

Barnfield Hill Surgery

Quality Report

10-12 Barnfield Hill

Exeter

Devon

EX1 1SR

Tel: 01392432761

Website: www.barnfieldhillsurgery.co.uk

Date of inspection visit: 17 November 2017

Date of publication: 12/01/2018

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

Overall summary

Page

2

Detailed findings from this inspection

Our inspection team

4

Background to Barnfield Hill Surgery

4

Detailed findings

6

Action we have told the provider to take

19

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (The previous inspection of Barnfield Hill Surgery took place in October 2014. At the October 2014 inspection the practice was rated as Good.

At this inspection we have rated the practice as Good overall and requires improvement in the well led domain.

At this inspection in November 2017 the key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires Improvement

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those retired and students – Good People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive inspection at Barnfield Hill Surgery on Friday 17 November 2017. We carried out this comprehensive inspection 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.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.

Summary of findings

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure effective systems and processes are established to ensure good governance in accordance with the fundamental standards of care, particularly in regard of; record keeping and staff development.

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

- Review the method of obtaining consent for invasive procedures ensuring it is performed in line with legislation and guidance.

- Review systems to identify carers to ensure they are receiving the support they require.
- Review systems to ensure all staff are aware of the 'red flag' symptoms and actions to take when sepsis is suspected to promote patient safety.
- Review training schedules to ensure staff receive sufficient time to undertake mandatory training and information on the Mental Capacity Act.

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

Barnfield Hill Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Barnfield Hill Surgery

Barnfield Hill Surgery is a GP practice which provides its services under a Personal Medical Service (PMS) contract for approximately 7,200 patients.

Barnfield Hill Surgery is open between Monday and Friday: 8am – 6.30pm. The practice offers extended hours on Tuesdays, Wednesdays, Thursdays and Fridays. These are pre-bookable appointments. On Tuesdays two GPs and the phlebotomists provide a service between 7.30am and 8am. On Wednesday, one GP works from 6.30pm to 7.15pm. On Thursday two GPs offer appointments between 7.30am and 8am and on Friday three GPs work between 7.30 and 8am.

The practice is a member of Exeter Primary Care (EPC), a federation of all 16 Exeter GP practices. The EPC group organise increased GP access outside of core hours. All registered patients are therefore able to be seen, by appointment, by an Exeter GP, with read-only access to their medical record upon consent, at an Exeter GP practice between Monday and Thursday 6.30 to 8pm and Saturday and Sunday 9am and 5pm. Information regarding this service is displayed in the practice weekly and explained when patients book their appointment.

Outside of these hours a service is provided by another health care provider by patients dialling the NHS 111 service. This out of hours service also includes a Tuesday lunchtime when the practice closes for meetings.

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

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

There is a team of six GPs (four female and two male). Of the six GPs, five are GP partners. Together they provide a whole time equivalent (WTE) of 3.5 GPs. The team of GPs are supported by three registered nurses, a phlebotomist and a health care assistant. The clinical team are supported by a new part time practice manager, deputy practice manager and a team of administration and reception staff.

Patients using the practice have access to community staff including community nurses who are based at the practice. Patients can also access the services of counsellors, podiatrists and midwives at the practice.

The practice is a teaching practice for GP trainees, medical students and is also a Royal College of GPs (RCGPs) research practice.

The GPs provide medical support to two care homes.

The practice is registered to provide regulated activities which include:

Detailed findings

Treatment of disease, disorder or injury, surgical procedures, maternity and midwifery services and Diagnostic and screening procedures and operate from the main location of:

10-12 Barnfield Hill Exeter Devon EX1 1SR.

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a set of safety policies which were available to staff. Staff received safety information for the practice as part of their induction training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies had been recently reviewed and were accessible to all staff by using a link on the intranet. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The new practice manager had reviewed recruitment records to ensure the practice had carried out staff pre-employment checks, including checks of professional registration where relevant. Disclosure and Barring Service (DBS) checks were undertaken for clinical staff and were in near completion for non-clinical staff responsible for chaperone duties. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff had access to up-to-date safeguarding and safety training appropriate to their role. All staff we spoke with knew how to identify and report concerns. Staff who acted as chaperones were trained for the role.
- There was a system to manage infection prevention and control. There was a link nurse who had received appropriate training and had recently carried out an infection control audit. We noted the governance of these audits had not highlighted nursing staff lack of understanding of coloured lids for sharps wastage. The audit had also not highlighted that staff were unaware of the location of the spillage kit, chlorine cleaning tablets were out of date, the need for clinical cleaning

schedules or lack of recent handwashing audit. This information was shared during the inspection process and practice adjusted accordingly to rectify areas of concern.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Clinical and electrical equipment had been calibrated by an external company in the last month. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice had introduced a buddy system for administration and reception staff and had a team approach for the GPs.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters were sent in a timely way and included all of the necessary information.

Safe and appropriate use of medicines

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

Are services safe?

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice were in the process of improving their systems and records to ensure staff kept both handwritten and printer prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing and were performing well. For example, data from September 2016 and August 2017 showed that the practice were the sixth best performing practice for antibiotic prescribing in the area. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. These had been updated in the last month.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, an electronic prescription had been sent to the incorrect pharmacy. No harm came to the patient. The practice had discussed this at a significant event meeting attended by all staff. Actions taken included introducing an alert to remind staff to check the pharmacy when prescriptions were being processed.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Data between July 2015 and June 2016 showed the practice were lower than average antibiotic prescribers. For example, the practice had issued 0.83 units of antibacterial items prescribed compared with 0.99 units for the local CCG and 1.01 units for England. (Lower rates are seen as more positive to reduce the risk of antibiotic resistance for patients). This was as a result of proactive action taken by prescribers to explain to patients why antibiotics were not always the best treatment for their illness.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used technology and equipment to improve treatment and to support patients' independence. For example, using near patient testing for patients taking blood thinning medicines so that they were able to receive immediate results and have their medicine dosage altered as required.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

GPs at the practice were aware of the recent National Institute for Health and Care Excellence (NICE) guidelines on the recognition, diagnosis and early management of Sepsis (Blood poisoning and septicaemia). The new guidelines had been discussed at a clinical meeting. We noted from discussions with staff, not all staff, including reception staff were aware of the red flag signs to recognise sepsis. Staff had access to the local microbiologist for guidance where they were concerned about patient symptoms.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medicines.
- The practice uses a team approach which enabled patients see one of three GPs to improve continuity of care. Older people knew who the named secretaries were for these teams and were able to make contact to promote continuity and enhance relationships.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The nursing team had expertise in the management of asthma, chronic obstructive pulmonary disease and diabetes. They provided tailor made care plans. The practice offered patients with diabetes insulin initiation to provide a more local service.
- The clinicians met daily to discuss challenging patients and referrals.

Families, children and young people:

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates between 2015 and 2016 for the vaccines given were lower than the target percentage of 90%. For example, rates ranged between 71% and 80%. Staff at the practice thought data collection had been flawed, giving inaccurate rates. The nursing team were unaware of these lower figures. The practice provided data to show uptake rates for the same vaccines for 2016/17 had improved. For example, the practice had achieved 90% for all childhood vaccines.

Are services effective?

(for example, treatment is effective)

In response to the inspection, the GPs immediately carried out a search to ensure vaccine rates were on target. A search of patients showed there were 134 patients up to the ages of two years. 12 of these patients were missing vaccinations. Seven of these patients were missing a record of an MMR (Measles, Mumps and Rubella) immunisation, two patients were missing evidence of receiving all immunisations and three patients had been invited but failed to attend the vaccine appointments. Processes were put in place to follow up where appointments had been missed. Clinical staff worked with the health visitors if patients failed to attend invitations.

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- There was a private room set aside for breastfeeding providing a quiet space for mothers to feed their baby.

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

- The practice's uptake for cervical screening was 75%, which was lower than the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- One GP was the medical officer for the Exeter deaf academy school, visiting weekly.
- The practice provided opportunistic advice to young people on smoking, drugs abuse, chlamydia screening and contraception. Staff were vigilant about monitoring young people for early signs of eating disorders and mental health issues.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances.

- Vulnerable people with health and or social needs were reviewed at the two monthly core group meetings. GPs had attended an external MDT meeting about vulnerable patients and shared information with the whole team to ensure patient safety.
- Staff used interpreters for patients whose first language was not English and those with hearing impairment.
- Patients with learning disabilities were offered an annual health check, using an invitation written in accessible formats according to their identified needs.
- Two GPs were able to prescribe methadone (heroin substitute) medicines and supported patients with alcohol and drug dependencies, coordinating with the local drug recovery services to provide effective support for patients in recovery from addiction. We saw this prescribing was undertaken and monitored effectively.

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

- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was lower than the local average of 97% and comparable to the national average of 84%. The practice were working with patients and their carers to improve this figure.
- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is better than the national average of 89%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 93%; CCG 90%; national 89%).
- The practice cared for patients with anxiety, depression and personality disorder and offered regular reviews with their own GP. Urgent appointments were accessed for patients experiencing a mental health crisis to ensure appropriate support was provided.
- The GPs referred patients to the Depression and Anxiety service (DAS) for talking therapies.
- Patients with significant mental illnesses were seen regularly and followed up proactively when they had missed appointments to promote their mental well being

Are services effective?

(for example, treatment is effective)

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results showed the practice had achieved 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%. (QOF is a system intended to improve the quality of general practice and reward good practice). The overall exception reporting rate was lower than local and national averages. For example, the practice had an overall exception rate of 4% compared with a national average of 6%. Of this the overall clinical exception rate was reported as 7% compared with the local CCG rate of 11% and national rate of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. For example, referral reviews took place to ensure referrals were done in a timely way and were appropriate.

We looked at two completed cycle audits performed by the GPs which showed changes to the care and treatment of patients. For example, an audit of 27 patients was performed to ensure they were receiving the correct investigations when taking a diuretic (water tablet) to avoid the build-up of fluid. The audit showed eight patients had not received the appropriate blood test. This was rectified and staff were reminded to test patients taking this medicine. A repeat audit three months later showed that all but one patient had received an invitation to have blood taken. The one patient was a new patient to the practice and was put on the recall system to ensure this did not happen again.

Effective staffing

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

- The practice understood the learning needs of staff. However, staff told us there was not always protected time provided to fully meet the mandatory training needs. Evidence showed governance arrangements for mandatory training records had not been kept under review to sufficiently monitor mandatory training and address any gaps with staff concerned. Parts of the training matrix were updated during the inspection. We identified gaps in training updates in safeguarding adults. This information, including training certificates and information from the performers list was submitted by the new practice manager following the inspection. Records showed that just one of the nursing team had received training in the Mental Capacity Act (MCA). We spoke with the nurses about the MCA and there was limited understanding of their responsibility regarding this. The nurses said they would discuss any concerns with the GPs. All of the GPs had undertaken training and gave clear examples to demonstrate their understanding.
- The practice provided staff with ongoing support. This included an induction process, appraisals and support for revalidation. The new practice manager had identified that members of the administration and reception team had not received an appraisal in the last year and had met with them to discuss any immediate needs and to book an appraisal date.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

Are services effective?

(for example, treatment is effective)

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

- The practice encouraged patients to follow a healthy lifestyle, proactively suggesting appointments with a nurse for 'One Small Step' for smoking and weight reduction, referral for gym membership or the 'Surgery Strollers' walking group.

Consent to care and treatment

The practice obtained verbal consent to care and treatment

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately. This was verbal and recorded within the patients' electronic record. However, the practice could not evidence that this was in line with current legislation and guidance. For example, ensuring written consent was obtained for invasive procedures to record a discussion of potential benefits and risks for the patient.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the nine patients we spoke with and five patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described the service as being excellent, efficient, respectful, and of a high standard. Comments about staff were also positive feedback and remarked on all staff being courteous, professional and helpful.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 214 surveys were sent out and 113 were returned. This represented about 1.5% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses.

For example:

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

- 98% of patients who responded said the nurse gave them enough time; CCG - 95%; national average - 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 99%; national average - 97%.
- 98% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 94%; national average - 91%.
- 95% of patients who responded said they found the receptionists at the practice helpful; CCG - 90%; national average - 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice had secured an on-site citizens advice bureau (CAB) worker to offer an invaluable and prompt service of patients struggling with benefits, housing, and debt issues. This helped reduce stress in patients and reduced the need for stress related appointments.

The practice proactively identified patients who were carers by asking during consultations and from information gathered from new patients. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 81 patients as carers (less than 1% of the practice list).

- Once identified, staff ensured that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call

Are services caring?

was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were consistently higher than local and national averages:

- 99% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 90% and the national average of 86%.
- 98% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 88%; national average - 82%.

- 96% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 94% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments).
- The practice improved services where possible in response to unmet needs. For example, staff had organised a meeting to inform the team how to support local refugees and child migrants in the area.
- The facilities and premises were appropriate for the services delivered. The GP consulting rooms were situated on the ground and first floors. Patients with mobility issues were identified and seen within a ground floor consulting room.
- The practice made reasonable adjustments when patients found it hard to access services. There were ramps and grab rails to assist patients with mobility issues.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice provided a service for a local care home using the Clinical Commissioning Group (CCG) tablet computer to access patient health records. Patients in other care homes were visited regularly to discuss best interests and treatment escalation plans with patients, family and staff aiming to maintain their dignity.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients who failed to attend were proactively followed up by a phone call from a GP or nurse.
- A service for patients with Depression and Anxiety was based at the practice enabling patients to access a "talking therapies" service.

Timely access to the service

Are services responsive to people's needs?

(for example, to feedback?)

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.
- The practice appreciated the need for accessible appointments and had on line advance booking with early morning and evening appointments available.
- The practice used 'E –Consult' giving patients email access to GP advice. Repeat prescriptions could be ordered on line and most were sent electronically to pharmacies.
- The practice used a text message reminder service for appointments to reduce did not attend (DNAs) appointments. The practice also offered Saturday flu clinics and were part of the Exeter GP practices rota providing bookable weekend appointments.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 214 surveys were sent out and 113 were returned. This represented about 1.5% of the practice population.

- 89% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 96% of patients who responded said they could get through easily to the practice by phone; CCG –82%; national average - 71%.

- 99% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 90%; national average - 84%.
- 99% of patients who responded said their last appointment was convenient; CCG - 88%; national average - 81%.
- 97% of patients who responded described their experience of making an appointment as good; CCG - 82%; national average - 73%.
- 74% of patients who responded said they don't normally have to wait too long to be seen; CCG - 65%; national average - 58%.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Five complaints were received in the last year. We reviewed all of these complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, although a complaint regarding a medicine had been appropriately handled the practice had sought further advice from the clinical commissioning group (CCG) to ensure the patient received further clarification.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing a well-led service.

The practice was rated as requires improvement for well-led because:

- Effective systems and processes had not fully been maintained to ensure good governance in accordance with the fundamental standards of care, particularly in regard of; record keeping, quality improvement and staff development.

Leadership capacity and capability

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

- GPs had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- GPs were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The GP partners had employed a new part time practice manager and deputy practice manager who were developing systems to improve practice performance. Staff said they had been informed of the change of leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. For example, they were supporting the deputy manager achieve her practice management qualification.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were some clear responsibilities and roles of accountability to support good governance and management. For example:

- Clear staffing structures and buddy systems had recently been reviewed. Staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, safeguarding, prescribing, and infection control.
- An understanding of the performance of the practice was maintained. Clinical 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.

Are services well-led?

Requires improvement 

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

- Lessons were learned following significant events and complaints.

The new practice management team had identified gaps in governance processes and had started to identify and address where action was required. For example:

- Recruitment records had been reviewed and identified that not all staff acting as chaperones had received a DBS check. These staff had been removed from chaperone duties until the checks had been performed
- Environmental risk assessments had been performed in the last month.
- Fire risk assessments and fire warden training had been reviewed and carried out.
- Infection control audits had recommenced.

However, other governance systems used had not been effective in identifying risks arising. Processes and systems to support good governance and management had not been effectively monitored or reviewed. For example:

- Practice policies, procedures and activities to ensure safety had not been kept under review. For example, the infection control policy had not been updated since 2009 and the whistleblowing policy had not been dated to demonstrate it was kept under review.
- The processes used for monitoring staff training and development had not been monitored and kept under review. The training matrix was updated on the day of inspection. However, gaps remained in safeguarding adult and child training, including for nursing staff and GPs, including those with lead roles. This information, including evidence that staff had received safeguarding training, was subsequently provided following the inspection. Records showed that just one of the nursing team had received training in the Mental Capacity Act (MCA).
- The appraisal programme had not been maintained for the last year. The new practice manager had identified this and met with the administration staff to identify any urgent needs. We were told some staff had received appraisals but records for these sessions could not be located.
- There were no clear overall management structures for the nursing team in place. Nurses were unaware of the organisational performance of the practice, particularly relating to staff training gaps, low childhood immunisation rates and infection control processes.

Managing risks, issues and performance

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

- The new practice manager had re introduced systems to demonstrate that there was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, fire risk assessments, fire drills, environmental risk assessments and equipment calibration checks had recently been performed.
- The practice had processes to manage current and future performance. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses, including previous low performance of childhood immunisations identified as part of the inspection process.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

Are services well-led?

Requires improvement 

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

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The last results of the friends and family test were recorded between June and October 2017. At this time, fifteen of the 16 results stated that they would be extremely likely to recommend the practice.
- The practice had responded to patient feedback and had introduced glass panels and a draft door to address a cold waiting area. The practice had also responded to patient feedback about appointment times and had introduced being able to book online appointments for the nurse and blood tests.
- There was an active patient participation group (PPG) who had worked to create a community garden to the rear of the practice and had provided, in conjunction with the practice, educational talks for patients on sleep

disturbances, foot health and dementia care. The PPG members worked with other PPGs in the local area to share ideas and provide support to patients. PPG representatives said the practice staff had been supportive and responsive.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice had recently re registered to become a research practice.
- GPs knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems, processes and records were not implemented or maintained to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. For example:</p> <ul style="list-style-type: none">• Maintenance of and review of practice specific policies• Maintenance of staff appraisal records in a way to identify gaps in staff support.• Maintenance of staff training records in a way to identify gaps in training. <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>