Ide Lane Surgery

Quality Report

Ide Lane
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Date of inspection visit: 2 December 2014
Date of publication: 31/03/2015

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

Ide Lane Surgery was inspected on Tuesday 2 December 2014. This was a comprehensive inspection. Overrall we rated this practice as good

The practice provides primary medical services to people living in the area of Alphington, near Exeter and the surrounding areas. The practice provides services to a homogeneous population and is situated in a residential semi-rural location.

At the time of our inspection there were approximately 7,500 patients registered at the service with a team of four GP partners and three salaried GPs. There were four male and three female GPs. GP partners held managerial and financial responsibility for running the business. In addition there was a practice manager, a nursing team and administrative and reception staff.

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

Our key findings were as follows:

Patients reported having excellent access to appointments at the practice and liked having a named GP which improved their continuity of care. The practice was clean, well-organised, had good facilities and was well equipped to treat patients. There were effective infection control procedures in place.

The practice valued feedback from patients and acted upon this. Feedback from patients about their care and treatment was consistently positive. We observed a patient centred culture. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Views of external stakeholders were positive and were aligned with our findings.

The practice was well-led and had a clear leadership structure in place whilst retaining a sense of mutual respect and team work. There were systems in place to monitor and improve quality and identify risk and systems to manage emergencies.

Summary of findings

Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessment of a patient's mental capacity to make an informed decision about their care and treatment, and the promotion of good health.

Suitable staff recruitment, pre-employment checks, induction and appraisal processes were in place and had been carried out. Staff had received training appropriate to their roles and further training needs had been identified and planned.

Information received about the practice prior to and during the inspection demonstrated the practice performed comparatively with all other practices within the clinical commissioning group (CCG) area.

Patients told us they felt safe in the hands of the staff and felt confident in clinical decisions made. There were effective safeguarding procedures in place.

Significant events, complaints and incidents were investigated and discussed. Learning from these events was communicated and acted upon.

The practice recognised the importance of patient feedback and had encouraged the development of a patient participation group (PPG) to gain patients' views.

There were several areas of outstanding practice we identified. These included:

- The practice had responded to a complaint about leg ulcer treatment by setting up a specialist leg ulcer clinic with trained nursing staff. Not only does this clinic provide effective treatment of leg ulcers but it carries out preventative work with patients to help avert the causes of leg ulcers. The practice was targeting patients with a potential to develop leg ulcers.
- A GP at the practice had developed a computer software package which identifies whether patients currently taking anti-psychotic medicines have stopped taking them. This allowed GPs to arrange timely and successful interventions.

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 good for being safe. Patients we spoke with told us they felt safe, confident in the care they received and well cared for

The practice had systems to help ensure patient safety and staff had appropriately responded to emergencies.

Recruitment procedures and checks were completed as required to help ensure that staff were suitable and competent. Risk assessments had been undertaken to support the decision not to perform a criminal records check for administration staff.

Significant events and incidents were investigated both informally and formally. Staff were aware of the learning and actions taken.

Staff were aware of their responsibilities in regard to safeguarding and the Mental Capacity Act 2005. There were suitable safeguarding policies and procedures in place that helped identify and protect children and adults from the risk of abuse.

The practice has a named lead GP for safeguarding who had received relevant training for this responsibility. The practice had a clear responsibility list which showed staff who to go to for support for any area such as safeguarding, child protection, training and clinical advice for specialist areas.

There were suitable arrangements for the efficient management of medicines within the practice. The practice had all of their policies available on an intranet system which staff could access easily.

The practice was clean, tidy and hygienic. Suitable arrangements were in place to maintain the cleanliness of the practice. There were systems in place for the retention and disposal of clinical waste. The practice had a current contract with a clinical waste contractor.

The practice had an informal signing in diary in place for visitors, which may not adequately support safety measures such as evacuation procedures.

Are services effective?

Good

The practice is rated good for being effective. Supporting data obtained both prior to and during the inspection showed the practice had effective systems in place to make sure the practice was efficiently run.

Summary of findings

The practice had a clinical audit system in place and four clinical audits had been completed to monitor and improve the effectiveness of care and treatment. This had resulted in positive outcomes for patients.

Care and treatment was delivered in line with national best practice guidance. The practice worked closely with other services to achieve the best outcome for patients who used the practice. The GPs met up for continuing professional development forums every three months. The GPs also attended the clinical commissioning group's forums on a quarterly basis. The next such forum they planned to attend was January 2015.

Information obtained both during and after the inspection showed staff employed at the practice had received appropriate support, training and appraisal. GP partner appraisals and revalidation had been completed.

The practice had extensive health promotion material available within the practice and on the practice website. The practice had offered flu vaccination clinics, shingles vaccination clinics and support clinics to patients who smoked, together with a wide range of other health promotion and prevention services.

Are services caring?

Good

The practice is rated as good for being caring. Data showed patients rated the practice higher than others for many aspects of care. Feedback from patients about their care and treatment was consistently positive.

We observed a patient centred culture and found evidence that staff were motivated to offer kind and compassionate care and worked to overcome obstacles to achieving this. We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on. Views of external stakeholders were very positive and aligned with our findings. For example, twice a week a health care assistant from the practice visited a local care home in order to provide a blood test service to the patients there. This goes the extra mile than the normal expectations from a practice and is beyond any contractual obligations.

Patients spoke positively about the care provided at the practice. Patients told us they were treated with kindness, dignity and respect. Patients told us how well the staff communicated with them about their physical, mental and emotional health and supported their health education.

The practice held a palliative end of life care meeting every six weeks. This was a multi-disciplinary meeting which included health

Summary of findings

professionals from the practice together with hospice and community nursing staff. The minutes for these meetings showed professional system was in place to provide a caring service to patients. There were monthly multidisciplinary team meetings with relevant attached health professionals where safeguarding concerns about vulnerable adults and children could be raised.

Patients told us they were included in the decision making process about their care and had sufficient time to speak with their GP or a nurse. They said they felt well supported both during and after consultations. Patients were given appointment times of 15 minutes rather than 10 minutes and they described this as an example of the practice having a caring outlook.

Are services responsive to people's needs?

Good

The practice was rated good for being responsive. Patients commented on how well all the staff communicated with them and praised their caring, professional attitudes.

Patients told us the practice had responded to feedback about its appointment system and introduced a new system 18 months ago. Any patient calling the practice for an urgent appointment was seen from 11am onwards. Pre booked patient appointments were seen before 11am. This had enabled the practice to provide more free appointment slots, more GP telephone consultations and reduced the need for patients to attend in person. Patients said it was easy to get an appointment at the practice and were able to see a GP on the same day if it was urgent.

There was information provided on how patients could complain. Complaints were managed according to the practice policy and within timescales. There was an accessible complaints system which was on display on posters in patient areas, on leaflets, at reception and on the practice website.

The practice manager told us they always endeavoured to resolve complaints immediately as they arose and on a face to face basis to the satisfaction of patients if possible. The practice had responded to a complaint about leg ulcer treatment by setting up a specialist leg ulcer clinic with trained nursing staff. Not only does this clinic provide effective treatment of leg ulcers but it carries out preventative work with patients to stop the causes of leg ulcers.

The practice recognised the importance of patient feedback and had encouraged the development of a patient participation group (PPG) to gain patients' views. The PPG met up on a quarterly basis and published their reports on the practice website. The practice

Summary of findings

had responded positively to feedback from the PPG, for example by installing automated entrance doors. The PPG had set up useful additional services for patients such as a book loan service in the waiting room.

Practice staff had identified that not all patients found it easy to understand the care and treatment provided to them and made sure these patients were provided with relevant information in a way they understood.

A GP at the practice has developed a computer software package which identifies whether patients currently taking anti-psychotic medicines have stopped taking them. This allowed GPs to respond with successful interventions in a timely fashion when required.

The practice had an appointment system in place which offered 15 minute appointment instead of the national 10 minute appointment time. This allowed patients more time with their GP to fully discuss any issues which they needed to. Patients told us they liked not feeling rushed.

Are services well-led?

Good

The practice is rated as good for being well led. The practice had a vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. Nursing staff, GPs and administrative staff demonstrated they understood their responsibilities including how and to whom they should escalate any concerns. The practice manager has been in post for five years and all staff we spoke with spoke highly of the leadership at the practice.

The practice vision had quality and patient safety as its top priority. The practice vision stated it aims to achieve a blend of traditional, personal and family practice, using the most up to date equipment and proven treatments. The vision included an emphasis on continuity of care with a named GP due to the importance of this for patients.

The practice had a number of policies to govern the procedures carried out by staff and regular governance meetings had taken place. There was a programme of clinical audit in operation with clinical risk management tools used to minimise any risks to patients, staff and visitors.

Summary of findings

Significant events, incidents and complaints were managed as they occurred and through a more formal process to identify, assess and manage risks to the health, welfare and safety of patients. A fire consultant had completed a fire audit of the practice on an annual basis and improvements had been made following these audits.

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 ☆

Ide Lane Surgery is rated as outstanding for the population group of older people.

There was a volunteer service to assist older patients who needed transport to attend a range of different appointments at various locations including the practice, community services and the local hospital. Vaccination appointments included seasonal flu vaccinations, shingles vaccinations and pneumococcal vaccinations.

The practice had a policy of supporting older patients by inviting them into the practice on an annual basis in the month of their birth for chronic disease management checks.

There was a hearing induction loop in the practice which helped older patients with hearing aids to communicate with staff.

The practice had responded to feedback from patients in this population group by the provision of high backed raised chairs and chairs with arms in the waiting room.

The practice had given careful consideration to the mobility needs of patients in this population group through the provision of level access to the practice. The practice is based entirely on the ground floor without any steps or stairs. There is a level car park outside with free parking. The practice responded to feedback by the installation of automatic doors. There is sufficient space within the practice to allow wheelchair access to all areas.

The practice has provided space and resource for the local district nurse service to be based in the building, making it easier for patients in this population group to access the service.

The practice provides a home visiting phlebotomy service, very useful to patients in this population group.

The practice liaises closely with a community matron over any complex transitions of care for patients in this population group. The practice offers a rapid response service and single point of access (SPOA) if a patient needs more than one referral to specialist services. This provides effective signposting to other services such as falls clinics or occupational therapists.

Ide Lane Friends is a charity run by patients at the practice which offers bereavement support provides a bespoke bereavement service engaging patient's families in need of emotional and other support after the death of a patient.

Summary of findings

Ide Lane Friends also offers a free transport service to the practice, a carers support service and monthly coffee mornings of interest to patients in this and other population groups.

The practice provides regular GP and nurse visits to four local care homes with a named GP for continuity of care. The practice has set up an IT system to allow staff to access key medical information whilst working remotely at these sites which has been beneficial to patients to ensure they receive appropriate care.

The practice has worked to reduce unplanned admissions to hospital by identifying its top 2% of most frail patients. This group receives regular reviews and each has a documented care plan agreed with the patient. GPs carry out frequent hospice care and palliative care meetings.

The practice nurses run a regular healthy leg clinic for the avoidance of leg ulcers. This specialist leg ulcer clinic is staffed with trained and experienced nurses. Not only does this clinic provide effective treatment of leg ulcers but it carries out preventative work with patients to stop the causes of leg ulcers.

The practice offers home visits to patients unable to attend the practice for either mobility reasons or specific medical need which is relevant to patients in this population group.

People with long term conditions

Good

Ide Lane Surgery is rated as good for the population group of people with long term conditions.

The practice held weekly searches of their computer systems to identify patients with long term clinical conditions and maintained lists of these patients on registers to ensure they received appropriate care in a timely fashion.

Each patient with a long term condition was invited to attend the practice by letter for an annual health check in the month of their birth. Five practice nurses were trained to conduct these reviews.

There were close links between GPs and practice nurses to respond to issues needing treatment, referral or action. Patients had a named GP for continuity. Each GP also had a nurse linked to them so that there was a joined up approach. This reduced the need for separate GP and nurse appointments. In addition to this daily care, GPs and nurses held a joint meeting every six weeks.

Summary of findings

GPs from the practice carried out regular visits to four local care homes to assist patients with long term conditions. Patient information for GPs was available on an IT system the practice had set up at these care homes to enable patients to receive appropriate and safe care.

The practice provided a range of clinics for patients with long term conditions including diabetic nurse specialist home visits if required. The practice had an ambulatory BP Monitoring machine and other equipment to support patients with long term conditions.

The practice maintained a dedicated office clerk to record accurate information about patients with long term conditions. The practice computer system supported patients in this population group through a range of computerised flags, reminders, quality outcome framework (QOF) searches, templates and protocols defined by discussion at weekly GP meetings and at GP / practice nurse meetings. QOF is a voluntary monitoring system which provides financial incentives for GP practices to meet national health targets.

The practice had a responsibilities list which set out clearly which GP was the lead for different long term conditions. This was shared out evenly between the GPs and ensured that patients received up to date care and staff knew who to speak with if they had any concerns.

Families, children and young people

Good

Ide Lane Surgery is rated as good for the population group of families, children and young people.

The practice appointment system with its facility to offer urgent morning face to face appointment sessions is reportedly used heavily by patients in this population group such as parents with babies and young children, and young people.

The practice offer seasonal Saturday flu vaccination clinics which were recently attended by many patients in this population group. The practice offers a full childhood disease immunisation programme and employs a named secretary to liaise with patients regarding arrangements for children's immunisations.

The practice has a dedicated children's area with activities for children and level access for prams and pushchairs.

There are female GPs at the practice with specialist training in sexually transmitted infections and in contraception. There is also a chlamydia local enhanced service offered by the practice.

The practice supports young patients by offering a ring back service for those who feel unable to say why they are phoning in initially.

Summary of findings

The practice website is accessed by many young patients and people in this population group. The practice offers the useful facility of booking appointments online, obtaining prescription requests online and sending text reminders for appointments for patients who have consented to this service.

All staff at the practice have received child protection training within the last 12 months and there is an up to date child protection policy in place.

The practice encourages families to register with the same named GP to enable a joined up approach. GPs at the practice use family charts and genograms to identify any potential health risks, such as a history of strokes or high blood pressure in a family. This is supported by IT systems at the practice known as SystmOne.

The practice liaises with the midwifery service to offer two midwife clinics every week at the practice.

Working age people (including those recently retired and students)

Good

Ide Lane Surgery is rated as good for the population group of working age people (including those recently retired and students).

The practice offers extended opening hours appointments to support this population group. Ide Lane practice is open between Monday and Friday from 8.30am until 6.00pm. In addition, early morning appointments are available on a Tuesday from 7.00am and on a Friday from 7.30am. Late evening opening took place on a Wednesday until 7.00pm.

The practice offers NHS health checks for patients in this population group. Appointments are bookable with a named GP up to six weeks in advance. The practice offers online appointments booking and cancelling together with the facility to obtain a repeat prescription online.

The practice maintains a website to keep patients up to date with the latest developments and services offered by the practice, which is useful for patients in this population group who may not often visit the practice due to work commitments.

The practice maintains a wide choice of different prescription destinations available so that patients can collect their prescriptions from a pharmacist convenient to them.

The practice provides a ring back service to any chosen number so that working age people who are interrupted during a phone call with the practice can easily access the service.

Summary of findings

The practice offers extra prescription supplies for holidays or prolonged business trips.

There is a free car park with level access outside the practice. The practice offers seasonal vaccination clinics on a Saturday.

The practice offers "Quit Smoking" consultations at the end of the working day to support this population group. Patients can also access obesity consultations with their GP for advice on diet, exercise and maintaining a healthy lifestyle in tandem with working commitments.

People whose circumstances may make them vulnerable

Good

Ide Lane Surgery is rated as good for the population group of people whose circumstances may make them vulnerable.

The practice has a named GP with their own named secretary in order to build relationships and encourage continuity of care especially with patients in this population group.

There are District Nurses and Community Matron on site and dedicated to this practice only.

The practice enjoys the services of Ide Lane Friends services. This includes volunteer drivers and carers. GPs at the practice attend regular multidisciplinary discussions of the care of complex patients.

The practice has the services of a community pharmacist to provide advice and training on medicinesmedication to staff, including on drug misuse.

The practice supports two local care homes where predominantly their most unwell and vulnerable patients live. These sites receive regular GP weekly visits from a GP. The practice maintains computer links at these two sites in order to ensure safe, effective and responsive patient care.

The practice works to reduce unplanned admissions to hospital through a direct enhanced service and regular liaison with other health professionals.

The practice has arranged for the delivery of prescription medicines by the nearby pharmacy. GPs readily accept requests for home visits in the event of a specific medical need or vulnerable circumstances of patients.

A physiotherapist consults at the practice on a weekly basis and the practice has good liaison with a nearby rehabilitation unit.

The practice had close links with the community psychiatric nurse and psychiatrist for the elderly for dementia patients at home.

Summary of findings

The practice had ready access to a rapid response service for vulnerable patients to prevent hospital admission in a crisis. An IT system flagged patient warning alerts on records to GPs e.g. vulnerable patient.

The practice had a learning disability lead GP and these patients were invited to an annual health check. A regular review of 2% most frail patients was carried out weekly using a computer template in order for appropriate support to be offered to those patients. The practice participated in a national charitable organisation's project for learning disability awareness.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

Ide Lane Surgery is rated as outstanding for the population group of people experiencing poor mental health (including people with dementia). The practice offers longer consultations than the national average of 10 minutes for patients in this population group and for other patients. By offering 15 minutes appointments this allows GPs exploration of patient's mood, feelings, family dynamics, and ask is there anything else on your mind? This aided diagnosis and discussion of mental health issues.

GPs offered ready access at any part of the day for a patient with acute depression or suicidal thoughts and immediate access to a Crisis Team.

The practice offered a Depression and Anxiety Service (DAS) with leaflets and direct patient access and birth month reviews for those with long term mental illness.

There is a review date back stop in place for situations when patients request supplies of anti -depressants without consulting a GP.

A GP at the practice has developed a software package which identifies whether patients currently taking anti-psychotic medicines have stopped taking them. This allowed GPs to arrange successful interventions in a timely fashion when required. A monthly audit search using this system took place.

The computerised patient record system contained an alert icon for patients suffering from depression or mental illness, together with computer templates to aid GPs with the management of these conditions.

The practice offered the facility for patients to telephone for health check results by secretary rather than letter and contact carer if appropriate. The practice conducted regular computerised searches for follow up of patients diagnosed with depression.

Summary of findings

In relation to mental health, it is practice policy during chronic disease reviews for patients with diabetes and coronary heart disease, for GPs to ask questions to detect underlying depression.

The practice maintained the facility to perform in house own blood testing monitoring and follow up for patients on lithium. Practice Nurses had received appropriate training in this area.

The practice carried out six week GP bereavement follow ups to support patients who may experience poor mental health following bereavement. Ide Lane Friends offered a bereavement befriending scheme to support patients during this difficult time.

Summary of findings

What people who use the service say

We spoke with ten patients during our inspection. We spoke with two representatives of the patient participation group (PPG).

The practice had provided patients with information about the Care Quality Commission prior to the inspection. Our comment box was displayed and comment cards had been made available for patients to share their experience with us. We collected two comment cards which both contained detailed positive comments.

Comment cards stated that the practice provided an excellent service and that the staff were caring and professional and took time to listen and respond to concerns. Comments also highlighted a confidence in the advice and medical knowledge, access to appointments and praise for the continuity of care and not being rushed by having enough time during appointments.

These findings were reflected during our conversations with patients and discussion with the PPG members. The feedback from patients was positive. Patients told us about their experiences of care and praised the level of care and support they consistently received at the practice. Patients stated they were happy, very satisfied and said they received good treatment. Patients told us that the GPs were friendly, knowledgeable and caring.

Patients were happy with the appointment system and said it was easy to make an appointment.

Patients appreciated the service provided and told us they had no complaints and could not imagine needing to complain, but knew how to complain should they wish to do so.

Patients were satisfied with the facilities at the practice. Patients commented on the building being clean and tidy. Patients told us staff used gloves and aprons where needed and washed their hands before treatment was provided.

Patients found it easy to get repeat prescriptions and said they thought the website and online appointment and prescription service was useful.

Outstanding practice

There were several areas of outstanding practice we identified. These included:

- The practice had responded to a complaint about leg ulcer treatment by setting up a specialist leg ulcer clinic with trained nursing staff. Not only does this clinic provide effective treatment of leg ulcers but it carries out preventative work with patients to help avert the causes of leg ulcers. The practice was targeting patients with a potential to develop leg ulcers.
- A GP at the practice had developed a computer software package which identifies whether patients currently taking anti-psychotic medicines have stopped taking them. This allowed GPs to arrange timely and successful interventions.

Ide Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist advisor, a practice nurse specialist adviser, an expert by experience and a practice manager specialist advisor.

Background to Ide Lane Surgery

Ide Lane Surgery provides primary medical services to people living in the area of Alphington, near Exeter and the surrounding areas. The practice provides services to a homogeneous population and is situated in a residential semi-rural location.

At the time of our inspection there were approximately 7,500 patients registered at the service with a team of four GP partners and three salaried GPs. There were four male and three female GPs. GP partners held managerial and financial responsibility for running the business. In addition there was a practice manager, a nursing team and additional administrative and reception staff.

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

This is the first inspection under the new CQC methodology at Ide Lane Surgery. The CQC intelligent monitoring placed the practice in band six. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

The practice is open between Monday and Friday from 8.30am until 6.00pm. In addition early morning appointments are available on a Tuesday from 7.00am and on a Friday from 7.30am. Late evening opening took place on a Wednesday until 7.00pm.

Outside of these hours a service is provided by another health care provider by patients dialling the national 111 service.

Routine appointments are available daily and are bookable up to six weeks in advance. Urgent appointments are made available on the day and telephone consultations also take place.

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. This 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.

Detailed findings

How we carried out this inspection

Before visiting Ide Lane Surgery we reviewed a range of information we held about the service and asked other organisations to share what they knew about the service. Organisations included the local Healthwatch, NHS England, the local clinical commissioning group and local voluntary organisations.

We requested information and documentation from the provider which was made available to us either before, during or 48 hours after the inspection.

We carried out our announced visit on 2 December 2014. We spoke with ten patients and ten staff at the practice during our inspection and collected two patient responses from our comments box which had been displayed in the waiting room. We obtained information from and spoke with the practice manager, four GPs, receptionists/clerical staff, practice nurses and health care assistants. We observed how the practice was run and looked at the facilities and the information available to patients. We also spoke with two representatives from the patient participation group (PPG).

We looked at documentation that related to the management of the practice and anonymised patient records in order to see the processes followed by the staff.

We observed staff interactions with other staff and with patients and made observations throughout the internal and external areas of the building.

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

- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

Good

Are services safe?

Our findings

Safe Track Record

The practice had a system in place for reporting, recording and monitoring significant events. The practice kept records of significant events that had occurred and these were made available to us. For example, when a fire had occurred in the staff kitchenette the practice had carried out a safety review and installed an automatic fire door. A fire audit had been completed by an independent fire risk consultant.

There was evidence that appropriate learning had taken place where necessary and that the findings were communicated to relevant staff.

Staff were aware of the significant event reporting process and how they would verbally escalate concerns within the practice. All staff we spoke with felt very able to raise any concern however small. Staff knew that following a significant event, the GPs undertook an analysis to establish the details of the incident and the full circumstances surrounding it. Staff explained that these six weekly meetings covering significant events were well structured, well attended and not hierarchical.

There were systems in place to make sure any medicines alerts or recalls were actioned by staff. These were disseminated by the practice manager to all staff at the practice. If an alert was medicine related the prescribing advisor would liaise with staff to discuss it. The alert would be noted by the chair of the significant event meeting group (a different GP each time) and discussed at the next meeting.

A violent patient folder was maintained and kept up to date by the practice manager and its findings shared with staff. Violence and aggression against staff was monitored and acted upon in order to protect both staff and patients at the practice. The practice supported the NHS zero tolerance campaign against the use of violence and aggression at the practice.

Learning and improvement from safety incidents

The process following a significant event or complaint was both informal and formalised. GPs discussed incidents daily and also six weekly at clinical meetings. GPs, nurses and practice staff were able to explain the learning from these events. For example, risk assessments on rooms had taken place following incidents to ensure that all equipment had been maintained and serviced on an annual basis or more frequently if required.

When a significant event had occurred in the waiting room the practice had shared learning points at a team meeting. As a result, privacy screens on wheels were now available near the waiting room to protect a patient's privacy in case a similar emergency arose again in the future.

Reliable safety systems and processes including safeguarding

Patients told us they felt safe at the practice and staff knew how to raise any concerns. A named GP had a lead role for safeguarding older patients, young patients and children. There was also a named lead GP for child protection.

Nominated leads had been trained to the appropriate advanced level. There were appropriate policies in place to direct staff on when and how to make a safeguarding referral. The policies included information on external agency contacts, for example the local authority safeguarding team. These details were displayed where staff could easily find them.

There were monthly multidisciplinary team meetings with relevant attached health professionals where safeguarding concerns about vulnerable adults and children could be raised. Health care professionals were aware they could raise safeguarding concerns about vulnerable adults at these meetings.

Practice staff said communication between health visitors and the practice was good and any concerns were followed up. For example, if a child failed to attend routine appointments, looked unkempt or was losing weight the GP could raise a concern for the health visitor to follow up.

The computer based patient record system allowed safeguarding information to be alerted to staff in a discreet way. When a vulnerable adult or 'at risk' child had been seen by different health professionals, staff were aware of their circumstances. Staff had received safeguarding training in the last 12 months and were aware of who the safeguarding leads were. Staff also demonstrated knowledge of how to make a patient referral or escalate a safeguarding concern internally using the whistleblowing policy. Both of these policies had been reviewed on an annual basis or more frequently if information such as contact details had changed.

Good

Are services safe?

We discussed the use of chaperones to accompany patients when consultation, examination or treatment was carried out. A chaperone is a member of staff or person who acts as a witness for a patient and a medical practitioner during a medical examination or treatment. Patients were aware they were entitled to have a chaperone present for any consultation, examination or procedure where they feel one is required. We saw signs offering this service were on display in treatment rooms. The practice had a written policy and guidance for providing a chaperone for patients which included expectations of how staff were to provide assistance. Both nurses and administration staff at the practice acted as chaperones as required. They understood their role was to reassure and observe that interactions between patients and GPs were appropriate and record any issues in the patient records.

Clinical staff at the practice had received a criminal records bureau check via the disclosure barring service (DBS). The practice manager had carried out a written risk assessment for administration staff's roles if they had not received a DBS check.

The practice did not have a system in place to record visitors to the practice. On the day of the inspection, inspection team members were invited to sign a blank diary page. There were no required fields such as name, date, time, company, signature, vehicle registration. Visitor's passes consisted of a blank piece of paper with the word "Visitor" written on them. In order to support safety at the practice, the practice should introduce a more formal recording of visitors to the building including an official visitor's book with full name, signature, time and date of visit together with a formal visitors pass.

Medicines Management

The GPs were responsible for prescribing medicines at the practice.

The control of repeat prescriptions was managed well. Patients were not issued any medicines until the prescription had been authorised by a GP. Patients were satisfied with the repeat prescription processes. They were notified of health checks needed before medicines were issued. Patients explained they could use the box in the practice, send an e-mail, or use the on-line request facility for repeat prescriptions.

Other medicines stored on site were also managed well. There were effective systems in place for obtaining, using, safekeeping, storing and supplying medicines. Clear checks and temperature records were kept to strengthen the audit of medicines issued and improve medicine management. Medicines were stored securely in a locked cupboard. Medicines were labelled and records showed stocks had been checked monthly. Certified nurses were responsible for ensuring medicines were in date and for replenishing stocks when required.

All of the medicines we saw were in date. Storage areas were clean and well ordered. Deliveries of refrigerated medicines were immediately checked and placed in the refrigerator. This meant the cold chain and effective storage was well maintained. We looked at the storage facilities for refrigerated medicines and immunisations, the refrigerator plug was not easily accessible therefore was very unlikely to be switched off. We saw that all three fridges all had written temperature checks recorded to determine their efficiency.

Patients were informed of the reason for any medicines prescribed and the dosage. Where appropriate patients were warned of any side effects, for example, the likelihood of drowsiness. All patients said they were provided with information leaflets supplied with the medicine to check for side effects.

The computer system highlighted high risk medicines, and those requiring more detailed monitoring. We discussed the way patients' records were updated following a hospital discharge and saw that systems were in place to make sure any changes that were made to patient's medicines were authorised by the prescriber. GPs can highlight on patient's notes that they are on high risk medicines. GPs completed all high risk repeat prescriptions and reviewed these before completion.

There were no controlled drugs (CD) stored at the practice. However, appropriate CD storage facilities and registers were in place should they be required.

Cleanliness & Infection Control

We left comment cards at the practice for patients to tell us about the care and treatment they receive. We received two completed cards. These both commented on the practice being clean and hygienic. Patients told us staff used gloves and aprons and washed their hands.

Good

Are services safe?

The practice had policies and procedures on infection control which had been reviewed within the last 12 months. The practice had appointed a lead nurse for infection control. They had completed an infection control audit in August 2014 and action points from this audit had been taken forward. For example, single use lubricating gels had now replaced multiple use gels, to prevent cross contamination between patients.

Staff had access to supplies of protective equipment such as gloves and aprons, disposable bed roll and surface wipes. The nursing team were aware of the steps they took to reduce risks of cross infection and had received updated training in infection control.

Treatment rooms, public waiting areas, toilets and treatment rooms were visibly clean. However, there was no sanitary towel disposal bin in the patient toilet. There was a cleaning schedule carried out and monitored on a daily basis. There were hand washing posters on display to show effective hand washing techniques.

Clinical waste and sharps were being disposed of in safely. There were sharps bins and clinical waste bins in the treatment rooms. The practice had a contract with an approved contractor for disposal of waste. Clinical waste was stored securely in a dedicated secure area whilst awaiting its collection from a registered waste disposal company.

Equipment

Emergency equipment available to the practice was within the expiry dates and was kept in an accessible utility room on a wheeled trolley for rapid response. The practice had experienced use of this equipment to help a patient in the waiting room in the last 12 months and had shared learning points from this to improve its equipment. The practice had a system using checklists to monitor the dates of emergency medicines and equipment so they were discarded and replaced as required. Child and adult sized oxygen masks were available.

Equipment such as the weighing scales, blood pressure monitors and other medical equipment were serviced and calibrated on an annual basis. This had been completed in November 2014.

Portable appliance testing (PAT) where electrical appliances were routinely checked for safety was last carried out by an external contractor in May 2014.

Staff told us they had sufficient equipment at the practice.

Staffing & Recruitment

Staff told us there were suitable numbers of staff on duty and that staff rotas were managed well. The practice manager had completed a staffing needs analysis to ensure staff had capacity to cope with demands at peak times. There were a minimum of three GPs on duty each morning (five on a Monday) and two in the afternoon. There were always a minimum of two nurses and one health care assistant on duty through the day.

The practice had a low turnover of staff. The practice said they used locums as staff cover but tried to use the same one for continuity. GPs told us they covered for each other during short staff absences.

The practice used a team approach where the workload for part time staff was shared equally. Staff explained this worked well but there remained a general team work approach where all staff helped one another when one particular member of staff was busy. Each GP had a nominated secretary. There was also a typist, and two other clerical staff to support the practice clinicians.

Recruitment procedures were safe and staff employed at the practice had undergone the appropriate checks prior to commencing employment. Clinical competence was assessed at interview. Once in post staff completed an induction which consisted of ensuring staff met competencies and were aware of emergency procedures.

Criminal record checks via DBS were only performed for GPs, nursing staff and administrative staff who had direct access with patients. Recorded risk assessments had been performed explaining why clerical and administrative staff had not had a criminal records check.

The practice had staff disciplinary procedures to follow should the need arise.

Each registered nurse Nursing and Midwifery Council (NMC) status was completed and checked annually to ensure they were on the professional register to enable them to practice as a registered nurse.

Monitoring Safety & Responding to Risk

The practice had a suitable business continuity plan in order to continue to deliver a service in the event of adverse incidents, such as inclement weather. This included an agreement with a nearby GP practice to share premises during such an event.

Good

Are services safe?

This plan documented the practice's response to any prolonged events that may compromise patient safety. For example, this included computer loss and lists of essential equipment. The practice had recently experienced a fault in their telephone system. Fortunately, the continuity plan had anticipated such an event. The practice's backup telephone system had worked effectively until the main system could be repaired.

Nursing staff received any medical alert warnings or notifications about safety by email or verbally from the GPs or practice manager. Written evidence showed these were disseminated and often discussed at practice meetings and any learning points shared.

There was a duty GP system in operation to ensure one of the nominated GPs covered for their colleagues when necessary, for example home visits, telephone consultations and checking blood test results.

Arrangements to deal with emergencies and major incidents

Appropriate equipment and medicines were available and maintained to deal with emergencies, including if a patient collapsed. Administration staff appreciated that they had also been included on the basic life support training sessions. Basic life support training had been completed in July 2014.

Fire training had also been completed. A plan of the building was displayed within the entrance to the site in order to assist the emergency services.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care & treatment in line with standards

Care and treatment at the practice followed national best practice and guidelines. For example, emergency medicines and equipment held within the practice followed the guidance produced by the Resuscitation Council (UK). The practice followed the National Institute for Health and Care Excellence (NICE) guidance and had formal meetings to discuss latest guidance. NICE update bulletins had been shared with all clinical staff and had been added to team agendas.

Guidance from the Mental Capacity Act 2005 had been followed. Guidance from national travel vaccine websites had been followed by practice nurses.

The practice used the quality and outcome framework (QOF) to measure their performance. The QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining best practice in their surgeries. The QOF data for this practice showed they generally achieved higher than national average scores in areas that reflected the effectiveness of care provided. The local clinical commissioning group (CCG) data demonstrated that the practice performed well in comparison to other practices within the CCG area. The practice manager and GPs attended CCG meetings every six weeks. GPs from other practices visited this practice to give presentation talks on specialist areas, this was reciprocated by GPs from this practice.

The practice manager is a member of the Exeter practice manager forum, which invites a member of the CCG to each meeting in order to ensure care and treatment is delivered in line with agreed standards.

Management, monitoring and improving outcomes for people

The practice provided a service to up to 7,500 patients. The practice told us they were keen to ensure that staff had the skills to meet patient needs and so nurses had received training including immunisation, diabetes care, cervical screening and travel vaccinations.

The GPs referred patients to staff in the acute community team, who provided support in the patient's home for short term treatment and rehabilitation. This enabled patients to remain at home and to be treated for a short period of time, avoiding a hospital admission where appropriate. The practice had a single point of access (SPOA) system to assist these patients to various support services to help with their complex needs. The practice had a rapid response system in place to support patients if required.

GPs in the practice undertook minor surgical procedures and joint injections in line with their registration and NICE guidance. The staff were appropriately trained and kept up to date. There was evidence of regular clinical audit in this area which was used by GPs for revalidation and personal learning purposes.

Clinical audits on benchmarking data for a variety of different medicines, including particular sedatives, had been carried out in the last 12 months. Other clinical audits included monitoring outcomes of the usage of contraceptives and low cost pen needles. Evidence from these showed that the audit cycle was in place.

Effective Staffing

All of the GPs in the practice participated in the appraisal system leading to revalidation of their practice over a five-year cycle. The GPs we spoke with told us and demonstrated that these appraisals had been appropriately completed.

The practice was a teaching practice for new GPs. Two of the experienced GPs at Ide Lane were nominated GP trainers for developing, appraising and supporting trainee GPs at the practice. All of the staff we spoke with told us about the supportive team atmosphere at the practice. Trainee GPs had the opportunity to work with any of the GPs at the practice to experience a wide range of knowledge and specialisms.

Nursing staff had received an annual formal appraisal and kept up to date with their continuous professional development programme, documented evidence confirmed this. A process was also in place which showed clerical and administration staff received regular formal appraisal.

A staff handbook available on line and in hard copy set out roles, responsibilities and relevant human resources policies for effective staffing. There was a comprehensive induction process for new staff which was adapted for each staff role.

There was a clinical version of the staff handbook and an administration version for clerical staff. The staff training

programme was tailored to ensure staff were up to date with mandatory training. This included basic life support, safeguarding, fire safety and infection control. Staff said that they could ask to attend any relevant external training to further their development.

There was a comprehensive set of human resources policies and procedures for staff to use located on the computer system. This included annual leave policy, disciplinary and grievance procedures.

Working with colleagues and other services

The practice worked effectively with other services. Examples given were working with a charity on a learning disability project. An external specialist had visited the practice to deliver training on easy to understand communication methods. This had resulted in the improvement of signage around the practice. For example, there was now a large sign above the reception desk which read "RECEPTION". There was also now a sign indicating the location of the toilets.

The clinical staff at the practice had regular contact with multi-disciplinary teams such as mental health services, health visitors, specialist nurses, hospital consultants and community nursing. This included six weekly meetings to discuss any ongoing cases of concern including vulnerable patients and children.

Communication with the out of hours service was good as the Out of Hours GPs were able to access patient records with their consent. The practice GPs were informed when patients were discharged from hospital. The practice had developed a system to pass special messages to the Out of Hours service to aid effective communication and ensure patients received appropriate care.

The practice were working collaboratively with a diabetic specialist which meant patients did not need to visit the hospital but still received advanced specialist care. The GPs also benefitted by receiving education on the management of patients with complex diabetic needs via a virtual online clinic with the diabetic specialist.

Information Sharing

The practice worked effectively with other services. For example, a chronic kidney disease nurse specialist was due to visit the practice in December 2014. A specialist in HIV had also delivered a presentation and shared information with the practice within the last six months. Staff told us they regularly had presentations from fellow health professionals from a variety of services including mental health services, specialist nurses, hospital consultants and community nursing staff. The GPs shared relevant information with health visitors regarding children at risk.

GPs and nurses from the practice had started a programme to deliver effective dementia care training to care workers from the two local care homes which the practice had links with. The practice had implemented remote access at these care homes to allow clinical staff to share information on relevant patient records.

Consent to care and treatment

Patients told us they were able to express their views and said they felt involved in the decision making process about their care and treatment. They told us they had sufficient time to discuss their concerns with their GP and said they never felt rushed. All the patients we spoke with said that GPs had discussed different treatment options with them, together with the positive or possible negative effects those options could have.

Staff had access to different ways of recording that patients had given consent to treatment. There was evidence of patient consent for procedures including immunisations, injections, and minor surgery. Patients told us that nothing was undertaken without their agreement or consent at the practice. Consent for treatment was recorded in writing. The practice manager carried out a consent audit each month to ensure this took place.

Where patients did not have the mental capacity to consent to a specific course of care or treatment, the practice had acted in accordance with the Mental Capacity Act (2005) to make decisions in the patient's best interest. Staff were knowledgeable and sensitive to this subject. We were given specific examples by the GPs where they had been involved in best interest decisions and where they had involved independent mental capacity assessors to ensure the decision being made regarding the patient who could not decide themselves, was in the patient's best interest. Staff had received MCA training within the last 12 months.

Some patients had agreed treatment escalation plans (TEP) with their GP. A TEP sets out a patient's wishes for their end of life care such as whether they wish to be resuscitated or not. These plans had been recorded in writing and signed by the patient and their GP.

Good

Are services effective?

(for example, treatment is effective)

Health Promotion and Prevention

There were regular appointments offered to patients with complex illnesses and diseases. The practice manager explained that this was so that patients could access care at a time convenient to them. A full range of screening tests were offered for diseases such as chlamydia, prostate cancer and cervical cancer. Vaccination clinics were organised on a regular basis which were monitored to ensure those that needed vaccinations were offered them. Patients were encouraged to adopt healthy lifestyles and were supported by services such as smoking cessation clinics. Patients with diabetes were invited to a clinic where staff discussed how changes to lifestyle, diet and weight could influence their diabetes.

All patients with learning disability were offered a physical health check each year. This was arranged in the patient's birthday month.

Staff explained that when patients were seen for routine appointments, prompts appeared on the computer system to remind staff to carry out regular screening, recommend lifestyle changes, and promote health improvements which might reduce dependency on healthcare services.

The practice recognised the need to maintain fitness and healthy weight management. Patients were offered body mass index (BMI) checks which gave patients an indication of whether they were maintaining a healthy weight. Patients had been referred to exercise programmes and gyms.

There were leaflets and information documents available for patients within the practice. These included information on general health, long term conditions, minor illnesses and travel advice. The practice website provided comprehensive information. Website links were easy to locate.

Contraception screening checks and advice was provided at the practice. The practice made patients aware that there was a nearby walk in centre for sexual health screening which patients could self-refer to if necessary.

The practice offered an NHS travel vaccination service.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

Patients told us that staff treated them with respect and dignity at the practice. They told us that staff communicated with them in a caring and respectful manner. Patients spoke well of the staff and GPs. We did not receive any negative comments about the care patients received or about the staff.

We left comment cards at the practice for patients to tell us about the care and treatment they received. We collected two completed cards which contained detailed positive comments. These comment cards stated that patients appreciated the caring and professional staff who took time to listen effectively.

We saw that patient confidentiality was respected within the practice. The waiting areas had sufficient seating and were located away from the main reception desk which reduced the opportunity for conversations between reception staff and patients to be overheard. There were additional areas available should patients want to speak confidentially away from the reception area. During our inspection we heard the reception staff communicating respectfully with patients.

Conversations between patients and clinical staff were confidential and conducted behind a closed door. Window blinds, sheets and curtains were used to ensure patient's privacy. The GP partners' consultation rooms were also fitted with dignity curtains to maintain privacy.

Data from the online GP survey for 2014 showed us that 68% of respondents were satisfied with the level of privacy when speaking to receptionists at the practice. In order to address this, the practice had begun playing radio music in the background at reception and moving telephones from the front desk into the back office. PPG members told us that confidentiality forms a key part of their survey planned for the future year in 2015.

We discussed the use of chaperones to accompany patients when consultation, examination or treatment were carried out. A chaperone is a member of staff or person who is present with a patient during consultation, examination or treatment. Signs in treatment rooms informed patients they were able to have a chaperone should they wish. Nurses at the practice acted as chaperones as required. They understood their role was to reassure and observe that interactions between patients and GPs were appropriate.

Care planning and involvement in decisions about care and treatment

Patients told us that they were involved in their care and treatment and referred to an ongoing dialogue of choices and options. Feedback related patients' confidence in the involvement, advice and care from staff and their medical knowledge, the continuity of care, not being rushed at appointments and being pleased with the referrals and ongoing care arranged by GPs and other staff at the practice.

We were given examples where the GPs and nurses had taken extra time and care to diagnose complex conditions. Patients we spoke with at the practice told us they appreciated having 15 minute appointments as it enabled them to discuss in full any health issues affecting them. Patients understood that the national standard is 10 minute appointment times and that this practice had implemented an extended appointment time system to offer a more caring service.

Patient/carer support to cope emotionally with care and treatment

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example, 96 % of the 115 respondents in the GP patient survey of 2014 stated that they had confidence and trust in the support given to them by their GP.

The patients we spoke to and the comment cards we received were consistent with this information.

Notices in the patient waiting room and patient website signposted people to a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us families who had suffered bereavement were contacted by their usual GP. GPs said the personal list they held helped with this communication. There was a voluntary bereavement counselling service available for patients to access. This was run by the Ide Lane Friends charity.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Patients told us they felt the staff at the practice were responsive to their individual needs. They told us that they felt confident the practice would meet their needs. GPs told us that when home visits were needed, they were made by the patient's named GP or, in their absence, the GP who was most familiar with the patient.

Patients who requested a home visit were logged on a SystmOne specially adapted computer screen known as "red book". In an urgent case, the GP would attend immediately. Otherwise the GPs would check the red book and make the home visit during the afternoon, after morning surgery had been completed.

Patients had a named GP in order to best respond to and meet patients' needs. The computerised patient record system had a colour coding system which indicated the patient's named GP. Same day urgent appointments were available. Pre booked appointments were available up to six weeks in advance.

Systems were in place to ensure patients who needed treatment by other health professionals or screening (including cervical screening), were made in a timely way. Patients told us that their referral to secondary care had always been discussed with them.

An effective process was in place for managing blood and test results from investigations. These results arrived at the practice electronically. When GPs were on holiday the other GPs covered for each other and results were reviewed within 24 hours, or 48 hours if test results were routine. Patients said they had not experienced delays receiving test results. Each GP had a named secretary at the practice. If a result did not require any follow up action the secretary would contact the patient, otherwise the notification and follow up would be arranged by the GP.

A patient participation group (PPG) had been set up. We spoke with two members of the PPG including one who organised the voluntary transport service for patients who had difficulty getting to the practice. The PPG had carried out a survey in 2014 the results of which were published on the practice website. 88 out of 124 survey respondents had said they would find it useful to book online appointments to see their own GP. As a result the practice had introduced this facility.

Members of this group were keen to become involved at the practice and said they were consulted about any changes introduced at the practice, such as the appointment system changes. The PPG members said the practice was supportive of their work and responded positively to feedback.

Tackle inequity and promote equality

There was no evidence that patients were discriminated against. Patients told us staff had been sensitive when discussing confidential and personal issues.

Patients could choose to be seen by either a male or a female GP. There were four male and three female GPs at the practice.

Practice staff had received equality and diversity training during a team building away day within the last 12 months. The practice had recognised the needs of different groups in the planning of its services. Staff said no patients were turned away from the service.

The number of patients with a first language other than English was very low. Seven out of 7,500 patients at the practice had been identified as not being able to currently speak or read English. This was less than 1% of the total patient population. The practice staff knew how to access language translation services if information was not understood by the patient, to enable them to make an informed decision or to give consent to treatment.

The PPG were working to recruit patients from different backgrounds to reflect the diversity of the practice.

Posters were displayed in the waiting room to reflect this. The PPG had sent out letters to patients in a range of different population groups to attract new members.

Access to the service

There was easy general access to the building. The entire practice was based on the ground floor. There were no steps up to the practice entrance doors, which were automated. The practice had an open waiting area and sufficient seating. The reception and waiting area had sufficient space for wheelchair users. Treatment and consulting rooms had level access.

Patients were able to access the service in a way that was convenient for them and said they were happy with access to the service. 91% of 115 patient respondents surveyed in the GP patient survey 2014 described their overall experience of accessing the service as good.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The same patient survey showed that 90% of the respondents rated their experience of getting an appointment as good or very good. This was higher than the national average. These findings were reflected during our conversations. Patients were happy with the appointment system and said they could get a same day appointment if necessary.

Information about the appointment times were found on the practice website and on notices at the practice. Patients were informed about the out of hours arrangements by a poster displayed in the practice, on the website and on the telephone answering message. However, there was no out of hours service poster displayed which could be seen from outside the practice when it was closed. The practice manager told us this would be rectified immediately.

The practice has an accessible telephone system with sufficient telephone lines into the practice and enough staff to deal with the capacity of work. During our inspection we saw that phones were answered promptly at the practice. The practice manager told us that their telephones were never engaged and that patients could always get through.

Listening and learning from concerns & complaints

The practice manager had a system in place for handling complaints and concerns in a timely way and to the satisfaction of patients where possible.

Patients told us they had no complaints but knew how to complain should they wish to do so. There were posters and leaflets on display in the waiting room which explained how patients could make a complaint. The practice website also stated that they welcomed patient opinion by sharing comments and feedback.

The complaints procedure stated that complaints were handled and investigated by the practice manager and would initially be responded to within three days. Records were kept of complaints which showed that patients had been offered the chance to take any complaints further, for example to the parliamentary ombudsman should they wish to do so.

Staff were able to describe what learning had taken place following a complaint. Complaints were discussed as a standing agenda item at the clinical meetings held every six weeks.

An example of the outstanding way in which the practice viewed patient feedback positively can be seen in the following example. The practice had responded to a complaint about leg ulcer treatment by setting up a specialist leg ulcer clinic with trained nursing staff. Not only does this clinic provide effective treatment of leg ulcers but it carries out preventative work with patients to stop the causes of leg ulcers.

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 vision was to offer a blend of personal practice with good continuity of care, a modern approach with a patient centred culture.

The practice vision was on display on leaflets and posters in patient facing areas of the practice and on the practice website. Staff knew and understood the vision and values and knew what their responsibilities were in relation to these.

Staff spoke positively about communication, team work and their employment at the practice. They told us they were actively supported in their employment and described the practice as having an open, supportive culture and being a good place to work. There was a stable staff group and many staff had worked at the practice for many years and were positive about the open culture.

We were told there was mutual respect shared between staff of all grades and skills and that they appreciated the non-hierarchical approach and team work at the practice.

The practice vision facilitated the delivery of high quality care and promoted positive outcomes for patients. Eighteen months ago the appointment system had been changed in response to patient feedback and in line with the vision and values.

Governance Arrangements

Every four months a different GP from the practice adopted the role of chairmanship of the weekly governance meetings at the practice. This ensured open and transparent governance at the practice.

Staff were familiar with the governance arrangements in place at the practice and said that systems used were both informal and formal. Ideas were discussed amongst staff as they arose, for example, the linking of a specific nurse to a specific GP was a suggestion which had arisen from staff suggestions to the management at the practice.

GPs met daily and discussed any complex issues, workload or significant events or complaints. These were often addressed immediately and communicated through a process of face to face discussions or email. These issues were then followed up more formally at six weekly clinical meetings where standing agenda items included significant events, near misses, complaints and health and safety. Staff explained these meetings were well structured, well attended and a safe place to share what needed to be improved.

The practice used the quality and outcomes framework (QOF) to assess quality of care as part of the clinical governance programme. The QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice in their surgeries. The QOF scores for Ide Lane were consistently above the national average.

The clinical auditing system used by the GPs assisted in driving improvement. All GPs were able to share examples of audits they had performed. GPs told us they had performed audits to improve the service for patients and not just for their revalidation or QOF scores. For example, an audit had been completed on reducing the risk of anti-inflammatory medicines for patients with particular conditions. Audits followed a complete audit cycle with feedback readily available to provide a resource for trainees and other staff.

Leadership, openness and transparency

Staff described a clear leadership structure, which had named members of staff in lead roles. The practice had a responsibilities list which set out clearly which member of staff was the key contact for each clinical area. For example there was a lead nurse for infection control, a lead GP for safeguarding and a lead GP for training.

Staff spoke about effective team working, clear roles and responsibilities and talked about a supportive non-hierarchical organisation. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns. Staff described an open culture within the practice and opportunities to raise issues at team meetings.

The practice manager was responsible for maintaining and updating human resource policies and procedures. Staff were aware of where to find these policies online or in hard copy if required.

Practice seeks and acts on feedback from users, public and staff

Patients had the opportunity to make comments verbally or in writing to the practice manager, in writing in a suggestions book held at reception or online via the practice website.

Are services well-led?

Good

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

The 2014 GP patient survey showed that 91% of 115 respondents stated that practice staff listened to them and acted on their concerns.

The practice recognised the importance of patient feedback and had encouraged the development of a patient participation group (PPG) to gain patients' views. The PPG met up on a quarterly basis and published their reports on the practice website. The practice had responded positively to feedback from the PPG, for example by installing automated entrance doors. The PPG had set up useful additional services for patients such as a book loan service in the waiting room.

The two PPG members who came to the inspection said the practice manager and GPs were keen to encourage patient feedback and involvement. The PPG said they had been consulted about the installation of automated doors and about changes to the appointment system. The PPG members said they had been able to influence decisions and suggest additional ideas, such as the introduction of a book loan service in the waiting room.

The PPG was advertised on the practice website and the minutes of their meetings and surveys appeared there too.

Management lead through learning & improvement

A process was followed so that learning and improvement could take place when events occurred or new information was provided. For example, the practice obtained staff feedback following team building away days which were held annually.

The practice held six weekly meetings to discuss any current topics and review any newly released national guidelines and the impact for patients. There was formal protected time set aside for continuous professional development for staff and access to further education and training as needed. For example, each GP was linked with a specific named nurse who received protected training time together every six weeks.

The practice had systems in place to identify and manage risks to the patients, staff and visitors that attended the practice. The practice had a suitable business continuity plan to manage the risks associated with a significant disruption to the service.

This plan had been put into effect within the last 12 months when the main telephone system had failed. This contingency had been anticipated by the business continuity plan. The practice backup telephone system had been activated and had worked effectively until the main system was repaired.

There were up to date environmental risk assessments for the building. For example, room assessments, work station assessments, fire assessments, electrical equipment checks, control of substances hazardous to health (COSHH) assessments and visual checks of the building had been carried out. Health and safety items were a standing agenda item for six weekly meetings.