

# Heathgate Medical Practice

## Quality Report

Heathgate Surgery  
The Street,  
Poringland,  
Norwich,  
Norfolk,  
NR14 7JT

Tel: 01508 494343

Website: [www.heathgatemedicalpractice.co.uk](http://www.heathgatemedicalpractice.co.uk)

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

## Ratings

### Overall rating for this service

Outstanding



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Outstanding



# 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 Heathgate Medical Practice on 11 January 2017.

Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety and the practice had systems in place for reporting and recording significant events. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients who used services were assessed and well managed.
- The practice was proactive and responsive to patients' needs.
- Patient safety alerts were logged, shared and initial searches were completed and the changes effected.

- 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 had undertaken 411 NHS health checks last year.
- Results from the national GP patient survey showed patients responded positively to all questions in the survey. All results were above the local and national averages. For example; 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice gathered feedback from patients and it had a very engaged and proactive patient reference

# Summary of findings

group (PRG), who liaised closely with staff and influenced practice development. Changes were made to the way it delivered services as a consequence of feedback from patients and the PRG.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs. For example; the practice had a room available which included a baby weighing facility for parents to use.
- There was a clear strong leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider should make an improvement was:

- Develop a system to proactively identify carers.

We saw areas of outstanding practice including:

- The practice had encouraged the Clinical Commissioning group (CCG) to look at commissioning a local enhanced service with Practices across the CCG to engage in the monitoring of patients with eating disorders, based on monitoring submitted by the practice. A new local enhanced service was

commissioned and two partners at the practice formalised a practice protocol for the process. The adoption of the monitoring principles were outlined in a guide prepared by Kings College London.

- The practice offered an “options” letter and questionnaire for patients due an asthma review. The letter gave four options of how to book their review and ensured patients were involved and included in decisions about their care. All responses were overseen by the respiratory lead.
- The practice used a “passport to health” which gave patients information and reminders of ongoing and new conditions and what treatments or regular tests were needed.
- The practice created a pull up banner to promote ‘lost clinical time’ due to patients who did not attend for clinical appointments in the practice. We saw evidence of the Norfolk CCG’s support campaigns which followed and the practice’s banner and poster designs were made available to other practices within the CCGs. The banner included lost hours and appointment data for the practice each month. The practice provided data which showed the amount of patients who had missed an appointment each month, excluding the flu vaccination clinics, had declined immediately following the campaign.

**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. For example, the calibration of an INR machine had been missed so the practice wrote a prompt for the calibration dates which was displayed in the appropriate areas to ensure it did not happen again.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had arrangements in place to respond to emergencies and major incidents.
- We reviewed a range of personnel files and found that all of the appropriate recruitment checks had been undertaken for all relevant staff members 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.
- An Infection control audit had been undertaken. We saw evidence of one recent audit in September 2016 however the audit did not include all areas assessed, only the issues found. An effective action plan was not included to address any improvements identified as a result of the audit. The practice carried out a detailed and thorough audit dated January 2017 post inspection which incorporated all of the points which the inspection team had highlighted.
- The practice had a Legionella policy and documented risk assessment in place.
- Patient safety alerts were logged, shared and searches were completed to ensure that changes were adequately effected on the relevant patient care records.
- The practice had systems in place 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 A&E attendances.

### Are services effective?

The practice is rated as good for providing effective services.

Good



# Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were higher than the clinical commissioning group (CCG) and England averages however the practice exception reporting rate was slightly higher than average at 13%. The practice had 25% of their practice population aged 65 and above.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice designed and created palliative care kits which were placed in patient's homes when they were moving into their end of life stage. The kits were created to provide the appropriate supplies of end of life medication, with medication charts written up by the clinicians so that community nurses and visiting out-of-hours clinicians had access to medications when the surgery was closed. With the palliative care kits, the practice provided details of any end of life preferences including preferred place of death. The practice explained that the kits had been very useful in helping prevent palliative care patients being admitted to hospital when their preferred place of care and death was in the community.
- The practice had weekly partners meetings which included discussions regarding patients admitted as emergencies to hospital, hospital discharges, new significant diagnoses, vulnerable patients and deaths.
- The practice had encouraged the Clinical Commissioning group (CCG) to look at commissioning a local enhanced service with Practices across the CCG to engage in the monitoring of patients with eating disorders, based on monitoring submitted by the practice. A new local enhanced service was commissioned and two partners at the practice formalised a Practice protocol for the process. The adoption of the monitoring principles were outlined in a guide prepared by Kings College London.
- The practice offered an "options" letter and questionnaire for patients due an asthma review. The letter gave four options of how to book their review and ensured patients were involved and included in decisions about their care. All responses were overseen by the respiratory lead.

# 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. For example; 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- Patients said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment. The practice had a dignity and respect policy.
- We received 45 CQC comment cards completed by patients prior to our inspection, all of which were positive about the standard of care received. Patients felt that the practice provided a friendly, professional and kind service, praising both individual members of staff and the practice as a whole.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 88 patients as carers (1% of the practice list). A form was given to patients during registration to state whether they were a carer or cared for. Written information was available to direct carers to the various avenues of support available to them.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

Outstanding



- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had set up a self-weighing room for parents to weigh their babies.
- 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.
- The national GP patient survey results were published on 7 July 2016. The results showed that patients rated the practice higher than others for access to care.
- The practice ran flu clinics on a Saturday.

# Summary of findings

- The practice made weekly visits to the local care homes to see patients with acute needs, to undertake ongoing reviews and to discuss care plans with the manager, patient and the families/carers of the residents, each patient had a proactive care plan at the homes which was updated regularly. Every quarter the nominated GP for the home met with the manager of the home at the practice for a desk top review of each patient residing in the home. The practice liaised closely with the pharmacy to provide medication wallets to the home to ensure safe adherence of medication. A GP and a nurse visited the homes each year to review and administer seasonal immunisations required and undertake pulse checks to assess for abnormal heart rhythms at the same time. One care home had a minimal unplanned admission rate of just two out of 18 residents admitted to hospital in the previous six months.
- In October 2016 the practice made 22 additional routine appointments available per week for patients to ease winter pressures. In January 2017 the practice made a further 16 routine appointments available per week due to an NHS England scheme for winter pressures.
- The practice offered an anticoagulation monitoring service, a dermatology clinic and D-Dimer testing (a blood test that measures a substance that is released when a blood clot breaks up).
- The practice created a pull up banner to promote 'lost clinical time' due to patients who did not attend for clinical appointments in the practice. We saw evidence of the Norfolk CCG's support campaign which followed and banners and posters were made available to other practices within the CCG. The banner included lost hours and appointment data for the practice each month.
- The practice supported the local "open the bag" campaign which encouraged patients to only order medicines needed to reduce the amount wasted.
- The practice had completed deaf awareness training.

## Are services well-led?

The practice is rated as outstanding 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.

**Outstanding**



# Summary of findings

- 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.
- 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 proactively sought feedback from staff and patients, which it acted on. The patient reference group was active. The practice encouraged the completion of the NHS friends and family test by displaying a large banner in the waiting area. The results for April 2016 through to December 2016 were 91% of patients who completed the test said they were extremely likely or likely to recommend the practice to friends and family. The practice also gained feedback from patients with a “send us a Christmas card” and “send us a postcard” campaigns where patients were encouraged to give their views on a card sent by the practice. The practice had a good response and the practice analysed trends of the results from the two sets of feedback.
- In October 2016 the practice made 22 additional routine appointments available per week for patients to ease the winter pressures. In January 2017 the practice made a further 16 routine appointments available per week due to an NHS England scheme for winter pressures.
- The practice had encouraged the Clinical Commissioning group (CCG) to look at commissioning a local enhanced service with Practices across the CCG to engage in the monitoring of patients with eating disorders, based on monitoring submitted by the practice. A new local enhanced service was commissioned and two partners at the practice formalised a practice protocol for the process. The adoption of the monitoring principles were outlined in a guide prepared by Kings College London.
- The practice created a pull up banner to promote ‘lost clinical time’ due to patients who did not attend for clinical appointments in the practice. We saw evidence of the Norfolk CCG’s support campaigns which followed and the practice’s banner and poster designs were made available to other practices within the CCGs. The banner included lost hours and appointment data for the practice each month.
- There was a strong focus on continuous learning and improvement at all levels.



# 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 outstanding for the care of older people. The practice was rated as outstanding for responsive and well led services. These ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, 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 and urgent appointments for those with enhanced needs.
- The practice had a palliative care register and the practice worked closely with the multi-disciplinary team, out-of-hours and the nursing team to ensure proactive palliative care planning.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis, dementia and heart failure were generally in line with the local and national averages.
- The practice looked after patients living in two local care homes. The GPs visited patients weekly and met with the home managers to discuss specific care needs.
- Patients were directed to the Good Neighbour Scheme which supports older people in their daily living.
- The practice offered flu, shingles and pneumococcal vaccinations to this population group.

Outstanding



### People with long term conditions

The practice is rated as outstanding for the care of people with long-term conditions. The practice was rated as outstanding for responsive and well led services. These ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice completed joint reviews for patients who had two or more long term conditions to ensure patients did not have to attend the practice on multiple occasions.
- Data from 2015/16 QOF showed that performance for diabetes related indicators was 96%, which was 4% above the CCG average and 6% above the England averages with an exception reporting of 15% which was the same as the CCG average of 15% and higher than the England average of 12%.

Outstanding



# Summary of findings

- Longer appointments and home visits were available when needed which included for long term condition reviews.
- 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 hosted the hospital diabetes eye screening clinic annually.
- Nursing staff had completed the Warwick certificate in diabetes care (CIDC) course.
- The practice used a “passport to health” which gave patients information and reminders of ongoing and new conditions and what treatments or regular tests were needed.
- The practice offered an “options” letter and questionnaire for patients due an asthma review. The letter gave four options of how to book their review and ensured patients were involved and included in decisions about their care. All responses were overseen by the respiratory lead.
- The practice offered three anticoagulation clinics per week.

## Families, children and young people

The practice is rated as outstanding for the care of families, children and young people. The practice was rated as outstanding for responsive and well led services. These ratings apply to everyone using the practice, including this population group.

- There were systems in place 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 A&E attendances. Immunisation rates were in line with the averages for standard childhood immunisations.
- 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.
- 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, health visitors and school nurses. The health visitors used a room at the practice and undertook joint visits with the practice clinical staff to patients where necessary. The midwives ran a weekly clinic from the practice. The practice provided glucose tolerance testing for pregnant women which meant they did not need to visit the hospital for the tests.
- The practice had a room available which included a baby weighing facility for parents to use. It included baby weighing

Outstanding



# Summary of findings

scales, equipment cleaning wipes, a check list for cleaning by both patients after use and the practice and various information regarding child protection guidance, adult safeguarding and vaccinations.

- The practice had a baby changing area and encouraged breast feeding within the practice.
- The practice supported the local secondary schools with materials for lessons regarding sexual health.
- Text messaging was used to confirm appointments.

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

The practice is rated as outstanding for the care of working-age people (including those recently retired and students). The practice was rated as outstanding for responsive and well led services. These ratings apply to everyone using the practice, including this population group.

- 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 pre-bookable appointments with GPs and nurses on a selection of Saturday mornings and extended hours on a Friday morning between 7am and 8am and in the evening on a Wednesday between 6.30pm and 7.30pm. Appointments could be booked up to six weeks in advance.
- The practice was proactive in offering online services, telephone clinics, as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice's uptake for the cervical screening programme was 84% which was the same as the CCG average and higher than the England average by 3%. The practice exception reporting for the clinical domain was 2% which was better than the CCG average of 8% and the England average of 7%.
- The practice offered catch up vaccinations for students studying away at university.
- The practice participated in the C-Card scheme which offered discreet Chlamydia screening and contraception for patients aged 13-24.
- The practice had extended hours phlebotomy services.
- In October 2016 the practice made 22 additional routine appointments available per week for patients to ease the winter pressures. In January 2017 the practice made a further 16 routine appointments available per week due to an NHS England scheme for winter pressures.

Outstanding



# 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 was rated as outstanding for responsive and well led services. These ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had 27 patients on the learning disabilities register and all patients had been invited to attend a care review. 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.
- 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 during out-of-hours.
- The practice staff had completed deaf awareness training.
- The practice had encouraged the Clinical Commissioning group (CCG) to look at commissioning a local enhanced service with Practices across the CCG to engage in the monitoring of patients with eating disorders, based on monitoring submitted by the practice. A new local enhanced service was commissioned and two partners at the practice formalised a practice protocol for the process. The adoption of the monitoring principles were outlined in a guide prepared by Kings College London.

Outstanding



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

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia). The practice was rated as outstanding for responsive and well led services. These ratings apply to everyone using the practice, including this population group.

- 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.

Outstanding



# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice offered library prescriptions and lent out mindfulness books.
- 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. The practice completed a dementia harmonisation programme in 2016 to ensure patients with the condition were supported and continued to screen patients using the appropriate cognitive test.
- The practice was a dementia friendly practice. The practice manager had devised an action plan which included 30 minute appointments for dementia reviews.
- The practice hosted a member of the local Wellbeing service and advertised the service in their newsletter.
- The practice patient reference group held a dementia awareness event in 2016 with local support groups in attendance which included the Alzheimer Association.
- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which similar to CCG average by and above the England average by 2% with a 14% exception reporting which was higher than the CCG average of 11% and the England average of 7%. The practice had 25% of their practice population aged 65 and above.
- The practice achieved 93% for mental health related indicators in QOF, which was below the CCG average by 3% and the same as the England average with an exception reporting of 13% which was below the CCG average of 14% and above the England average of 11%.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. An analysis of all of the results showed the practice was better than the local and national averages. 220 survey forms were distributed and 121 were returned. This represented a 55% completion rate.

- 95% of patients found it easy to get through to the surgery by telephone compared to the CCG average of 70% and the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%.
- 91% of patients describe their experience of making an appointment as good compared to the CCG average of 71% and the national average of 73%.
- 96% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 95% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and the national average of 73%.

- 95% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards, all of which were positive about the standard of care received. Patients felt that the practice provided a friendly, professional and kind service, praising both individual members of staff and the practice as a whole. Two comment card, despite being positive, contained comments on the length of time it took to gain an appointment to see a preferred GP.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and three stated staff were approachable, committed and caring. One patient had some negative comments regarding a recent experience at the practice.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Develop a system to proactively identify carers.

## Outstanding practice

- The practice had encouraged the Clinical Commissioning group (CCG) to look at commissioning a local enhanced service with Practices across the CCG to engage in the monitoring of patients with eating disorders, based on monitoring submitted by the practice. A new local enhanced service was commissioned and two partners at the practice formalised a practice protocol for the process. The adoption of the monitoring principles were outlined in a guide prepared by Kings College London.
- The practice offered an “options” letter and questionnaire for patients due an asthma review. The

letter gave four options of how to book their review and ensured patients were involved and included in decisions about their care. All responses were overseen by the respiratory lead.

- The practice used a “passport to health” which gave patients information and reminders of ongoing and new conditions and what treatments or regular tests were needed.
- The practice created a pull up banner to promote ‘lost clinical time’ due to patients who did not attend for clinical appointments in the practice. We saw evidence of the Norfolk CCG’s support campaigns which followed and the practice’s banner and poster designs

## Summary of findings

were made available to other practices within the CCGs. The banner included lost hours and appointment data for the practice each month. The

practice provided data which showed the amount of patients who had missed an appointment each month, excluding the flu vaccination clinics, had declined immediately following the campaign.

# Heathgate Medical 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 second CQC inspector, a GP specialist adviser and a practice manager specialist adviser.

## Background to Heathgate Medical Practice

Heathgate Medical Practice is situated in Poringland, Norfolk with a branch surgery in Rockland St Mary. The practice provides services for approximately 8,800 patients in approximately 80 square miles. The practice has seen a 7.5% increase in patient numbers in the past 10 years. It holds a General Medical Services (GMS) contract. A GMS contract is a nationally negotiated contract to provide care to patients. In addition, the practice also offers a range of enhanced services commissioned by their local CCG: facilitating timely diagnosis and support for people with dementia and extended hours access.

Heathgate Medical Practice has been an approved training practice for over 20 years. This means that doctors who wish to work in General Practice have to spend time training in a surgery environment to gain the experience and qualifications they need to become a GP. The practice has two qualified GP trainers and two associate trainers who mentor and support the education of the doctors in training. The practice also host medical students.

The practice has three male and two female GP partners and a managing partner. The team also includes a female

nurse practitioner, two female practice nurses, one female health care assistant, one female phlebotomist and four dispensers. They also employ a team of secretarial, administration and reception staff.

The surgery in Poringland is open between 8am and 6pm Monday to Friday with extended hours on a Wednesday between 6.30pm and 7.30pm and on a Friday morning between 7am and 8am. Additional weekend appointments are available on a selection of Saturday mornings. The surgery in Rockland St Mary is open on Mondays between 8.30am and 12pm and 2.30pm and 5.30pm, Tuesdays and Thursdays between 8.30am to 12pm, Wednesdays between 2.30pm to 5.30pm and Fridays between 8.30am to 12pm and 2.30pm to 5pm. The branch surgery is closed on the weekends. When the surgery is closed, patients have full access to healthcare services through the Poringland surgery. During out-of-hours GP services are provided by Integrated Care 24 (IC24) via the 111 service.

We reviewed the most recent data available to us from Public Health England which showed that the practice had a lower than average practice population under age 45 and higher than average over 45 to 85+ compared to the national England average. The deprivation score was significantly lower than the average across England.

## 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.



# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 January 2017.

During our visit we:

- Spoke with a range of staff including GPs, nursing staff, the practice manager, reception and administration staff and spoke with patients who used the service including the patient reference group (PRG). We also spoke with a health visitor, a care home manager, the integrated care coordinator and a member of the local CCG.
- Visited the branch surgery in Rockland St Mary.
- 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 and 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.
- Significant events were discussed at regular clinical meetings and where appropriate at whole practice meetings. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Patient safety alerts were logged, shared and initial necessary searches were completed and the changes effected.

### Overview of safety systems and processes

Risks to patients who used services were assessed and the systems and processes to address these risks were robust enough to ensure patients were kept safe.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse practitioner 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. The practice had one completed infection control audit. We did not see evidence that actions were planned or taken to address any improvements identified in the audit however the practice manager stated they were to be addressed within six months of the audit dated September 2016. The practice carried out a detailed and thorough audit dated January 2017 post inspection which incorporated all of the points which the

inspection team had highlighted. We saw evidence of staff cleaning checks, monitoring of the cleaners and staff reported any issues raised. We saw a number of in-depth monthly cleaning audits carried out by the cleaning contractor. The practice used disposable curtains which were changed every six months and a deep clean was completed regularly. Bodily fluid spillage kits were available in the practice and a log card was filled in when used. There were hand washing signs next to all sinks and alcohol hand gel was available for use. There was a sharps injury policy, a risk assessment and a sharps injury procedure available. Clinical waste was stored and disposed in line with guidance. All practice staff had completed infection control e-learning.

- We reviewed a range of personnel files and found that all of the appropriate recruitment checks had been undertaken for all staff 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.
- 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. GPs and nurses were trained to child safeguarding level three.
- A notice in the waiting room and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. All staff who acted as chaperones 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).

# Are services safe?

## Medicines management

Arrangements were in place for managing medicines, including emergency medicines and vaccines in the practice (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 pads were securely stored and there were systems in place to monitor their use, however due to some confusion over the number sequencing on the prescriptions, the practice were not tracking the prescription printer forms effectively throughout the practice. Once the inspection team rectified this confusion the practice instigated a more in-depth tracking system.

Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training, or were fully supervised in training roles. The dispensers told us that they always had access to a GP for advice and guidance. Records showed that all members of staff involved in the dispensing process had annual appraisal and competency checks.

We noted that the practice had an effective and clear process for the management of information about changes to patient medication received from other services. All such changes were reviewed and authorised by a GP and communicated to the dispensers as necessary. We observed systems in place to ensure that repeat prescriptions were monitored effectively and that patients were able to request repeat prescriptions by a number of means including online. We noted that repeat prescriptions including controlled drugs had been signed by a GP before being given to patients. The dispensers monitored prescriptions that had not been collected and informed the GPs of this. We observed that the dispensers counselled patients on their medicines, including possible side effects and appropriate timing of medicines. Repeat prescriptions were collected by patients or carers from the surgery or the prescriptions were transferred electronically to a pharmacy of the patient's choice. We observed that the dispensing process was safe and made use of a second person check by a member of the dispensary team and a bar-code check.

The practice held stocks of controlled drugs (CDs) (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. We noted that CDs were correctly stored in a locked cupboard at both dispensaries. We examined the CD record book and noted that it was accurately completed. We checked a sample of CD medicines against stock levels in the record book and found them to be correct. We observed that CDs were checked at regular intervals by the dispensers. We saw that staff were aware of how to report any concerns with CDs to the practice manager and lead GP. There were arrangements in place for the recording of stock and the destruction of CDs.

Dispensary staff showed us standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines) which were reviewed annually however these were not signed by the dispensers. We saw that the staff showed a good understanding of the SOPs. We observed records showing that regular audits of medicine usage were carried out and that drug recall alerts from the MHRA (Medicines and Healthcare products Regulatory Agency) were actioned promptly by the practice manager and discussed with the dispensary manager. Medicines were stored securely within the practice. Thermometers used to record refrigerator temperatures were validated and calibrated annually to ensure their accuracy. Fridge temperatures were checked daily and recorded. If the temperatures recorded fell outside of the required range, an explanation was recorded (for example when re-stocking medicines in the fridge) or else staff followed the cold chain guidance. We observed that processes were in place to check on a regular basis that medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations. The practice had a system in place to assess the quality of the dispensing process and had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary.

## Monitoring risks to patients

Risks to patients were assessed.

- There was a health and safety policy available which identified local health and safety representatives. The

## Are services safe?

practice had up to date fire risk assessments and had completed a fire drill in February 2016 however these were not a regular occurrence as the previous fire drill we saw evidence for was August 2013. 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 the control of substances hazardous to health, dispensary security and infection control. The practice had a legionella policy and an associated risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Water temperatures were displayed on a gauge on the front of the practice's new boiler system which was monitored regularly.

- 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.

- All staff had received up to date basic life support training and there were emergency medicines available in the treatment room. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises with adult pads. Oxygen was available with adult and children's masks. A first aid kit and accident book were available.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a basic business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice manager recently updated the plan and since the inspection forwarded a robust and detailed plan.

# 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 98% of the total number of points available which was above the CCG average of 97% and above the England average of 95% with an exception reporting rate of 13% which was higher than the CCG average of 11% and higher than the England average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed that the practice generally performed in line or better than the CCG and England averages:

- Performance for asthma related indicators was 100% which was 1% above the CCG averages and 3% above the England averages with an exception reporting of 15% which was higher than the CCG average of 8% and the England average of 7%.
- Performance for mental health related indicators was 93% which was 3% below the CCG average and the same as the England average with an exception reporting of 13% which was below the CCG average of 14% and above the England average of 11%.

- Performance for diabetes related indicators was 96% which was 4% above the CCG averages and 6% above the England averages with an exception reporting of 15% which was the same as the CCG average and higher than the England average of 12%.
- Performance for dementia related indicators was 100% which was 1% above the CCG average and 3% above the England average with an exception reporting of 23% which was above the CCG average of 15% and the England average of 13%.
- Performance for depression related indicators was 100% which was 6% above the CCG average and 8% above the England average with an exception reporting of 20% which was below the CCG average of 23% and the England average of 22%.
- Performance for rheumatoid arthritis related indicators was 81% which was 16% below the CCG averages and 15% below the England averages with an exception reporting of 0% which was below the CCG averages of 9% and the England averages of 8%.

The practice scored 100% on 15 of the 19 clinical indicators with an overall exception reporting of 13% which was slightly higher than the CCG and England averages. The practice had 25% of their practice population aged 65 and above.

The practice had 27 patients on the learning disabilities register and all patients had been invited in for a care review.

The practice had encouraged the Clinical Commissioning group (CCG) to look at commissioning a local enhanced service with practices across the CCG to engage in the monitoring of patients with eating disorders, based on monitoring submitted by the practice. A new local enhanced service was commissioned and two partners at the practice formalised a practice protocol for the process. The adoption of the monitoring principles were outlined in a guide prepared by Kings College London.

The practice offered an "options" letter and questionnaire for patients due an asthma review. The letter gave four options of how to book their review and ensured patients were involved and included in decisions about their care. All responses were overseen by the respiratory lead.

There was evidence of quality improvement including clinical audit.

# Are services effective?

## (for example, treatment is effective)

- We looked at two clinical audits completed in the last two years which were both completed audits where the improvements made were implemented and monitored. For example, an audit of Methotrexate dispensing to ensure the correct processes was adhered to included; labelling on the boxes to show, the strength of tablets dispensed, the quantity supplied and the weekly dose to be marked in words and figures. The practice looked at 22 patients in September 2015 and 77% met all three criteria. A medication specific standard operating procedure (SOP) was created covering the criteria for labels when dispensing methotrexate. The audit was completed again in January 2016 for 20 patients which showed 95% met all three criteria. The content of the audit was shared with both prescribers and dispensers.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- High risk medications were monitored regularly by the GPs by doing a search on the clinical computer system. The practice described and showed us how their recall system worked for various drug monitoring. The recall system in place was robust and the practice regularly checked that patients had been in for their blood tests and monitoring. The practice actively encouraged patients to attend for their blood tests.

### 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 topics such 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, the nursing staff had completed their various updates including immunisations, vaccinations and cervical screening and reception staff had completed customer service training.
- 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received regular on-going 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 regular basis where care plans were routinely reviewed and updated for patients with complex needs.

The practice had weekly partners meetings which included discussions regarding patients admitted as emergencies to hospital, hospital discharges, new significant diagnoses, vulnerable patients and deaths.

### 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.



# Are services effective?

## (for example, treatment is effective)

- 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.
- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, end of life care. The practice had a list of patients on their palliative care register and they worked closely with the multi-disciplinary team, out-of-hours service and the nursing team to ensure proactive end of life planning. The practice designed and created palliative care kits which were placed in patient's homes when they were moving into their end of life stage. The kits were created to provide the appropriate supplies of end of life medication, with medication charts written up by the clinicians so that community nurses and visiting out-of-hours clinicians had access to medications when the surgery was closed. With the palliative care kits, the practice provided details of any end of life preferences including preferred place of death. The practice explained that the kits had been very useful in helping prevent palliative care patients being admitted to hospital when their preferred place of care and death was in the community.

The practice's uptake for the cervical screening programme was 84% which was the same as the CCG averages and higher than the England average by 3%. The practice exception reporting for the clinical domain was 2% which was better than the CCG average of 8% and the England

average of 7%. There was a policy to offer three reminder letters and telephone reminders for patients who did not attend their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available and using clear information for those with a learning disability. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- Patients aged 60-69 screened for bowel cancer in the last 30 months was 68% with a CCG average of 66% and an England average of 58%.
- Females aged 50-70 screened for breast cancer in the last 36 months was 82% with a CCG average of 80% and an England average of 72%.

Childhood immunisation rates for the vaccinations given were in line with the CCG and England averages.

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 65% to 100%, with the CCG averages of 68% to 97% and the England averages of 73% to 95%.
- Childhood immunisation rates for the vaccinations given to five year olds ranged from 69% to 100%, with the CCG averages of 71% to 97% and the England averages of 81% to 95%.

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. The practice had undertaken 411 NHS health checks last year. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# 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.

From the Care Quality Commission comment cards we received, all 45 were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect, however two cards, despite being positive, contained comments on the length of time it took to gain an appointment to see a preferred GP.

We spoke with five members of the patient reference group. 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 scored high for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.

- 94% of patients said the nurse was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 95% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and the national average of 91%.

### 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 above the local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG and the national average of 90%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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



## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language however the practice did not have the practice population that warranted it.
- Information leaflets were available in easy read format.
- A chaperone service was offered to patients and clearly advertised in the waiting area and in the clinical rooms.

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

Patient information leaflets, notices and an information screen 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.

The practice had identified 88 patients as carers (1% of the practice list). A form was given to patients during registration to state whether they were a carer or cared for. Written information was available to direct carers to the various avenues of support available to them.

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.



# 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.

- The surgery in Poringland had additional weekend appointments available on a selection of Saturday mornings and extended hours on a Wednesday between 6.30pm and 7.30pm and on a Friday morning between 7am and 8am. Appointments could be booked up to six weeks in advance. The branch surgery was closed on the weekends. When the surgery was closed, patients had full access to healthcare services through the Poringland surgery.
- The practice used a text message appointment reminder service for those patients who had given their mobile telephone numbers.
- The practice created a pull up banner to promote 'lost clinical time' due to patients who did not attend for clinical appointments in the practice. We saw evidence of the Norfolk CCG's support campaign which followed and the banner and poster designs were made available to other practices within the CCGs. The banner included lost hours and appointment data for the practice each month. The practice provided data which showed the amount of patients who had missed an appointment each month, excluding the flu vaccination clinics, had declined immediately following the campaign.
- The practice supported the local "open the bag" campaign which encouraged patients to only order medicines needed to reduce the amount wasted.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice made weekly visits to the local care homes to see patients with acute needs, to undertake ongoing reviews and to discuss care plans with the manager, patient and the families/carers of the residents, each patient had a proactive care plan at the homes which was updated regularly. Every quarter the nominated GP for the home met with the manager of the home at the practice for a desk top review of each patient residing in the home. The practice liaised closely with the pharmacy to provide medication wallets to the home to ensure safe adherence of medication. A GP and a nurse visited the

homes each year to review and administer seasonal immunisations required and undertake pulse checks to assess for abnormal heart rhythms at the same time. One care home had a minimal unplanned admission rate of just two out of 18 residents admitted to hospital in the previous six months.

- The practice used a "passport to health" which gave patients information and reminders of ongoing and new conditions and what treatments or regular tests were needed.
- The practice had encouraged the Clinical Commissioning group (CCG) to look at commissioning a local enhanced service with Practices across the CCG to engage in the monitoring of patients with eating disorders, based on monitoring submitted by the practice. A new local enhanced service was commissioned and two partners at the practice formalised a practice protocol for the process. The adoption of the monitoring principles were outlined in a guide prepared by Kings College London.
- Same day appointments were available for children and those patients with medical needs that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- The health visitors used a room at the practice and undertook joint visits with the practice clinical staff to patients where necessary. We spoke with a health visitor on the day of the inspection who confirmed a positive long standing relationship with the practice. The midwives ran a weekly clinic from the practice. The practice provided glucose tolerance testing for pregnant women which meant they did not need to visit the hospital for the tests.
- The practice had a room available which included a baby weighing facility for parents to use. It included baby weighing scales, equipment cleaning wipes, a check list for cleaning by both patients after use and the practice and various information regarding child protection guidance, adult safeguarding and vaccinations.
- The practice had a baby changing area and encouraged breast feeding within the practice.
- The practice supported the local secondary schools with materials for lessons regarding sexual health.
- The practice ran flu clinics on a Saturday.
- There were disabled facilities, a hearing loop and translation services available.



# Are services responsive to people's needs?

## (for example, to feedback?)

- The practice offered minor surgery on site including Cryotherapy.
- The practice had in house phlebotomy appointments.
- The practice offered an anticoagulation monitoring service, a dermatology clinic and D-Dimer testing (a blood test that measures a substance that is released when a blood clot breaks up).

### Access to the service

The surgery in Poringland was open between 8am and 6pm Monday to Friday with extended hours on a Wednesday between 6.30pm and 7.30pm and on a Friday morning between 7am and 8am. Additional weekend appointments were available on a selection of Saturday mornings. The surgery in Rockland St Mary was open on Mondays between 8.30am and 12pm and 2.30pm and 5.30pm, Tuesdays and Thursdays between 8.30am to 12pm, Wednesdays between 2.30pm to 5.30pm and Fridays between 8.30am to 12pm and 2.30pm to 5pm. The branch surgery was closed on the weekends. When the surgery was closed, patients had full access to healthcare services through the Poringland surgery. The practice offered online appointment booking, prescription ordering and access to the patient's own medical record.

In October 2016 the practice made 22 additional routine appointments available per week for patients to ease winter pressures. In January 2017 the practice made a further 16 routine appointments available per week due to an NHS England scheme for winter pressures.

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

- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%.
- 94% of patients said the last appointment they got was convenient compared to the CCG average of 91% and the national average of 92%.

- 91% of patients described their experience of making an appointment as good compared to the CCG average of 71% and the national average of 73%.
- 87% of patients usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 61% and national averages of 65%.
- 84% of patients said they don't normally have to wait too long to be seen compared to the CCG average of 56% and national averages of 58%.
- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 76%.
- 58% of patients who responded said they could usually get to see or speak to their preferred GP compared to the CCG average of 57% and national average of 59%.

The practice had a system in place to assess:

- whether a home visit was clinically necessary and
- The urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had 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, a poster in the waiting room, information in the practice leaflet and on the practice website.
- We looked at a range of complaints received in the last 12 months and found these were satisfactorily handled and were handled with openness and transparency. Lessons were learnt from individual concerns and complaints and also from an analysis of trends. Actions were taken as a result to improve the quality of care. For



# Are services responsive to people's needs?

(for example, to feedback?)

example, following concerns identified to the practice regarding waiting times for a specific treatment, the practice clarified the challenges of matching appointment availability with patient expectations.

# Are services well-led?

Outstanding



(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 and staff knew and understood the values.
- The practice had an effective 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 members of staff.
- The practice also worked with the Clinical Commissioning group (CCG) to look at commissioning a local enhanced service with practices across the CCG to engage in the monitoring of patients with eating disorders, based on monitoring submitted by the practice. A new local enhanced service was commissioned and two partners at the practice formalised a practice protocol for the process. The adoption of the monitoring principles were outlined in a guide prepared by Kings College London.
- 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 effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### 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 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;

- The practice gave affected people reasonable support 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.
- 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 actively 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 encouraged the NHS friends and family test and had a large banner in their reception area. The results for April 2016 through to December 2016 were 91% of patients who completed the test said they were extremely likely or likely to recommend the practice to friends and family. 6% were neither likely nor unlikely to recommend and 3% were unlikely or extremely unlikely to recommend the practice. There were a total of 30 tests completed in the nine months.
- The practice had gathered feedback from patients through the patient reference group (PRG), NHS choices and through surveys and complaints received. The PRG

# Are services well-led?

Outstanding



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

had been established for 20 years, met every three months and had a close working partnership with the practice where they submitted proposals for improvements to the management team. The PRG had 35 members on the committee and 25 members regularly attended the meetings. The PRG encouraged the friends and family test survey and the practice own patient survey completion. The PRG had discussed electric door access to the practice and television display screens in the waiting areas and the practice had installed both. The practice patient survey included questions regarding access to the practice and clinicians, waiting time experienced, satisfaction with the practice and how to deal with patients who repeatedly do not attend for appointments. The practice displayed a banner to educate patients on the number of lost hours and appointments due to patients not attending for their booked appointment after discussions with their PRG. The practice had put in place an action plan following the practice patients survey results to address any trends which presented. The practice gained feedback from patients with a “send us a Christmas card” and “send us a postcard” campaigns where patients were encouraged to give their views on a card sent by the practice. The practice had a good response and the practice analysed trends of the results from the two sets of feedback. In October 2016 the practice made 22 additional routine

appointments available per week for patients to ease the winter pressures. In January 2017 the practice made a further 16 routine appointments available per week due to an NHS England scheme for winter pressures.

- The practice published a quarterly newsletter to update patients on practice news.
- The practice had gathered feedback from staff 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 at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice took part in NHS supported research studies and trained doctors who were learning to become GPs and medical students. There was a strong emphasis of learning and development and the practice was proud of the fact it was a training practice. One partner was on the board of the South Norfolk CCG. The practice’s management team were proactive in their response to its approach to integrative care and worked closely with the community to meet the needs of the local population and improve their health and well-being.