed staffing putting these procedures in place to provide a safe haven for a patient. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.A sample of patient records demonstrated that the practice used codes appropriately to link family members within households to facilitate safeguarding of patients who could be at risk.
- The practice used volunteers for the 'Friends of Woodbury Surgery', which provided a transport service for patients.The practice had ensured that all volunteers had received safeguarding training through another provider so that they had the knowledge and skills to identify when abuse might be occurring and what to do in the event of this.
- 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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

medicines. The practice has provided evidence that systems have been changed to ensure that all repeat prescriptions are signed before dispensed medicines are handed out to patients. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines optimisation team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored in the dispensary and there were systems in place to monitor their use. The practice provided evidence that arrangements had been put in place to ensure that prescription forms in the consulting rooms are also stored securely.

- 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 against a patient specific prescription or direction from a prescriber.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). There were suitable systems in place for the management of drug safety alerts and recalls.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We looked at the process followed when locum staff were used at the practice. A spreadsheet showed that the practice had carried out all the appropriate checks, which included ensuring that the GP was on the performers list, registered with the General Medical Council and had indemnity insurance. The practice manager verified that the performers list was not checked for each new period of cover that a locum had been hired for and immediately changed the procedure to include this for any future appointments.
- Systems were in place which ensured that the practice obtained assurances from the 'Friends of Woodbury Practice' and 'Neighbourhood Friends' schemes that thorough recruitment checks were carried out before volunteers were introduced to these patients. For example, the practice demonstrated through records that DBS checks had been carried out for all named volunteers.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had undertaken a risk assessment for lone working during extended hours services when there were fewer staff on duty and had introduced additional safety measures to protect staff. For example, the practice had introduced a policy that any home visits carried out after core hours would be done by two staff. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place 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).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. For example, the practice had a bank of administrative staff who were able to provide cover during periods of absence.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

Good

Are services safe?

- 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Records demonstrated that the business continuity plan had been effective within the last 12 months when IT communications including the entire patient record system had failed.The practice had a recovery plan covering an event like this so had been able to put this quickly into effect.This included initiating a system of handwritten note taking for all patient consultations and we were shown grab boxes in strategic places throughout the premises for this. Once the system was back online, staff told us that they had transcribed all the records back into patient records, which were then signed off for accuracy and content by clinical staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place 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.

We saw several examples of effective management of patients needs and risk reduction. This was illustrated by early adherence to safe practice around the triage of home visits. The practice policy had been implemented before national guidelines indicated that a rapid triage should be undertaken. At Woodbury Surgery, if a patient requested a home visit GPs contacted them within 30 minutes to discuss their needs. GPs told us that they used this call to determine whether this was an appropriate course of action or required a more urgent response such as assistance from the emergency services. In some of the written feedback we received from patients, their comments highlighted that they found this an effective and supportive approach.

Management, monitoring and improving outcomes for people

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

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 94.5%. (CCG 89.15% and 88.3% national averages).
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93.7%. This was above average compared with the CCG (87.2%) and national averages (88.5%).

The practice had invested in a software risk management system, which enabled patient records to be analysed to produce risk profiles and target audit activity and health screening. We saw evidence of this established system in operation illustrated by two examples: Patients who were experiencing abdominal symptoms were identified and also being screened to rule out coeliac disease. This resulted in prompt diagnosis and treatment of patients with this condition. The associated health risks were reduced as a result of early interventions and education for these patients so that through self management they were able to improve their quality of life. A second example seen was around reducing the risks associated with anti-blood clotting treatment. The practice had carried out a comprehensive risk assessment, which utilised current national guidelines for prescribing this type of medicine.

The practices combined clinical total exception reporting was 9.6% comared to the CCG total of 10.6% and the England average of 9.2%. Most clinical domains at the practice had very low exception reporting (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice was using it's bespoke IT system to interrogate patient records to identify any patients at risk, ensuring appropriate follow up and reviews took place. However, we looked at the chronic pulmonary disease domain because the exception reporting for 2014/15 was higher at 20% than the CCG or national averages (CCG 12.3% and National 11.1%). The practice had a clinical led decision making system regarding exception reporting. The protocol outlined that patients would only be exempted from the review appointment, if all other avenues had been explored including being sent three

Good

Are services effective?

(for example, treatment is effective)

prompt letters and being phoned by their GP to discuss this. The practice proactively managed any exception reporting. Data seen demonstrated that in 2014/15 the practice had exception reported 13 out of 65 patients with Chronic Pulmonary Disease. These patients had not had a review undertaken, which included an assessment of breathlessness using a nationally recognised tool. In 2015/16 the practice had increased the number of patients being assessed and was performing better with fewer patients being exception reported (5.4%) than the CCG and national average (CCG 11.9% and National 11.5%). Data for the current year was seen. This showed that the practice was on track further improving its performance with 40 out of 43 patients with Chronic Pulmonary Disease having been reviewed in the first six months of 2016/17.

We received feedback from 44 patients in comment cards and spoke with two patients during the inspection. A number of these included specific comments about the care and treatment they received from the practice. Patients told us the staff were thorough and for those who had long term conditions they believed they were well monitored being called in for regular reviews.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last year, three of these were completed audits where the improvements made were implemented and monitored. For example, a completed audit reviewed patients with a skin condition who were being treated with a topical steroid medicine who were receiving this on a repeat prescription.GPs discussed the findings of the initial audit and decided to narrow the criteria for prescribing this type of medicine on repeat for patients with an active long term skin condition (Lichen Sclerosis). The rationale for doing this was to reduce the potential risks associated with long term use of steroid medicines. The outcome of the second clinical audit demonstrated that all GPs were following the repeat prescribing criteria and all five patients were diagnosed with this long term skin condition.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included: a leg ulcer audit carried out by the nursing team showed effective referral and management of patients.The team was proactive in referring patients with ulcer damage that was slow to heal to the tissue viability team at the local secondary healthcare service for advice.Alternative treatments were recommended and had led to accelerated healing and improvement of quality of life for these patients.

  Information about patients' outcomes was used to make improvements such as: Reducing the risks of long term use of certain medicines. For example, a two cycle pregabalin audit (a medicine used to treat patients with nerve pain and some types of seizures) had been completed. This audit examined the number of patients in the practice currently being prescribed this medicine on either acute or repeat prescription in the last six months. The audit had identified patients in the first audit and had led to reviews being done with them. GPs adjusted patientmedicine use and checked dosages where appropriate in order to improve their care. When the audit had been repeated six months later the audit identified that all patients fell within the prescribing criteria for safe practice. Further reviews were planned for this and a wide range of other medicines.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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. The practice manager had oversight of the nursing team's progress with appraisal and revalidation of their qualifications through the Nurses, Midwives Council (NMC). We looked a file held for a nurse demonstrating that they had successfully revalidated with the NMC and had a record of all the courses, learning and reflective practice undertaken. The GP partners told us they were keen to develop staff skills. This was illustrated by their support of a member of staff obtaining a qualification in phlebotomy (blood taking), which meant that they were able to provide cover for this type of service during periods of annual leave or sickness.

Good

Are services effective?

(for example, treatment is effective)

- 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 appraisals, 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way; for example, when referring patients to other services. We saw examples of safety net systems in place, with named staff monitoring whether urgent referrals were acted upon by secondary care services and ensured patients received an appointment within the two week wait system.

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. For example, the co-ordinator of the third sector service 'Neighbourhood Friends' told us that the practice always invited them to a monthly meeting to manage the needs of patients who could be at risk of unplanned hospital admissions due to their health conditions; particularly those whom they delivered medicines to. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.
- A voluntary services co-ordinator told us that the practice always obtained patient consent before making a referral for the person to receive support from the service.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Dietary and smoking cessation advice was available from the nursing team, who also signposted patients to a local support group.

The practice's uptake for the cervical screening programme was 87.5%, which was better than the CCG average of 82.5% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were

Good

Are services effective?

(for example, treatment is effective)

failsafe systems in place 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 screening. For example, 80.2% of female patients in the eligible age range were screened for breast cancer, which was above the CCG (77%) and national averages (72%). The percentage of patients in the eligible age range screened for bowel cancer was 65%, which was above the CCG average of 61% and higher than the national average of 58%. We spoke with two male patients who told us they were eligible for aortic aneurysm screening and had received this check recently.

Childhood immunisation rates for the vaccinations given were at and above the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79.3% to 97.1% and five year olds were 100% (CCG ranges for child immunisation for under two year olds was 81% to 98.2% and five year olds from 91% to 96.7%).

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

We observed 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

The practice had a virtual patient participation group (PPG) and had conducted an anonymous survey with the group to coincide with the Care Quality Commissions inspection. Twenty one patient responses were received and had been analysed. Feedback from patients was strongly positive. For example, 88% patients in the survey rated the practice as excellent and the remaining 12.5% rated the same question as good for staff having a caring attitude. Patients comments highlighted the staff as being "friendly", "knowledgeable and caring" and met their needs with "care and consideration".

They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91.5% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 90.2% and the national average of 87%).
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96.7% and the national average of 95%)
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%).
- 95 % 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%).
- 99% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90.4% and the national average of 87%)

Care planning and involvement in decisions about care and treatment

The practice aim was to empower patients as active partners in their care, which was well under development. The practice was actively working with the community of Woodbury and surrounding areas and had developed good links with the third sector service 'Neighbourhood Friends' and it's own 'Friends of Woodbury Practice' to provide additional support such as befriending and transport for vulnerable and older people.

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

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. For example:

Good

Are services caring?

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.8% and the national average of 86%.
- 89% 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%.
- 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 translation 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.
- Information leaflets were available in easy read format. The practice had updated its patient record system so that people's preferred communication method, for example text messages, was recorded and any reasonable adjustments needed planned for.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 96 patients as carers (about 2.5% of the practice list). New patient registration forms prompted patients to identify if they were a carer. All the templates used in consultations had a prompt for staff and they demonstrated through sample records seen that they were proactive in asking patients if they were a carer and signposting them to appropriate support. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Woodbury Surgery patient population had increased by 15% in the last five years, which GP partners said was the result of positive feedback from patients. The practice was in a village location in commuting distance to the city of Exeter. The practice served patients living in isolated rural areas and on a nearby temporary travellers site. There were pockets of rural poverty within the multigenerational farming and traveller communities. Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, provide choice and continuity of care. This was illustrated by:

- Woodbury Surgery had an established appointment system that was responsive to patient needs. For example, the practice routinely offered appointments of a minimum of 15 minutes duration for all the patients. Patients who had been registered at the practice told us that this had been in place for a long time at Woodbury Surgery. Longer appointments were also available for patients needing them; for example, people with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Peoples individual needs and preferences were central to the planning and delivery of tailored services. We saw several examples of these which were flexible, provided choice and continuity of care and was illustrated by: Named GPs with specialist interest and skills were linked to adult social care services so that patients were enabled to build a rapport with their GP. For example, a GP partner was the lead for patients with learning disabilities. Services were made more accessible for patients and they were put at the centre of this. For example patients being routinely seen in a setting that was less stressful for them and included areas not covered in national guidelines to gain a more holistic view of the person's needs. Patients with learning disabilities had complex communication needs and were enabled to have their reviews at home with input from their support worker, family member and regular nurse and in their preferred mode of communication. The practice nurses were proactive in providing a flexible and responsive service for patients who were housebound. For example, during the flu vaccination programme practice nurses routinely visited patients at their own homes to ensure that they were vaccinated and at the same time carried out health reviews with them. In 2016, approximately 12 housebound patients with respiratory conditions had been reviewed at home to ensure they were being treated appropriately.
- There was a proactive approach to understanding the needs of different groups of people, including people living in vulnerable circumstances. The practice had developed a trusting rapport with traveller families over many years through a flexible, close working and a non-judgemental approach, and developing a better understanding of their cultural needs. As a result approximately six families and their extended families returned to a temporary site each year to access health reviews for their children and parents. Woodbury Surgery had successfully encouraged these families to register permanently with the practice so that important milestones and health monitoring checks could take place. An example seen was the practice had facilitated easy access to specialist neurological services by enabling a traveller child to see a consultant at the practice. This child was now receiving appropriate specialist care and follow up in the outpatients department of the hospital.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. A practice nurse held an advanced qualification which enabled them to assess and treat patients with minor illnesses.
- Woodbury Surgery was innovative in bringing some traditionally based hospital services closer to home for its patients. For example, the practice had a number of older patients with chronic kidney disease and had set up a regular clinic with consultant and specialist nurse input to closely monitor these patients. This also meant that patients did not then have to travel into Exeter to be seen as there were infrequent bus services in the area into the city.
- National screening programmes were run at the practice with NHS staff attending to see patients. These included: aortic aneurysm screening for all men aged 65 and diabetic retinopathy screening.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was able to provide pharmaceutical services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy premises. The practice was in the process of helping to set up a volunteer-led delivery service for some patients who were unable to collect their medicines, to have their dispensed medicines delivered to their homes.
- Some medicines were made up into blister packs to help people with taking their medicines, and safe systems were in place for dispensing and checking these.

Access to the service

The practice at Woodbury Surgery was open 8am to 6.30pm Monday to Friday. The out of hours service responded to patient phone calls outside of these times. GP appointments for patients were available from and every weekday. On Monday mornings the practice ran an open surgery between 9am and 10.30am, which patients could turn up to and wait to be seen by a GP. Extended opening hours were available with early morning and evening appointments by arrangement. These were available on Tuesday mornings and on Monday and Tuesday evenings. The practice had a dispensary, which the majority of patients were able to use to obtain their prescriptions from. Information about this is listed on the practice website and patient information leaflet.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 80.7% of patients were satisfied with the practice's opening hours compared to the CCG average of 81.7% and national average of 78%.
- 97.8% of patients said they could get through easily to the practice by phone compared to the CCG average of 84.6% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had conducted an anonymous survey with the virtual patient participation group (PPG) prior to the inspection. Twenty one patient responses were received and had been analysed. Feedback from patients was strongly positive about access to appointments. Patient comments highlighted that the appointment system was easy and reliable. In response to comments from patients and observations from staff additional telephone lines had been installed and a team approach was introduced so that call response times had increased and patients were immediately able to speak with a member of staff. Patient comments were supportive of these changes and positive in content.

The practice had a system in place to assess:

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

The practice had an established triage system, with GPs telephoning the patient or carer in advance, within 30 minutes of contacting the practice, to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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 an effective system in place 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 Posters were displayed and a summary leaflet about the complaints system was available for patients in the waiting room.

Ten written or verbal complaints were received in the last 12 months and we looked at two of these. We found that

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

the practice dealt with these in a timely way. The responses to patients demonstrated openness and transparency and a willingness to share learning and actions taken to improve services. Lessons were learnt 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 patient had raised concerns about a delayed diagnosis of a long term health condition. GPs provided the patient with a timeline of events, explaining any gaps and where changes could be made to improve patient experience in the future. Minutes of the clinical meeting immediately following the completed investigation demonstrated that the learning was shared with all staff. There was increased scrutiny of blood results that were on the margin of being abnormal, with more emphasis on prompting patients to attend for repeat testing within a given set period of time.

Are services well-led?

Outstanding ☆

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

Our findings

Vision and strategy

The practice was proactively engaging with patients and had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice mission statement focussed on the partnership with patients in a safe and supportive environment.GP partners recognised could be further developed in line with the practice aspirations to empower patients. The GPs regularly used online surveys to obtain the wider views of patients. For example, the leadership team had carried out a survey with patients, some of whom were carers and staff promoting the importance of positive engagement with patients as being the cornerstone of a holistic approach to safeguarding people.
- The practice had robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The plans were stretching, challenging and innovative whilst being achievable in the area covered by the practice. For example, Woodbury Surgery had increased the number of GP partners and was focussed on succession planning for all staff roles and responsibilities. An apprenticeship in general practice administration had been developed in conjunction with the local college and the practice was hoping to attract candidates for this role.

Governance arrangements

The leadership, governance and culture were used to drive and improve the delivery of high quality person-centred care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. There was active management of registers for those patients with long term conditions, which resulted in lower exception reporting and greater numbers of patients being reviewed when compared with the Clinical Commissioning Group and National averages in these areas.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were comprehensive and innovative arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had invested in a software risk management system, which enabled patient records to be analysed to produce risk profiles and target audit activity and health screening. Patients benefitted from this system usage by receiving earlier diagnosis and treatment for a range of conditions.
- GPs also considered patient vulnerability and ability to comply with treatment and health monitoring regimes. This data was then used to set out treatment pathways to prescribe alternatives for patients who were at risk due to frailty and vulnerability.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The leaders had an inspiring shared purpose , striving to deliver and motivate staff to succeed. The practice prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place 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 in place 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.

Are services well-led?

Outstanding ☆

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

There was an inspiring leadership structure in place and there were high levels of staff satisfaction. Patients benefitted from having a stable team of staff who knew their needs well.

- There was a strong collaboration and support across all staff and a common focus on improving quality of care and people's experiences. We saw several examples, including proactive identification and screening of patients who could be at risk of developing long term health conditions such as coeliac disease and diabetes. Bringing services closer to home providing specialist support and monitoring for patients, for example those living with chronic kidney disease. A willingness of staff to go above and beyond for patients, with home visits being undertaken by nursing staff to monitor the health of housebound older people.
- The practice had a strong learning and safety culture, which celebrated opportunities to learn from significant events, complaints, positive and negative feedback received from patients, staff and other stakeholders.
- Staff told us the practice held regular team meetings and the examples they shared with us demonstrated that the leaders actively engaged with staff to improve the service that patients received and working conditions for the team. For example, practice nurses told us that they had been asked to redesign the treatment room approximately two years ago. They told us they were given a generous budget to do this and had implemented current hospital standards in the refurbishment.The treatment room was bright and spacious providing patients with wheelchair accessible space, a comfortable couch and chairs to use whilst being seen by nursing staff.
- 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. The practice closed for four half days per year in line with other practice in the area. This time was used to deliver staff training.
- Staff told us they were proud to work at Woodbury Surgery felt respected, valued and supported, particularly by the partners in the practice. For example, the practice looked at flexible ways of working and supporting staff to achieve high levels of staff retention.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the virtual patient participation group (PPG) and through surveys and complaints received. The virtual PPG was encouraged to provide commentary about proposed developments at the practice through patient surveys and made suggestions for improvements to the practice management team. For example, patient said that they preferred being able to speak with a member of staff immediately. In response, additional telephone lines had been installed and a team approach was introduced so that call response times had increased and patients were immediately able to speak with a member of staff.
- The practice had gathered feedback from staff through an annual staff survey, and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, when new nursing staff were appointed they had been involved in redesigning and refurbishing the treatment room to upgrade facilities for patients. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice worked in partnership with the 'Neighbourhood Friends' to provide and develop a range of supporting services for older, vulnerable patients registered at the practice. For example, the practice had recently been awarded funding for a small electric car and was due to start a prescriptions delivery service to vulnerable and isolated patients in partnership with the Neighbourhood Friends.

Woodbury Surgery was a teaching practice, with three GP partners approved as GP tutors with the Exeter University. The practice normally provided placements for medical

Are services well-led?

Outstanding ☆

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

students in years two and four of their education. There were no students on placement at the time of the inspection. A GP partner had applied to be a GP trainer, which if approved would enable the practice to become a training practice providing placements for registrar GPs.