# Haldon House Surgery

## Quality Report

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

## Ratings

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

# Summary of findings

## Contents



## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at Haldon House Surgery on 11 July 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a 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 clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice had an active patient participation group which had supported the practice in obtaining and acting upon patient feedback, for example in raising patient awareness about the practice website, social media pages and online services available such as appointments and prescriptions.

# Summary of findings

- The practice nursing team worked with other local practices to visit local care homes to administer flu and shingles vaccinations and carry out annual health checks.
- The practice offered a cryotherapy service (used to treat a variety of benign and malignant tissue damage, medically called lesions), a full contraception service, home blood pressure monitoring, acupuncture, an orthotic service for shoe insoles and support strapping and complex catheter care.

We saw one area of outstanding practice:

The practice supported homeless patients by providing them with a pack containing a sleeping bag, underwear, toothbrush and toothpaste, wet wipes and a map of local services such as food banks to ensure their basic needs were supported.

We identified an area of practice where the provider should make improvements:

The provider should review its procedures following fridge failures in line with Public Health England's protocol for storing vaccines to ensure prompt action is taken.

**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 requires improvement for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety in the vast majority of cases. However, on one recent occasion we found that procedures following a fridge failure had not been carried out immediately; subsequent action ensured patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

**Are services effective?**

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. QOF data shows performance against national screening programmes to monitor outcomes for patients. The most recent published results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of 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

- End of life care was coordinated with other services involved.

**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.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible. Creative visual information displays were on show throughout the practice. For example, offering advice on avoiding sunburn. There was also a website, social media page and online services.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice identified military veterans in line with the Armed Forces Covenant 2014. This enabled priority access to secondary care to be provided to those patients with conditions arising from their service to their country. The practice currently had 20 registered military veterans. This policy was reviewed in May 2017.

**Are services responsive to people's needs?**

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, in the installation of a sluice room in support of treating increasing numbers of older patients with leg ulcers.
- The practice supported homeless patients by providing them with a pack containing a sleeping bag, underwear, toothbrush and toothpaste, wet wipes and a map of local services such as food banks to ensure their basic needs were supported.
- The practice offered a cryotherapy service (used to treat a variety of benign and malignant tissue damage, medically called lesions), a full contraception service, home blood pressure monitoring, acupuncture and complex catheter care.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from five examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

**Are services well-led?**

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. This was supported by a business plan running from 2017 to 2020.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- A governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In five examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients. These specialist areas included sports medicine, care of the elderly and women's health.

# Summary of findings

## The six population groups and what we found

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

### Older people

Good

The practice is rated as good for the care of older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns. The practice offered health checks to every patient at risk of unplanned admission to hospital.
- All patients had a named GP and the practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice co-ordinated the setup of a local federation of practices in order to provide practice nurse visits to patients in nursing and residential care homes, offering vaccinations, blood tests and checks on long term conditions.
- Multi-disciplinary team meetings were held every two weeks to offer support to socially isolated patients or those at risk of unplanned admission to hospital.
- The practice prescribing team checked patient discharge summaries for any changes to patient's medicine.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, in providing safe care and treatment to patients being admitted to hospital or nursing care homes.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, the practice had trained its nurses in chronic disease management to proactively educate patients about their conditions to reduce risks and improve care.

### People with long term conditions

Good

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

# Summary of findings

- Practice nurses had lead roles in chronic disease management. For example, a diabetic specialist nurse provided clinics every two months.
- Health care assistants (HCAs) had been trained to provide support on smoking cessation and reduction of alcohol consumption. These areas were also included on new patient questionnaires.
- The practice offered 24hr electro cardiogram testing (ECG). An ECG is a test which measures the electrical activity of your heart to show whether or not it is working normally. The practice also offered 24hr blood pressure recording through offering patients portable blood pressure monitors.
- The practice held QHD (Quality Half Day) meetings quarterly, these involved meeting with the palliative care team to discuss patient care.
- The practice offered an orthotic service for shoe insoles and support strapping.
- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood sugar reading was recorded as being within normal ranges in the preceding 12 months was 90% which was higher than the clinical commissioning group (CCG) average of 81% and the national average of 78%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Families, children and young people**

Good

The practice is rated as good for the care of families, children and young people.

- The practice had a dedicated children's area in the waiting room with toys, books, and information on child health set up for parents with babies and young children. A baby changing room was available.

- The practice had a track record of identifying parents with addictive behaviours, for example cases of Munchausen's syndrome by proxy, and offering appropriate support and safeguarding.
- Child safeguarding was given a high priority at the practice. There was a lead GP and deputy who attended safeguarding and child protection meetings. A coding system was used to identify all family members for ease of any investigations.
- Specialist clinics relevant to this group such as nasal flu vaccinations were offered outside of school time. Clinicians ran early morning, evening clinics and appointments for any patients that could not attend during the usual hours.
- A midwife ran a clinic at the practice once a week, liaising closely with the practice.
- The practice sent personalised congratulations cards to parents on the birth of their babies and new patient forms were enclosed to save them a trip to the surgery. Eight week checks were carried out by a GP and a nurse.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were on target for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals. The practice had developed a Facebook social media page to help engagement with young people.

Appointments were available outside of school hours and the premises were suitable for children and babies.

- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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

Good

The practice is rated as good for the care of working age people (including those recently retired and students).

# Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours were provided in the early mornings and evenings to support working age people.
- The practice offered telephone consultations to patients who preferred this method.
- 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.
- The practice had an informative website, online services such as appointments and prescriptions, together with a social media Facebook page.
- The practice used a text messaging service (MJOG) to remind patients of their appointments and also obtain alternative methods of feedback for the NHS friends and family survey.

**People whose circumstances may make them vulnerable**

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice supported homeless patients by providing them with a pack containing a sleeping bag, underwear, toothbrush and toothpaste, wet wipes and a map of local services such as food banks to ensure their basic needs were supported.
- The practice kept a register of homeless patients and liaised with other practices with specialist expertise in this area, such as The Clocktower Surgery in Exeter to ensure appropriate treatment was provided.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may

make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 87% and the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, by providing a room at the practice for a range of mental health counselling support services.
- The practice provided the local depression and anxiety Service (DAS) 'Talking Health' clinics, a room two days a week. These counselling sessions were run by a psychological therapist and a psychological wellbeing practitioner who liaised with clinicians in the practice.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 97% which was higher than the CCG average of 90% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2017. The results showed the practice was performing in line with local and national averages. 220 survey forms were distributed and 123 were returned. This represented about 2% of the practice's patient list.

- 98% of patients described the overall experience of this GP practice as good compared with the CCG average of 91% and the national average of 85%.
- 92% of patients described their experience of making an appointment as good compared with the CCG average of 82% and the national average of 73%.
- 95% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Patients had written positive comments about the welcoming environment, friendly staff and approachable GPs.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice participated in the national NHS friends and family survey. Of the 62 patient responses received in June 2017, 61 said they were either likely or extremely likely to recommend the practice to their friends and family.

## Areas for improvement

**Action the service SHOULD take to improve**

The provider should review its procedures following fridge failures in line with Public Health England's protocol for storing vaccines to ensure prompt action is taken.

## Outstanding practice

The practice supported homeless patients by providing them with a pack containing a sleeping bag, underwear, toothbrush and toothpaste, wet wipes and a map of local services such as food banks to ensure their basic needs were supported.

# Haldon House Surgery

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser.

## Background to Haldon House Surgery

Haldon House Surgery is situated in the coastal town of Exmouth in East Devon.

The deprivation decile rating for this area is seven (with one being the most deprived and 10 being the least deprived). The practice provides a primary medical service to approximately 5,963 patients of a diverse age group. The 2011 census data showed that majority of the local population identified themselves as being White British. Public health data showed that 12% of the patients are aged over 75 years old which is higher than the local average (CCG) of 10.1% and the national average of 7.8%.

There is a team of four GPs partners, two female and two male; the partners are supported by one salaried GP, and one GP registrar. Some GPs worked part time making the whole time equivalent 3.75 WTE. Partners hold managerial and financial responsibility for running the business. The GP team were supported by a practice manager, assistant practice manager, an IT manager, two practice nurses, two health care assistants, one phlebotomist, one pharmacy adviser and additional administration staff. The practice is a training practice and supported medical students, student nurses, GP registrars and two apprentices.

Patients using the practice also have access to community matrons, nurses and midwives, mental health teams, drug and alcohol support counsellors and long term condition counsellors, general counsellors, district nurses, school nurse and health visitors. The district nursing team are based in the same location. Other health care professionals visit the practice on a regular basis.

The practice is open from 8am to 6pm between Monday and Friday. Extended hours are offered on Tuesdays and Thursdays from 7.15am until 8am and from 6pm until 7.30pm. Outside of these times patients are directed to contact the out of hour's service via the NHS 111 number.

The practice offers a range of appointment types including face to face same day appointments, telephone consultations and advance appointments (six weeks in advance) as well as online services such as repeat prescriptions.

The practice has a Personal Medical Services (PMS) contract with NHS England.

This report relates to the regulatory activities being carried out at:

Haldon House Surgery

37-41 Imperial Road

Exmouth

Devon

EX8 1DQ

We visited this location during our inspection.

## 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.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as Healthwatch to share what they knew. We carried out an announced visit on 11 July 2017. During our visit we:

- Spoke with a range of staff including the practice manager, assistant manager, two administration staff, four GPs, two nurses, a health care assistant and nine patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

# Are services safe?

## Our findings

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had recorded five significant events from April until July 2017. From the sample of five documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient had fallen over outside the practice. Nurses from the practice administered first aid to the patient, brought them into the practice and cared for them whilst an ambulance arrived. The practice held a review after the event to obtain staff feedback and share learning.
- Another incident had occurred where the practice had summoned an ambulance for a different patient who had become ill after having stopped taking their medicines. The member of staff who called for the ambulance provided the emergency services with the practice address and postcode. The ambulance had attended the wrong address, going to a neighbouring practice with the same postcode. A practice GP from Haldon House Surgery noticed the ambulance and ran across to tell them of their error. The patient was then safely transported to hospital. Shared learning after the event included the need for staff to ensure they provided not only the full address but the name of the practice when summoning an ambulance.
- The practice had been visited by a mixed group of adults and children who had identified themselves as travellers who wished to become temporary residents. These patients told staff that they could not read or write and were supported by staff in completing paperwork. The children were extremely active in playing with the practice wheelchair and going in and out of treatment rooms whilst other patients were being seen by clinical staff at the practice. As a result the practice staff felt under pressure to ensure the family was seen quickly to avoid disruption to the service and other patients. A practice GP prescribed a medicine to the group who then left. The practice manager spoke with other neighbouring practices and found that the same group had also visited two other practices and obtained the identical medicine in the same way. A review of the incident took place. Shared learning included notifying the clinical commissioning group (CCG) to enable alerts to be transmitted and in maintaining regular contact with nearby practices.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. From the sample of two documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies. One GP attended safeguarding conferences to address future safeguarding policies and any case conferences. There was a safeguarding register which contained details of 11 vulnerable adult and 46 child safeguarding current cases; these patients were regularly monitored by the practice.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had

received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses had been trained to level two safeguarding.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The most recent audit had been undertaken in May 2017. The prior audit in May 2016 had identified improvements required which included the need for elbow operable taps and paper hand towel dispensers and the need for a dedicated sluice room. The May 2017 audit, and our observations, identified that these improvements had now been made.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We found that temperature checks on vaccine fridges were being made and recorded. However, in one instance we found evidence that an entry had been made showing the recorded fridge temperature as 12 degrees Celsius. This was outside the recommended range of two to eight degrees Celsius. We found that procedures following a fridge failure had not been carried out immediately. Subsequent actions taken were in line with guidance from Public Health England's protocol for ordering, storing and handling vaccines. Manufacturers were contacted by the practice to check on the integrity of the vaccines which had been affected by this incident. It was identified that on this occasion, the incident had not resulted in any adverse effects upon patients.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

**Monitoring risks to patients**

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available. This had been reviewed in May 2017. All policies were on a shared drive computer system to enable all staff to access them.
- The practice had an up to date fire risk assessment dated October 2012. And carried out regular fire drills, the last recorded drill was March 2017. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

Good

# Are services safe?

- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

**Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers and on clinician's telephones in all the consultation and treatment rooms which alerted staff to any emergency occurring in the practice.
- 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and had been reviewed in February 2017.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

**Management, monitoring and improving outcomes for people**

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2016 -2017 showed:

- The percentage of patients with diabetes, on the register, in whom the last blood sugar reading was recorded as being within a safe range in the preceding 12 months was 90% which was higher than the clinical commissioning group (CCG) average of 81% and the national average of 78%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 97% which was higher than the CCG average of 90% and the national average of 89%.

There was evidence of quality improvement including clinical audit:

- There had been ten clinical audits commenced in the last two years, eight of these were completed audits where the improvements made were implemented and monitored.
- There was a complete stroke prevention audit annually in 2013, 2014, 2015 and 2016. There was evidence action had been taken to improve care and treatment for patients. Appropriate anti coagulation medicine had been initiated in order to reduce the risk of patients experiencing a stroke as a result of these audits.

Information about patients' outcomes was used to make improvements such as an audit of medicine used to treat epilepsy in response to an MHRA safety update. This included advice of not using valproate in patients at risk at pregnancy. The audit had identified that no patients at the practice using this medicine were at risk.

An asthma audit of 629 patients had been carried out in May 2016 and repeated in May 2017. As a result of this the practice called in all registered asthma patients using more than one inhaler a month for a face to face review. Actions identified and subsequently implemented by the audit included reviewing patient care for those patients who had used rescue medication at home. Improvements for patients included increased revision of personal care plans for asthma patients with rescue medication.

**Effective staffing**

Evidence reviewed showed that staff had the skills and knowledge 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.
- 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,

Good

# Are services effective?

## (for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. 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.
- From the sample of two documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. For example, Haldon House Surgery staff worked closely with a carer support worker employed by another practice. This member of staff signposted Haldon House patients who were carers, to services and shared patient information appropriately. The practice used DRSS (Devon Referral Support Services) to refer patients with suspected skin cancer onto specialists.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.

**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.

**Supporting patients to live healthier lives**

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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 (currently 14 patients receiving this support) and alcohol cessation (currently 12 patients receiving this support).
- The practice could also refer patients to an exercise referral programme, a nearby memory café, and a local charity called the Quiet Mind Centre which specialised in bereavement counselling.

The practice's uptake for the cervical screening programme was 83%, which was comparable with the CCG average of 82% and the national average of 81%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national

Good

# Are services effective?

## (for example, treatment is effective)

averages. For example, rates for the vaccines given to under two year olds ranged from 90% to 91% (national target 90%) and five year olds from 94% to 99% (national target 87% to 94%).

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

Good

# Are services caring?

## Our findings

**Kindness, dignity, respect and compassion**

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 19 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.

We spoke with nine patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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:

- 97% of patients 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%.
- 99% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 86%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 97% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 98% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 94% and the national average of 91%.
- 99% of patients said the nurse gave them enough time compared with the CCG average of 95% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 99% and the national average of 97%.
- 98% 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%.
- 97% of patients said they found the receptionists at the practice helpful compared with the CCG average of 90% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. For example, the practice maintained a "With Thanks" notice board which contained written evidence of positive feedback. Positive feedback included thank you letters from medical students who had written how well supported they had been by the practice.

**Care planning and involvement in decisions about care and treatment**

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

Children and young people were treated in an age-appropriate way and recognised as individuals. The practice maintained a social media Facebook page which helped the practice to engage with young people. The page included information on health promotion, recruitment and seasonal campaigns.

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 consistently higher than local and national averages. For example:

- 100% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 86%.

Good

# Are services caring?

- 99% 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%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 99% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service (now known as DRSS Devon Referral Support Service) was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

**Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets 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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 86 patients as carers (1.4% of the practice list). Patient notes alerted GPs to the fact a patient was a carer. The practice used the carer's register to ensure these patients were supported in convenient appointments and flu vaccinations. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a personalised sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service, for example Quiet Mind centre in Exmouth.

The practice identified military veterans in line with the Armed Forces Covenant 2014. This enabled priority access to secondary care to be provided to those patients with conditions arising from their service to their country. The practice's policy had been reviewed in May 2017. The practice had identified 20 military veterans to date. One of the slides displayed on patient information screens prompted patients to identify themselves to their GP if they were military veterans.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on Tuesdays and Thursdays from 7.15am until 8am and 6pm and 7.30pm.
- The practice offered a cryotherapy service, a full contraception service, portable blood pressure monitoring sets, acupuncture, complex catheter care and an in house counsellor.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing aid loop induction, and interpretation services available.
- Creative and innovative visual displays in patient waiting areas offered useful advice on health promotion such as avoiding sun burn and skin cancer.
- The practice was dementia friendly with appropriate signage to help patients navigate the practice.
- The practice offered a private room for breastfeeding or for praying, and had a baby changing room.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they could understand and receive appropriate support to help them to communicate. The practice had personalised images on different GPs and nurses doors to help patients navigate. Creative and innovative visual displays were on show. For example, offering advice on avoiding sunburn. The practice also had two television screens which displayed information about services and support available to patients.

**Access to the service**

The practice was open from 8am to 6pm on Monday to Friday. Extended hours were offered on Tuesdays and Thursdays from 7.15am until 8am and from 6pm and 7.30pm. Outside of these times patients are directed to contact the out of hour's service via the NHS 111 number.

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

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

- 87% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 94% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 93% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 90% and the national average of 84%.
- 90% of patients said their last appointment was convenient compared with the CCG average of 88% and the national average of 81%.
- 92% of patients described their experience of making an appointment as good compared with the CCG average of 82% and the national average of 73%.
- 58% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 65% and the national average of 58%.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

- the urgency of the need for medical attention.

This was achieved by telephoning the patient or carer in advance 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 a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Leaflets explained how to make a complaint should a patient wish to do so.

We looked at five complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way, with openness and transparency. An annual complaints review meeting took place, most recently on 4 May 2017. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient had serious leg ulcers. After 12 months treatment the patient stopped regularly attending and complained they were not getting prescriptions on time and they felt there were personal reasons for this. The practice manager invited the patient in to discuss the complaint and investigated this. Recommendations included the use of email to included details of the prescriptions dressings to ensure complete accuracy. Shared learning with staff included the need for staff and patient boundaries and the need to ensure complete accuracy of dressings for safe care and treatment.

# Are services well-led?

Good

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

## Our findings

**Vision and strategy**

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The mission statement valued holistic working with partner organisations and making the patient the focus of their care.
- The practice had a clear strategy and supporting business plans from May 2017 to May 2020 which reflected the vision and values and were regularly monitored.

**Governance arrangements**

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. There was a lead GP for human resources, for information governance, research, CQC and for IT.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The business plan had identified the need to replace the telephone system. This was completed in July 2017. The system had been improved by introducing call logging and the ability to record telephone calls for training and evidential purposes.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. Annual complaint and annual significant event reviews took place.

**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. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of five documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every 12 months. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

# Are services well-led?

Good

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from patients through the patient participation group (PPG) and through surveys and complaints received. We met with two members of the PPG including the chairperson. The PPG had been reformed in November 2010 and had agreed terms of reference. The PPG met formally every two months, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG told us they felt included in the running of the practice by the practice management. The PPG had all signed confidentiality agreements and were consulted regarding recruitment, initiatives and changes to the practice. For example,

- The PPG was involved in patient education and had a page on the practice website, which included a copy of their annual report. The PPG met bimonthly with other local PPGs. The PPG provided the practice with feedback and suggested improvements on their services, which had been adopted resulting in the latest web pages displayed online.
- The PPG had made suggestions which had been adopted by the practice. For example, PPG surveys had found that presently only a small number of patients accessed the website. The practice had therefore continued to use paper leaflets to disseminate information and raise patient awareness about the online services available.
- The PPG had completed patient surveys. For example, PPG members completed face to face questionnaires between May to July 2017 and covered such areas as having enough time, being listened to, having comfortable surroundings. There had been 100 respondents. Of these, 92 indicated they were satisfied or very satisfied with the service.
- The PPG suggested the introduction of text messaging (MJOG) to remind patients of appointments and obtain feedback to engage young people, this had been successful.

The practice also gathered feedback from:

- The NHS Friends and Family test, complaints and compliments received.
- Staff through staff surveys, staff away days 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, staff had suggested the practice adjust its nurse's extended hours for cervical smear tests to enable mothers to attend without their children should they wish to do so. The practice had adopted this innovation. Staff had also suggested the practice obtain a centrifuge which was a device to safely store blood samples overnight prior to blood tests. This had been implemented. 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 was a training practice and supported medical students, student nurses, GP registrars and two apprentices. The most recent GP registrar was in the process of becoming a partner.

The practice was involved with research involved in mental health, long term conditions, and urinary tract issues. The benefits to patients were extra time and investigations for their long term conditions and access to the latest methods of care and treatment. Clinical staff were involved in a research project aimed at keeping patients mobile.

The practice recognised and planned for future challenges. The practice business plan 2017 to 2020 looked at anticipated increases in the local population and succession planning for staff due to retire over this period.