Foxhayes Practice

Quality Report

Foxhayes Practice
117 Exwick Road
Exeter
Devon
EX4 2BH
Tel: 01392 208789
Website: www.foxhayespractice.nhs.uk

Date of inspection visit: 14 & 19 December 2017
Date of publication: 19/03/2018

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Outstanding overall.
(Previous inspection November 2014 – outstanding)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Outstanding

Are services responsive? – Outstanding

Are services well-led? - Outstanding

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 – Outstanding

People with long-term conditions – Outstanding

Families, children and young people – Outstanding

Working age people (including those retired and students – Outstanding

People whose circumstances may make them vulnerable – Outstanding

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

We carried out an announced comprehensive inspection at Foxhayes Practice on 14 and 19 December 2017. This was a routine inspection.

At this inspection we found:

- Leaders had an inspiring shared purpose, strive to deliver and motivate staff to succeed. The practice is unusual in that it was established ten years ago by two full time partners; a GP (male) and an Advanced Nurse Practitioner (female). Staff development continued to be a high priority with all staff supported to achieve advanced qualifications in their individual fields of work.
- The practice had a clear vision which had quality and safety as its top priority. A business plan was in place, was monitored and regularly reviewed and discussed with all staff and patient representatives. High standards were promoted and owned by all staff with evidence of team working across all roles. Patients said they felt safe.
- Networking continued to be a priority of leaders and staff to deliver safe, effective, caring and well led service.The nurse partner was elected by Exeter GPs as their representative to the Eastern Locality Board, and she was co-chair of Exeter sub-locality. She was a driving force in promoting a common focus on improving quality of care and people's experiences in Exeter in this role and sat on the local Health and Wellbeing Board. Since the last inspection she

Summary of findings

gained agreement from 16 practices to provide a shared service of extended access to GP appointments during the evenings and weekends for patients.

- The practice worked collaboratively with a larger GP practice situated close by to provide access to comprehensive midwifery services for young pregnant mothers.
- Audit was embedded, with the practice routinely reviewing the effectiveness and appropriateness of the care it provided. Care and treatment was always delivered according to evidence-based guidelines.
- There was sustained high patient involvement at Foxhayes practice. Patients were consulted through several routes: virtual PPG (100 patients) and face to face meetings with representatives from the 'Friends of Foxhayes practice'. Their suggestions had developed into work streams to implement changes at the practice.
- All 28 patients gave strongly positive feedback at the inspection about staff treating them with compassion, kindness, dignity and respect.

We saw one area of outstanding practice:

Leaders were innovative in gathering feedback from people who use services, other stakeholders, professionals and the public to support high-quality sustainable services. This included: Early involvement in pilot projects to improve health and social care in the community, for example the development of the Exeter Well Being service. Representation on the health and wellbeing board to promote the needs of the community, Leadership ensured active patient involvement in decision making, development and planning of services. Proactive succession planning based on staff development and training of future GPs, doctors and practice nurses.

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

Foxhayes Practice

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 Foxhayes Practice

Foxhayes Practice provides primary medical services to people living in the city of Exeter and the surrounding villages. The practice has one location, which we inspected:

117 Exwick Road

Exeter

Devon

EX4 2BH

Tel: 01392 208789

Website: www.foxhayespractice.nhs.uk

At the time of our inspection there are approximately 3,400 patients registered at the Foxhayes Practice. The practice population area is in the fifth 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.

The practice is unusual in that it was established ten years ago by two full time partners; one GP (male) and the other an Advanced Nurse Practitioner (female). In addition there is a male locum GP who works every Friday. The GPs are supported by two other female registered nurses, one of whom is also an advanced nurse practitioner, a female health care assistant and additional administrative and reception staff.

The practice supports four residential and nursing homes in the area. Patients using the practice also have access to community staff including district nurses, health visitors, and midwives. The practice holds a primary medical services contract.

Foxhayes is an approved training practice providing vocational placements for GPs and medical students. The GP partner is approved to provide vocational training for GPs, second year post qualification doctors and medical students. A GP registrar was on placement at the time of the inspection.

Foxhayes Practice is open from 8am-6pm Monday and Friday. As per local arrangements, outside of these hours a service is provided by another health care provider by patients dialling the national 111 service. On Wednesday and Thursday the practice is open from 8.30am until 6pm. The practice is a founding 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 Exeter GP, 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.

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 auditable and demonstrated 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. The GP partner was the named lead for safeguarding. 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.
- A review of two staff records, including one for a locum GP, at the inspection demonstrated the practice carried out appropriate (DBS
- 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.
- There was an effective system to manage infection prevention and control. The practice demonstrated a track record of undertaking infection control audits each year with the latest in 2017.The latest audit provided assurance of appropriate systems being in place and followed. Actions from the audit included replacement of carpet with vinyl, office chairs and waste bins. All 28 patients who provided feedback as part of the inspection commented the practice was 'always' clean.
- The practice had a policy for the inspection, calibration and replacement of equipment. Facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. For example, records seen showed equipment had been checked and re-calibrated by an external company in 2017. There were systems for safely managing healthcare waste.

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.
- 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. All staff had access to a nationally recognised assessment tool and we saw examples where it had been used.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. Patients comments received in writing (28) confirmed 100% satisfaction with staffing levels and easy access to appointments.

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. For example, patients were asked for their consent to share a summary of their medical health if they wished to use the extended appointment service at evening or weekends. This then enabled other GPs covering the rota to access this information when seeing a patient to reduce any safety risks, for example when prescribing medicines for treatment.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters were prioritised by administrative staff and included all of the necessary information. Administrative staff showed us the inbox task system

and we found all referral letters had been completed on the same day and none were outstanding. Staff told us they were given protected time to complete this task to avoid distractions reducing the risk of inaccurate information being sent to secondary care providers.

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, for example data for 2016/17 demonstrated the practice was one of the lowest prescribers of antibiotics in the clinical commissioning group locality. This was in line with the national drive to reduce patient resistance to infections caused by over prescribing antibiotics.
- 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. For example, we saw the practice registers of patients on high risk medicines such as warfarin (blood thinning medicine used to lower the risk of blood clots developing), methotrexate (pain relieving medicine) and lithium (medicine used to treat depression and bipolar). A named member of staff monitored these registers with the GP partner and patients had attended for review appointments and blood testing according to their plan of care. We observed staff telephoning a working age patient on warfarin who had missed an appointment to arrange another appointment. The practice had a user friendly information sheet, which staff told us was given to patients on high risk medicines. We saw the warfarin sheet outlining the importance of regular blood tests and the impact of diet and activity could have on the effectiveness of the medicine.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. For example, the fire safety risk assessment had been reviewed during the year and actions taken to improve safety.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

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. All of the staff interviewed told us there was a learning culture, which avoided blame when mistakes were made. 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. The practice held regular significant event meetings, which included reviewing and sharing lessons from complaints with all staff. An example seen highlighted a patient had received only one weeks supply of medication which should have been for a month. The practice investigated the matter and invited the patient to attend the significant event meeting for staff to hear their story to learn about the impact on the patient.
- There was a system for receiving and acting on safety alerts managed by a named member of staff. Records demonstrated information had been disseminated and acted upon. 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 using bespoke templates on the patient record system. This included their clinical needs and their mental and physical wellbeing.
- Data for 2016/17 showed the average daily quantity of Hypnotics prescribed per Specific Therapeutic group was higher at 1.64 with CCG (1.05) and national averages (0.9).
- Data for 2016/17 showed the number of antibacterial prescription items prescribed was lower at 0.46 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 consistently being a low prescriber of antibiotics in the area with a downward trend each year.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice was effective in identifying new cancer cases (among patients registered at the practice) and referring patients using the urgent two week wait referral pathway. The practice achieved a higher percentage 64% than the clinical commissioning group (55%) and national averages (50%).

Older people:

- Outcomes for older people who use services are consistently better than expected when compared with other similar services. For example, QOF data for 2015/16 and 2016/17 showed 100% of patients diagnosed with a heart condition (atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more) were treated with anti-coagulation drug therapy. Proactive assessment and treatment of patients reduced the associated risks of heart attack or stroke.
- The practice took a holistic approach to assessing, planning and delivering care and treatment to people who use services. All clinical staff used a nationally recognised risk stratification tool to identify patients who are frail and at risk of hospital admission.Comprehensive care plans were seen, which were reviewed at least once a week and demonstrated proactive interventions being made to support patients to remain at home where ever possible.
- Patients aged over 75 were invited for a health check. 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. The GP partner told us this was done every day to ensure patient's care plans and prescriptions were updated to reflect any extra or changed needs. We looked at a sample of patient care plans all of which were comprehensive and regularly updated.

People with long-term conditions:

- 48% of the total patient population registered at Foxhayes practice had a long term condition, which was being monitored.
- The practice treated cancer as a long term condition, providing on-going monitoring and support to patients.
- 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. For example, the advanced nurse practitioner had diplomas in asthma and chronic obstructive pulmonary care management.
- A clinical audit in 2016 reviewed all patients with asthma following NICE guidance to identify any patients with

Good

Are services effective?

(for example, treatment is effective)

excessive use of salbutamol inhalers (greater than 12 inhalers over a 12 month period).Safety systems were in place which prevented prescribing inhalers without reviewing use. Patients were recalled for a review to discuss their health and ensure their inhaler use was appropriate and effective for their needs.

- The practice was aware of the risks for people with diabetes associated with peripheral neuropathy (nerve damage caused by uncontrolled diabetes), leading to amputation of affected limbs. In 2016 the practice identified from patient QOF (Quality Outcome Framework) data that percentage of foot checks carried out (88.5%) could be improved. A healthcare assistant was trained to carry out these checks. As a result the percentage of patients being checked had increased to 96.1% for 2016/17.This achievement was above the clinical commissioning group and national averages (CCG – 90.4%, National – 89.8%) .

Families, children and young people:

- Nearly 50% of the total patient population registered at the practice were under 18 years (1478 out of 3355 patients). Data showed income deprivation affected 18.6% of families, children and young people registered at Foxhayes practice.
- The practice took a holistic approach when caring for families with young children and young people. For example, providing additional user friendly information and telephone prompts tailored to individual needs to help parents understand the childhood immunisation schedule. This had increased the uptake of childhood immunisation for the most deprived children registered at the practice.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were consistently above the target percentage of 90% for the last three years. Performance in 2016/17 for childhood vaccinations up to age two ranged between 90 – 92%.
- 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):

- There was a small number of sex workers registered at the practice as well as a high student population linked with the university. The practice took proactive steps to reverse the national downward trend of young adults not being screened for sexual health infections and cervical screening for women. Screening kits were available in toilets for patients to use. Sexually active patients were encouraged to be screened with increased uptake trend at the practice. The practice's uptake for cervical screening was 84%, which was above the 80% coverage target for the national screening programme. The practice had audited cervical screening in 2017, which showed the uptake of cervical screening had increased further to 85%. 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 NHS checks for patients aged 40-74. Over a 3 month period before the inspection 159 patients had received a health check. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Healthy living was promoted with patients being able to access an in-house smoking cessation service provided by advanced nurse practitioners, and be referred to other agencies for depression and anxiety support, alcohol and drug services and 'Get Active Devon'.

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. In December 2017, all 45 patients with a learning disability registered at the practice had been offered an annual health check since April 2017.Of these, 37 patients had

Good

Are services effective?

(for example, treatment is effective)

already had a health check. The practice verified they were working with the learning disability team to support and encourage the remaining eight patients to attend for a health review.

- Comprehensive shared care plans were in place for 125 vulnerable patients outlining proactive interventions to support the patient and where applicable their carer to avoid unplanned admissions to hospital.

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

- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the national average 84%.
- 82% 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. Some of the patients in this group were under the care of a consultant psychiatrist and community mental health team. These patients had care plans in place, which were shared with the practice. 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 alcohol consumption (practice 94%; CCG 87%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 96%; CCG 95%; national 95%).

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. Audit was embedded in practise at Foxhayes practice, examples seen included: A retrospective audit for January to March 2017 to assess the appropriateness and quality of minor surgery, which was carried out annually. In 2017, the audit looked at 14 patients records and found minor surgery was being performed appropriately. No inappropriate lesions were removed, providing assurance of safety and competency, and pre-excision diagnosis largely matched histology providing assurance of diagnostic skills and appropriate onward referral of patients to secondary services.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice had been involved in an award winning social prescribing project. Patients who needed support and opportunities for social activity were referred to a trusted community connector at Wellbeing Exeter (strategic alliance of public, voluntary and community sector organisations). As a result of the success of the project, Wellbeing Exeter was extending its project across all GP practices in the city for the next two years. If successful, it was hoped that this model would be considered for the whole of Devon.

The most recent published Quality Outcome Framework (QOF) results were 96.5% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95.5%. The overall exception reporting rate was 9.7% compared with a national average of 9.4%. (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. Audits were undertaken to provide assurance of embedded change as a result of learning for example, from significant events. An audit in 2017 reviewed repeat prescribing after a significant event had found that a patient had collected medicines for a week instead of a month's supply from the pharmacist. The audit provided assurance all requests after this event had been processed within practice standards.
- The practice was actively involved in quality improvement activity.

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.

Good

Are services effective?

(for example, treatment is effective)

- The practice provided staff with
- 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.

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 by using the electronic frailty index 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. Seventy four patients had been identified in 12 months as 'pre frailty' were referred to 'Wellbeing Exeter', where they could access social networking events; exercise to increase strength and stamina to reduce their risk of falls.
- 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 and used a standard template to record discussions with patients, including risks and benefits of a procedure.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately. The audit of minor surgery in 2017 identified two out of 14 patients notes did not have a record of consent.

Outstanding ☆

Are services caring?

Our findings

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

The practice sustained and improved services retaining the rating of outstanding for caring because:

- There was a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who use the service, those close to them and staff were strong, caring and supportive.
- Positive relationships were highly valued by all staff and promoted by leaders.
- Staff recognised and respected the totality of patient's needs. They continuously took patient's personal, cultural, social and religious needs into account.
- Patients using the services were active partners in their care. Staff were fully committed to working in partnership with people and making this a reality for each person. Staff empowered people who used the service to have a voice. They showed determination and creativity to overcome obstacles to delivering care.
- People's emotional and social needs held equal importance to their physical needs. Individual preferences and needs were always reflected in how care was delivered.

Kindness, respect and compassion

There was a strong visible person centred culture, where staff treated patients with kindness, respect and compassion.

- The mission statement of the practice highlighted people using the services were active partners in their care. Twenty eight patients gave feedback as part of the inspection. 100% of patients expressed high satisfaction about the kindness and respect they received from staff. The practice instigated the use of an integrated care plan accessed by the multidisciplinary team to record a patient's wishes for preferred place of care, emergency contacts, health care and other support needed and provided.Patients and/or their carers were given a copy of this.
- Staff showed determination and creativity to overcome obstacles to delivering care. We saw several examples including: Parents comments in feedback cards highlighted staff communicated with their child at an appropriate level by making an appointment 'a fun experience'. Staff showed us toys they used to help engage children during appointments. They told us they aimed to reduce anxieties by developing a trusting relationship and rewarded the child with a sticker at the end of their appointment. Staff responsible for arranging appointments for 208 children under five wrote individualised notes to parents in plain English explaining the schedule. They did the same for patients with communication needs, for example providing easy read versions for patients with learning disabilities. Patients who were recalled for appointments to monitor their health conditions always received a personal telephone call to explain and given reassurance as to why they were contacted.We observed staffing making calls to two patients.Staff were exceptionally kind and caring and demonstrated they knew their patients well. Patients received user friendly letters explaining why they were being asked to make an appointment.The practice was using IT effectively enabling patients to be active partners in their care, for example being able to access online health advice and receiving results, appointment confirmations and reminders for reviews by text message if they had consented to this.
- Staff understood patients' personal, cultural, social and religious needs. The practice was compassionate about helping patients in deprived circumstances. Data showed income deprivation affected 18.6% of families, children and young people and 16.8% of older people registered at Foxhayes practice. The practice continued to provide a taxi fund to assist patients at times of need. In the three years since we last inspected at least a further 10 patients each year had benefitted from this help (over 52 patients in three years).
- The practice gave patients timely support and information. All 28 patients who gave feedback as part of the inspection wrote positive comments about staff being 'friendly', 'helpful', 'listen and are respectful'.
- 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 24 patient Care Quality Commission comment cards and four emails from patients received during the

Are services caring?

inspection were strongly positive about the service experienced. This was 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. Two hundred and eighty four surveys were sent out and 113 were returned. This represented about 3.7% of the practice population. The practice was comparable to clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% 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%.
- 86% of patients who responded said the GP gave them enough time; CCG - 91%; national average - 86%.
- 92% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 85% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 90%; national average - 86%.
- 93% of patients who responded said the nurse was good at listening to them; (CCG) - 95%; national average - 91%.
- 93% of patients who responded said the nurse gave them enough time; CCG - 95%; national average - 92%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 99%; national average - 97%.
- 92% 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%.
- 95% of patients who responded said they found the receptionists at the practice helpful; CCG - 90%; national average - 87%.

The practice partners closely monitored and acted upon all patient feedback and identified a downward trend in satisfaction compared with previous years. Evidence demonstrated they took patient comments seriously, for example negative comments received about staff interpersonal skills during a specific time period were thoroughly investigated. They told us this did not align with the practice values that all patients were to be welcomed and treated with dignity and respect, listened to, believed and their needs addressed. Records demonstrated proactive management of staff performance.

At the inspection our findings and those from the practice surveys were more positive than the national survey undertaken in the first half of 2017. All 28 patients gave strongly positive feedback about their involvement in planning their care and treatment. Friends and family test data for 11 months showed a higher sample of 302 patients out of 322 responding were extremely likely or likely to recommend the practice to their family or friends.

Involvement in decisions about care and treatment

Staff knew their patients well and had set up prompts within the patient record system to highlight any reasonable adjustments needed. This helped patients be involved in decisions about their care and all of the staff we spoke with 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.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. Bespoke information for patients was added to standard letters in plain English to help them understand screening and immunisation programmes.
- 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.New patients were invited to identify themselves as a carer when registering. The patient record system prompted staff to ask whether they had any caring

responsibilities whenever they contacted the practice. A holistic approach was taken by the practice, where services were taken to the patient and their carers. In discussion, all of the staff demonstrated they knew their patients, carers and extended family and social network needs well. A risk stratification tool (to identify frailty) included identification of and planning support for carers looking after a patient. Carers looking after a relative with dementia were able to access weekly meetings with the GP at the practice, in addition to staff responding to immediate needs arising day to day. The practice's computer system alerted GPs if a patient was also a carer. The practice had increased the number of identified patients as carers (74, 1.3% of the practice list) by 34 since the last inspection.

- The advanced nurse practitioner/partner acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.The practice had links with a carer support worker and ran a carers group, which provided access to advice and information.
- Staff told us that if families had experienced 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.
- Staff told us new parents were sent a congratulations card after the birth of their baby, which also provided information about when to ask for help and encouragement to make an early appointment for a review.
- The practice continued to work closely with the community of Exwick. Patients at the practice continued to be supported with the allotment club a joint initiative between the practice and the patient participation group.The allotment club provided network opportunities in the community to help reduce the risk of isolation. Patients were signposted to other activities in the community singing groups, Exeter well-being services and lunch clubs.

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 mostly in line with local and national averages:

- 85% 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%.
- 83% 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%.
- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 84% 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.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups.

The practice sustained and improved services retaining the rating of outstanding for responsive because:

- People's individual needs and preferences were central to the planning and delivery of flexible tailored services.
- The involvement of other organisations and the local community had been integral to how services were planned to meet patient needs. There were innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that meets these needs and promotes equality. This included people who were in vulnerable circumstances or who had complex needs.
- People were able to access appointments and services in a way and at a time that suited them.
- There was active review of complaints and how they were managed and responded to, and improvements are made as a result. People who used services were involved in the review.

Responding to and meeting people's needs

Services were tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care. It took account of patient needs and preferences.

- The practice is a founding member of Exeter Primary Care (EPC), a federation of all 16 Exeter GP practices. The EPC group had increased GP access outside of core hours. All registered patients are therefore able to be seen by appointment by an Exeter GP, 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.
- Despite being a small practice there was a very good skill mix of staff delivering services for patients. For example, two advanced nurse practitioners (ANPs) were able to see a broader range of patients than the practice nurses. A healthcare assistant had completed an extensive range of training in the last three years increasing the number of appointments available for patients. This included increasing diabetic reviews (foot checks), minor wound care and flu vaccination uptake.
- The practice understood the needs of its population and tailored services in response to those needs. Foxhayes practice continued to have a third of the patient population falling into the working age group (1269 out of 3355 patients registered) in comparison to national averages. A large proportion of patients registered were students attending the local university. The team were aware that some students found the transition of leaving home to undertake independent study could be challenging, sometimes affecting their health and wellbeing. The practice enabled these patients to stay registered for continuity of care even if they moved to another part of Exeter.
- Nurse practitioners specialised in sexual healthcare and used all contact opportunities with sexually active patients to screen for sexual transmitted infections. This resulted in early diagnosis, treatment and lowered the risk of long term health issues, for example, affecting fertility.
- The practice had a high percentage of young single parents with school age children registered and had reviewed the appointment system to improve late afternoon access to avoid interruptions to the school day.
- Since the last inspection, online services such as access to records, repeat prescription requests, advanced booking of appointments, access to advice services for common ailments had been increased. For example, the practice had a social networking account providing information nearly every day about social prescribing, healthy living and other health news for patients.
- The facilities and premises were appropriate for the services delivered. The waiting room provided reception staff with a clear line of sight of any patient who appeared to be deteriorating. If this occurred the patient was immediately seen by a GP or nurse practitioner.
- Patients benefitted from near testing equipment facilitating early diagnosis and appropriate referral to secondary care services. This included:

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- Fundraising had provided a dermascope (used to). A GP partner was qualified to use this and dermatology reviews were held so patients were able to access rapid diagnosis and treatment for conditions such as low risk skin cancer closer to home. The partners told us the dermascope had been used for 50 patient consultations in 2016/17, ruling out the need for onward referral to secondary services for 25% of patients. Skin cancer rates were higher in Devon than the national average and patients benefitted from early diagnosis and treatment at the practice. Referral data for 2016/17 and up to October 2017 showed that the practice had increased the percentage of referrals made under the two week wait system by nearly 50% (2016/17 – 18 patient referrals; 2017 – 17 patient referrals in six months). Records showed all the referrals had been appropriate with patients requiring further treatment.
- Nurses had been trained and used a doppler machine to assess blood flow in the limbs of patients who could be at risk of ulceration due to long term health conditions such as diabetes and heart disease. This enabled the nursing team to closely monitor these patients and be proactive with early interventions and treatments reducing the risk of unnecessary amputation.
- The practice had a cardiocall machine used to assess and identify any cardiac episodes (heart) requiring further investigation. Patient data was uploaded to the local acute NHS Trust for interpretation by a cardiac specialist. The use of this intervention at the surgery had reduced a number of referrals to secondary care. The machine had been used on average three times a month for patients complaining of palpitations.
- The practice made reasonable adjustments when patients found it hard to access services. Several examples were seen, including a portable hearing loop for patients with hearing difficulties. Large signage and braille was used throughout the building to improve access for patients who had limited sight or were blind.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated through shared care plans created by the practice with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home, in a care home or supported living scheme.
- The practice was proactive in tailoring responses to the needs of older patients. Risk profiling was used to identify what support a patient might need and was put in place to reduce risk of hospital admissions. Home visits and urgent appointments for those with enhanced needs were carried out. The GPs accommodated home visits for those who had difficulties getting to the practice. For example, a GP visited a nearby nursing home every week to assess the needs of 68 patients living there. This was in addition to home visits when they were acutely ill for urgent assessment and planned end of life care.

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.

Families, children and young people:

- After school GP and nurse appointments were available for school age children to be seen to avoid disrupting the school day. For example, 15 after school appointments had been provided for patients in the week before the inspection in response to changing patient needs.
- 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment, monitored on arrival and able to see a GP immediately if their condition appeared to be deteriorating when necessary.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

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. For example, extended opening hours and Saturday appointments. This had enabled the practice to increase cervical screening access to women by initiating a nurse led evening clinic once a week, and on some Saturdays and Sundays. There had been an increase in uptake by 3.6% taking the practice above the national target.
- Telephone and requests for GP consultations via the website were available which supported patients who were unable to attend the practice during normal working/studying hours.
- The practice had sustained and built on its use of technology to provide easier access for working/students patients. This included: Downloadable applications for patients with smart phones to access health and welfare advice. Extending the SMS text services to include all test results for patients signed up for the service. Patients were asked to contact the practice for any which needed a follow up appointment with a GP or nurse practitioner. Targeted health campaigns advice being sent by text. Social networking sites communicating news, obtaining feedback and health guidance for patients.

People whose circumstances make them vulnerable:

- There was a high incidence of patients registered at the practice with substance misuse problems who wished to change their lifestyle. The GP partner was a qualified pharmacist with a diploma in therapeutics with special interest in prescribing for patients with mental health needs and dementia. Suitable patients (five in 2016/17) were able to access in-house community detoxification of substances from their GP through shared care prescribing. Specialist agencies worked alongside providing additional psychological support and detoxification of patients wanting to recover from alcohol abuse.
- The practice had systems in place to closely monitor patients at high risk of self-harm. Same day emergency reviews were carried out of any patients experiencing suicidal ideation, children at risk of abuse and any patients at risk of physical or mental health crisis. This included, offering proactive weekly support to 74 carers looking after a relative with dementia, complex physical and/or mental health needs.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. In 2016/17 two homeless people were supported to register with a specialist GP practice providing access to holistic health, well-being, housing and benefit advice at a hub in Exeter. Foxhayes practice then followed up patients to ensure they had presented and registered at this practice.
- Patients with complex health conditions making them vulnerable were flagged in the patient record system providing staff with information when making appointments for them. For example, 111 patients with a high risk of self-harm, attempted suicide, physical or mental health crisis including personality disorder, and children in care, at risk of abuse or with physical/mental health disabilities. Same day appointments were offered and tailored to the needs of these 111 patients, for example at quieter times of the day or a home visit.

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

- Carers looking after a relative with poor mental health, including dementia were able to meet with their GP every week to review their situation. Additional support was identified during these meetings and arranged for families where needed. For example, respite care was arranged if a carer expressed a need for a break.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- GPs and nursing staff were highly skilled in communicating and monitoring patients with poor mental health and dementia. Patients who failed to attend were proactively followed up by a phone call from a nurse, GP or senior administrator.
- The practice had long established collaboration with mental health services to provide onsite services for

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

patients. For example, patients were able to see mental health workers from the Depression and Anxiety service (DAS) at the practice or home instead of attending the mental health Trust site.

Timely access to the service

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

- The national average for appointment availability is 70 per 1000 registered patients. Foxhayes practice demonstrated it continued to exceed the practice requirement for appointments as seen when we last inspected in 2014. For example, over a period of 14 days between 5 and 19 December , 770 appointments were provided.
- All 28 patients who gave feedback as part of the inspection wrote or made positive comments which included: 'efficient, friendly and easy to access services'.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. Since the last inspection, the practice had continued to use technology to increase access for patients. 20.2% (694) patients were registered for online services. Examples included: an SMS text messaging for patients who wished to receive normal test results. E-consultation via a secure on line service for health advice with a response from a GP within 24 hours.
- 100% (28) patients who gave feedback at the inspection confirmed waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs, such as children or high risk due to vulnerability had their care and treatment prioritised.
- The appointment system was easy to use. Patients had several ways to book appointments via the practice website, in person or over the telephone. On 14 December 2017, the next routine appointment was available the following day on 15 December 2017.

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. Two hundred and eighty four surveys were sent out and 113 were returned. This represented about 3.7% of the practice population. This was supported by observations on the day of inspection, 24 completed comment cards and four emails from patients.

- 81% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 86% of patients who responded said they could get through easily to the practice by phone; CCG – 82%; national average - 71%.
- 89% 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 - 90%; national average - 84%.
- 89% 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 - 81%.
- 78% of patients who responded said they don't normally have to wait too long to be seen; CCG - 65%; national average - 58%.

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. Five complaints were received in the last year and the practice had also monitored all comments made on review websites. We reviewed three complaints and found that they were satisfactorily handled in a timely way.

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, access to practice nurse/nurse practitioner appointments had been extended. Patients were able to see a practice nurse on Tuesday evenings.

Are services well-led?

Outstanding ☆

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

Our findings

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

The practice was rated as outstanding for well-led because:

- The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable.
- A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money.
- Governance and performance management arrangements were proactively reviewed and reflect current best practice.
- Leaders had an inspiring shared purpose, strive to deliver and motivate staff to succeed.
- There were high levels of staff satisfaction, with a very low turnover. Staff were proud of the organisation as a place to work and spoke highly of the open culture. There were consistently high levels of constructive staff engagement, being actively encouraged to raise, discuss and learn from complaints.
- There was strong collaboration and support across all staff and a common focus on improving quality of care and people's experiences.
- Innovative approaches were used to gather feedback from people who used services and the public.
- The leadership drives continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated to seek out and embed new ways of providing care and treatment and share these with all stakeholders.

Leadership capacity and capability

Leaders had an inspiring shared purpose, strive to deliver and motivate staff to succeed. There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns and share improvement ideas.

- 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. For example, patient feedback had highlighted the need for increased online services and extended opening hours.Being a small practice the latter was recognised as a challenge to achieve in isolation and negotiated with other Exeter practices to join together to deliver extended opening hours.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. For example, the advanced nurse practitioner/partner regularly worked alongside nursing staff to help them consolidate skills learnt through training by imparting her knowledge and expertise during some patient consultations. She told us this was an important part of succession planning and staff valued the opportunity to extend their clinical and non-clinical skill base.

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, which was displayed around the building and outlined in the patient information leaflet.Patients and staff owned these values and were encouraged to challenge when actions, decisions or behaviour fell outside of these. 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.They told us they were proud to work at the practice and felt privileged to provide services for their patients.
- 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.

Are services well-led?

Outstanding ☆

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

Culture

There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture focussing on high-quality sustainable care.

- The practice focused on the needs of patients by enabling staff to develop advanced skills through funded training. 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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. For example, the partners worked closely with patients to investigate specific concerns which did not align with their usual experiences of being treated with respect and listened to at the practice. The actions taken by the partners demonstrated they listened to patients and led by example in promoting the practice mission statement.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. As part of the significant event process to identify and disseminate learning any patients involved in a SEA were invited to attend the relevant part of the meeting. The partners considered hearing the 'patient story' was an important part of learning for staff to understand the impact, improve practise and give an apology to patients. Up to the inspection, three patients had so far been invited to attend meetings. Members of the patient participation group told us this had been a positive step for patients.
- 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.
- 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. For example, all nurses undertaking cervical screening for women participated in an annual audit as an evaluation of their clinical competencies, findings were discussed and any training needs identified and acted upon.
- 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. Recruitment practice seen demonstrated evidence of adherence to equal opportunities for all applicants. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between all staff and community teams.The practice had systems in place enabling adult care homes, community health and social care teams to access support and guidance directly by bypassing the main telephone number.

Governance arrangements

Governance and performance management arrangements were proactively reviewed and reflect best practice.

- 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. The nurse partner is the elected deputy chair of the Exeter locality board of the clinical commissioning group. We saw several examples of joint working relationships having a positive impact for patients. These included: The practice is a founding member of Exeter Primary Care (EPC), a federation of all 16 Exeter GP practices. The EPC group had increased GP access outside of core hours.
- Staff were clear on their roles and accountabilities for the smooth running of the practice including in respect of safeguarding and infection prevention and control.There was an organisational structure with roles and accountabilities information which all staff had access to.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Audit was embedded in practice to provide this assurance.For example, a clinical audit had been carried out to determine whether clinical assessment of fever in children under 5 years was effective. The audit analysed 46 patient consultations between January and March 2017, prior to interventions such as education sessions providing an overview of NICE guidelines.A comparative

Are services well-led?

Outstanding ☆

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

period post intervention was reviewed for March to May 2017 where 35 patient consultations occurred.This demonstrated adherence to guidelines had improved by nearly 50% and there was equivalent performance between GPs and nurse practitioners.

- The patient participation group verified they regularly discussed any proposed changes to policy, procedures and activities.Their feedback was accepted and acted upon.

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. A named member of staff held a register, which we saw, containing a list of all safety alerts, dissemination list, person accountable for any actions and verification of action taken.An example of a recent safety alert was about oxygen masks, the practice had checked these and found none of the type mentioned in the alert were stocked.
- 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. Prescribing data for 2015/16 and 2016/17 showed the practice was effective in reviewing and prescribing cost effective medicines to treat patients. Several examples were seen including: Patients prescribed liquid antihypertensive (medicine to lower blood pressure) medicines had been reviewed and changed where safe to do so. The practice was third in the locality in reducing expenditure in line with clinical commissioning group (CCG) priorities.

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 chairperson verified performance was discussed openly with the Patient Participation Group to obtain views and inform patients of challenges and opportunities.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. Examples seen included checking the accuracy of information about patients which could affect how their health care was monitored. All new patient records were thoroughly checked on arrival at the practice to ensure read codes had been applied correctly.Staff told us about notes which incorrectly recorded a female patient as having had a hysterectomy.This had been corrected by the practice.
- 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 and was proactive in addressing any gaps to improve performance and learn from this.
- 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.A potential data breach had been investigated. This led to all staff having further safeguarding training and raised awareness of using the correct safe haven contact address to send information of concern to.

Are services well-led?

Outstanding ☆

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

Engagement with patients, the public, staff and external partners

Innovative approaches were used to gather feedback from people who use services and the public 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. For example, the practice partners met with local residents, organisations, schools, the police and local councillors to obtain their views on shaping future health services. The nurse partner was the elected Chairperson of Exeter City Council Health and Wellbeing board.
- There was an active patient participation group (PPG) and a friends of the practice group, which focussed on fundraising. The chair person for the PPG told us the practice encouraged rigorous and constructive challenge from people who used services, which was seen as a vital way of holding services to account. Examples of improvements made as a result of feedback from patients included: SMS text services extended to include reminders of appointments. Moving the repeat prescription trigger to day 24 of each month rather than day 26 to avoid patients running out of medicines.
- Patients told us that when any recruitment took place, members had been invited to be part of the interview panel for part of the interview process. The most recent example was when interviews took place for a new administrator.
- A virtual PPG continued to provide feedback to the practice about proposals and improvements to the service.Over 100 patients were on the mailing list for the virtual PPG.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice continued to support long standing community wellbeing initiatives run by patients such as the allotment club. Patients at risk of social isolation were able to benefit by meeting other people at the club.

Continuous improvement and innovation

There was a strong 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. A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. For example:

- Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment and sharing this with other stakeholders.The practice was mindful of the importance of integrating services for patients. For example, the practice had instigated the creation of and use of an integrated care plan for vulnerable patients. A working party was reviewing and developing the content of the integrated care plan. However, the multidisciplinary team in Exeter were already using the care plan and updating information about a patient's needs with real time information at every review meeting or outside of this if anything changed. Patients and/or their carers were given a copy of the updated care plan.
- The practice continued to be an approved GP training practice providing placements for pre-qualification medical students and GPs in training. At the time of the inspection there was a GP registrar in training at the practice but they were not on duty when we visited. The last training report was strongly positive about trainee experiences at the practice. The GP partner set aside two clinical sessions for their own development in this role and regular clinical review meetings were held as part of the education of staff.
- Staff knew about improvement methods and had the skills to use them.
- 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.