

The Heavitree Practice

Quality Report

Heavitree Health Centre
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Date of inspection visit: 17 March 2016

Date of publication: 06/05/2016

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Heavitree Practice on 17 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice was part of a pilot site for a pre-diabetic education project overseen by a local charity. The aim was to support patients and provide lifestyle education for patients recently diagnosed with or at risk of developing type two diabetes.

- The practice had been part of 11 clinical research projects over the last two years. A current project involved identifying patients who may benefit from targeted exercises following a stroke to improve recovery.
- Information about patients' outcomes was used to make improvements; such as identifying patients with osteoporotic vertebral fracture as part of a pilot research project and then offering these patients focused physiotherapy rehabilitation courses.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, the practice benefitted from support services provided by the Friends of Heavitree Health Centre charity, which provided volunteer transport services for patients to secondary care health appointments.

Summary of findings

- The Friends of Heavitree Health Centre charity, based within the practice, also offered Tai Chi classes, shopping trips and social activities, which had reduced social isolation of vulnerable patients.
- Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice offered pre-bookable early morning appointments from 7.40am on three mornings a week and evening appointments until 7.30pm on alternate Thursdays for working patients who could not attend during normal opening hours.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The practice worked in partnership with a local charity offering work placements to people who had learning disabilities and/or long term health conditions. Staff told us this helped them learn about the health and wellbeing needs for patients in the wider community and those registered at the practice with similar conditions.

- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice was an early initiator of the implementation of the NHS accessible information standard, which organisations must follow by 31 July 2016. The standard was intended to ensure that patients who have a disability, impairment or sensory loss get information that they can access and understand, and receive any communication support that they need. The practice had ensured progress by ensuring that the accessible information standard was discussed at all patient participation group, practice whole team and Exeter practice managers' meetings.

The areas where the provider should make improvement are:

- Include emergency medical equipment instructions in trainee GP staff induction sessions.
- The practice should continue to review prescription pad security to ensure new processes are followed.

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?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Emergency equipment was available at the practice, however not all trainee GP staff were aware of its location.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Information about patients' outcomes was used to make improvements; such as identifying patients with osteoporotic vertebral fracture as part of a pilot research project and then offering these patients focused physiotherapy rehabilitation courses.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice was part of a pilot site for a pre-diabetic education project overseen by a local charity. The aim was to support patients and provide lifestyle education for patients recently diagnosed with or at risk of developing type two diabetes.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice, their patients and carers benefitted from support services provided by the Friends of Heavitree Health Centre charity, which provided volunteer transport services for patients to secondary care health appointments.
- The Friends of Heavitree Health Centre charity, based within the practice, also offered Tai Chi classes, shopping trips and social activities, which had reduced social isolation of vulnerable patients.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was retained by the nearby University campus to provide additional support for students who register as patients. This included identifying a lead GP, who was the named GP for all students. The GP held introductory sessions at the University and the practice provided accommodation for University appointed counsellors.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

- The practice offered pre-bookable early morning appointments from 7.40am on three mornings a week and evening appointments until 7.30pm on alternate Thursdays for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was accessible for patients with mobility impairment with ground floor consulting rooms.
- Reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services. For example there was a highly visible hand rail on the slope to entering the premises and tactile paving at the practice entrance to signpost the practice for people with visual impairment.
- The practice worked in partnership with a local charity offering work placements to people who had learning disabilities and/or long term health conditions. Staff told us this helped them learn about the health and wellbeing needs for patients in the wider community and those registered at the practice with similar conditions.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. For example, the practice was an early initiator of the implementation of the NHS accessible information standard, which organisations must follow by 31 July 2016. The standard intendeds to ensure that patients who have a disability, impairment or sensory loss receive information that they can access and understand, and any communication support that they need. The practice had ensured progress to achieving the accessible information standard was discussed at all PPG, practice whole team and Exeter practice managers' meetings. The practice had consulted with patients and collated information about the resources available to meet patients' particular communication needs.
- The practice had been part of 11 clinical research projects over the last two years. A current project involved identifying patients who may benefit from targeted exercises following a stroke to improve recovery.

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

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

Good



- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits, longer appointments and urgent appointments for those with enhanced needs.
- The community matron and the district nurses shared premises with the practice. This meant communication between the practice and community nursing services was easily facilitated; ensuring patients current needs were regularly discussed.
- The practice completed care plans for patients who had unplanned hospital admissions to ensure needs were met post-hospital admission.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nursing staff had received specialist training in order to offer a full leg ulcer dressing service.
- Performance for diabetes related indicators, such as the percentage of patients on the diabetes register with a foot examination and identification of further risk through developing diabetes associated complications within the preceding 12 months was 95%. This was better than the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice was part of a pilot site for a pre-diabetic education project overseen by a local charity. The aim was to support patients and provide lifestyle education for patients recently diagnosed with or at risk of developing type two diabetes.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations in line with the local CCG averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 77%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors. Midwife clinics were held in the practice.
- Same day appointments were available for children.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice had a GP who worked closely with students based at the nearby University campus and provided accommodation for student counsellors.
- Extended opening times were available three mornings a week from 7.40am and alternate Thursday evenings until 7.30pm for the convenience of working patients.
- Patients could self-check their blood pressure and women could complete a contraceptive pill health check without needing an appointment. Results were forwarded to their GP for review/follow up.

Summary of findings

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, the practice benefitted from support services provided by the Friends of Heavitree Health Centre charity, which provided volunteer transport services for patients to secondary care health appointments.
- The Friends of Heavitree Health Centre charity, based within the practice, also offered Tai Chi classes, shopping trips and social activities, which had reduced social isolation of vulnerable patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Specialist nurse appointments, such as for blood monitoring or on-going medicines via injection were pre-bookable up to eight weeks in advance.
- The practice worked in partnership with a local charity offering work placements to people who had learning disabilities and/or long term health conditions. Staff told us this helped them learn about the health and wellbeing needs for patients in the wider community and those registered at the practice with similar conditions.
- The practice was an early initiator of the implementation of the NHS accessible information standard, which organisations must follow by 31 July 2016. The standard is intended to ensure that patients who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

Outstanding



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- 91% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which compared favourably to the national average of 84%.
- Performance for mental health related indicators better than the national average. For example, 100% of patients with severe mental illnesses had a care plan agreed with the patient in the preceding 12 months. The national average was 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and the practice was a member of Dementia Action Alliance; a charitable organisation with the aim of enabling people to live well with dementia and reduce the risk of crisis intervention. Practice staff had received 'Dementia Friends' training to be more skilled in supporting patients who had dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing better than local and national averages. 238 survey forms were distributed and 115 were returned. This represented about 1.5% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received three comment cards which were all positive about the standard of care received. Patients told us they got to see a GP when they needed to, that they found the offer of telephone appointments convenient and that the care provided by the staff was attentive and sympathetic.

We spoke with three patients and five members of the patient participation group during the inspection. They were all satisfied with the care they received and stated they thought staff were approachable, committed and caring.

The practice published Friends and Family survey results on a monthly basis on the practice website. The most recent results for February 2016 indicated 100% of respondents were either extremely likely or likely to recommend the practice to friends and family if they needed similar care or treatment. From the preceding period of December 2014 to January 2016 a total of 650 patients participated in the Friends and Family test. Of these 97% indicated that they were highly likely or likely to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Include emergency medical equipment instructions in trainee GP staff induction sessions.
- The practice should continue to review prescription pad security to ensure new processes are followed.

Outstanding practice

We saw one area of outstanding practice:

- The practice was an early initiator of the implementation of the NHS accessible information standard, which organisations must follow by 31 July 2016. The standard was intended to ensure that patients who have a disability, impairment or sensory loss get information that they can access

and understand, and receive any communication support that they need. The practice had ensured progress by ensuring that the accessible information standard was discussed at all patient participation group, practice whole team and Exeter practice managers' meetings.

The Heavitree Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to The Heavitree Practice

The Heavitree Practice is situated in Exeter, close to the University campuses and major hospitals. The city has good public transport facilities and there is parking at the practice. There were 7288 patients registered with the practice on the day of our inspection. Approximately 7% of the list are students and 8% of patients are aged over 75 years.

There are five GP partners and one salaried GP. Four of the GPs are female and two are male. Four nurses are employed at the practice, one health care assistant and one phlebotomist (a staff member trained to take blood). The clinical team is supported by a practice manager, deputy practice manager and administration/reception staff.

The Heavitree Practice is a teaching and training practice for medical students and qualified Doctors training to become GPs.

The practice opens for appointments between 8am and 6pm Mondays to Fridays. In addition there are appointments until 7.30pm on alternative Thursdays. Pre-bookable early morning appointments are available on Mondays, Wednesdays and Thursdays from 7.40am.

Outside normal surgery hours the practice had an arrangement with the Devon Doctors on-call service. This service has an out-of-hours treatment centre where GPs see patients if requiring urgent medical care. For advice or treatment when the practice is closed, patients were directed to the NHS Direct 111 telephone service.

All regulated activities were provided from one location:

Heavitree Health Centre

Exeter

Devon

EX1 2RX.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 March 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (five GPs, one trainee GP, three nurses, one health care assistant and one phlebotomist, the practice manager and deputy practice manager and four reception/administration staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

- Is it well-led?

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. We noted that significant events were discussed in clinical meetings but that such events were not a standing agenda item on whole staff meetings. This meant that learning was not always shared with the whole staff team. Following our inspection visit the practice manager wrote to us telling us that this would now be a standing item in whole staff meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice implemented a review of policy on prescribing for specific medicines when patients failed to attend appointments for blood test monitoring associated with the medicines. The new policy meant that patients were written to advising them that, for their own safety, their repeat medicines would be stopped if they failed to attend for medicine blood levels monitoring.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All GPs were trained to child protection or child safeguarding level three. The practice followed the CCG guidance on records management and had a list of read codes that met the guidance on child protection coding protocols. (Read codes are a coded thesaurus of clinical terms and are used in the NHS).

- There was no information for patients in the waiting room to advise patients that chaperones were available if required. We raised this with the practice manager who took immediate steps to address this.
- All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training.
- Annual infection control audits were undertaken. We looked at the audit for November 2015. Action had been taken to address any improvements identified as a result. For example, in addition to annual infection control audits the nursing staff carried out targeted smaller quarterly infection control audits. The results of the annual audit were communicated within the clinical staff team, but there was no formal checklist developed for the additional quarterly audits undertaken. Following feedback at the end of our inspection the practice manager wrote to us informing us that this would now be recorded formally using a written checklist to demonstrate how this had taken place.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms were not always held securely. We raised this with the practice manager and this was rectified immediately. There were systems in place to monitor the use of prescription forms. Following our inspection the practice manager wrote to us informing us that a meeting had been held with GPs to remind them to adhere to the practice prescription pad tracking protocol with regard to the security of prescription pads.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed eight personnel files (six locum files and two permanent staff) and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all permanent staff knew of their location. All the medicines we checked were in date and stored securely. One trainee GP spoken with was not aware of the emergency equipment's location. We raised this with the practice manager who wrote to us informing us that the emergency medical equipment location would be added to the trainee GP staff induction session.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example, there were some patients who were self-monitoring their high blood pressure (hypertension) at home and then providing results to nurses in nurse led clinics. The practice had developed a clear protocol from NICE guidance for nurses about escalating concerns and treatment options to the patients' GP.
- The practice monitored that NICE guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators, such as the percentage of patients on the diabetes register with a foot examination and identification of further risk through developing diabetes associated complications, within the preceding 12 months was 95%. This was better than the national average of 88%.
- Performance for mental health related indicators better than the national average. For example, 100% of patients with severe mental illnesses had a care plan agreed with the patient in the preceding 12 months. The national average was 88%. The percentage of patients with dementia whose care had been reviewed in the preceding 12 months was 91%, compared with the national average of 84%.

There was evidence of quality improvement including clinical audit.

- We looked at ten clinical audits completed in the last two years; four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. Recent action taken as a result of clinical audit on referrals to secondary health services was to implement a peer review system in the practice for GP referrals to areas the practice had high patient referral rates. Such as for ear, nose and throat and urology referrals.

Information about patients' outcomes was used to make improvements; such as identifying patients with osteoporotic vertebral fracture as part of a pilot research project and then offering these patients focused physiotherapy rehabilitation courses.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. For example, practice nurses had received specialist training in order to offer a full leg ulcer dressing service at the practice.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice was a pilot site for a pre-diabetic education project overseen by a local charity. The aim was to support patients and provide lifestyle education for patients recently diagnosed with or at risk of developing type two diabetes.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 97%, comparable with the CCG average ranges from 81% to 97%. For five year olds the practice scored between 90% to 94%, comparable to the CCG average ranges between 91% to 97%.

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

The practice was a member of Dementia Action Alliance; a charitable organisation with the aim of enabling people to live well with dementia and reduce the risk of crisis intervention. Practice staff had received 'Dementia Friends' training to be more skilled in supporting patients who had dementia.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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

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

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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 in line with or above local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 74 patients as carers (1% of the practice list). Patients were identified as carers through a questionnaire on a new patient registration form or by completing a carer's form visible at the reception area. The practice also liaised with the co-ordinator of the Friends of Heavitree Heath Centre charity to reach out to patients who had identified themselves as carers for support services. Written information was available to direct carers to the various avenues of support available to them, such as Carers Direct, Devon Carers and Devon Young Carers. There was a carer's display on a notice board in the patient waiting room.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, the practice benefitted from support services provided by the Friends of Heavitree Health Centre charity, which provided volunteer transport services for patients to secondary care health appointments. The Friends of Heavitree Health Centre charity, based within the practice, also offered Tai Chi classes, shopping trips and social activities, which had reduced social isolation of vulnerable patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was retained by the nearby University campus to provide additional support for students who registered as patients. This included identifying a lead GP, who was the named GP for all students. The GP held introductory sessions at the University and the practice provided accommodation for University appointed counsellors.

- The practice offered pre-bookable early morning appointments from 7.40am on three mornings a week and evening appointments until 7.30pm on alternate Thursdays for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was accessible for patients with mobility impairment with ground floor consulting rooms.
- Reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example there was a highly visible hand rail on the slope to entering the premises and tactile paving at the practice entrance to signpost the practice for people with visual impairment.

The practice worked in partnership with a local charity offering work placements to people who had learning disabilities and/or long term health conditions. Staff told us this helped them learn about the health and wellbeing needs for patients in the wider community and those registered at the practice with similar conditions. For

example, staff told us about recent experiences when working with students on placement at the practice that were diagnosed as being on the autistic spectrum. They told us that all instructions had to be given in a simple, straightforward and precise manner with no ambiguity. The staff said this knowledge was then taken forward when supporting patients with this disability.

Access to the service

The practice was open and appointments were available between 8am and 6pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to four weeks in advance by phone, in person or on-line. Urgent appointments were also available for people that needed them.

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

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 95% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example, via a practice leaflet, posters in the waiting area and on the practice website.

We looked at thirteen complaints received in the last 12 months and found complaints were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was

Are services responsive to people's needs?

(for example, to feedback?)

taken to as a result to improve the quality of care. For example, in reviewing processes for reception staff when fulfilling repeat prescription requests, through additional staff training.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and website. Staff knew and understood the values. The mission statement was: 'The Heavitree Practice will strive to meet the needs of our patients, and to provide excellent care and support. We will continue to develop a motivated and efficient multidisciplinary team.'
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice benefitted from support services provided by the Friends of Heavitree Health Centre, which provided volunteer transport services for patients to secondary care health appointments. The practice had implemented governance arrangements to ensure that patients signposted to this service were safe, such as by ensuring that the Friends organisation had carried out suitable background checks of volunteer staff drivers.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment that this was reported to the practice manager or one of the partners and recorded.

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every six months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted

Are services well-led?

Good 

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

proposals for improvements to the practice management team. For example, with regard to disabled access improvements, online services and the self-check in service.

- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was an early initiator of the implementation of the NHS accessible information standard, which organisations must follow by 31 July 2016. The standard was intended to

ensure that patients who have a disability, impairment or sensory loss get information that they can access and understand, and receive any communication support that they need. The practice had ensured progress to achieving the accessible information standard was discussed at all PPG, practice whole team and Exeter practice managers' meetings.

The practice had consulted with patients and collated information about the resources available to meet patients' particular communication needs, for example translation services or pictorial leaflets.

The practice manager represented Exeter GP practices in the working group set up to provide training and resources for GP practices across the locality to achieve the standard. Reception staff told us screen prompts had been allocated to patients who may have additional communication needs, such as visually impaired or deaf patients, so that additional assistance could be offered.