

# Watlington Medical Centre

## Quality Report

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Date of inspection visit: 10 February 2015

Date of publication: 27/08/2015

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

### Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9
Outstanding practice	9

### Detailed findings from this inspection

Our inspection team	10
Background to Watlington Medical Centre	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Watlington Medical Centre on 10 February 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing caring, effective services, responsive, well led and safe. The practice was also good for providing services for people whose circumstances may make them vulnerable, people experiencing poor mental health, services to older people, people with long term conditions, families, children and young people, working age people (including those recently retired and students).

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.

- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had a clear vision which had quality and safety as its top priority. A business plan was in place which was monitored and regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.

We saw an area of outstanding practice including:

- The practice had a Yellow Card system in place, which identified very vulnerable patients with mental health problems. Those patients were able to obtain on the day appointments if they were in crisis, without having to explain why they needed to be seen to the receptionists..

**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. There were enough staff to keep patients safe.

Staff understood their responsibilities to raise concerns and to report incidents and near misses. Lessons were learned and communicated to support improvement. There were health and safety and infection prevention and control policies in place. There were processes in place for safe medicines management.

Good



### Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from NICE (National Institute for Health and Care Excellence) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and planned. The practice could identify all appraisals and the personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that 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 to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

The practice worked with West Norfolk Carers to help support/ identify carers in the community. (West Norfolk Carers is a registered charity working to support unpaid carers across Norfolk. West Norfolk Carers works to help carers to improve their emotional and physical wellbeing, resilience and abilities to cope with their caring roles - whilst also have a 'life of their own'). As a result of this they implemented carer drop in sessions with West Norfolk Carers held at the practice once a month, carer support packs, recording of carer status in their medical records and a reminder of this status on the computer home screen so that staff could easily identify the patient has a carer. Carer information was displayed on the practice website and the practice leaflet.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with them. The practice had good facilities and was well equipped to treat patients and meet their needs. Urgent appointments were available on the same day and there was continuity of care. Information about how to complain was available both in the practice and on the website. Learning from complaints was shared with staff.

We saw minutes of referral and clinical meetings in which patient cases were reviewed and discussed. Lessons were learnt and shared with staff.

Good



## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy and staff were clear about their roles and responsibilities in relation to this. There was a clear leadership structure and staff felt supported and valued by management. The practice had a number of policies and procedures in place and held regular practice meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from patients and staff which it acted upon. Staff received an induction, regular performance reviews and attended staff meetings

Good



# 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 treatment of older people.

All patients who are 75 or over have a named GP and all those patients had been notified of their named GP. They have an Admission Avoidance register, with a named Care-Coordinator on the patients' Home Screens. This was a member of staff who has knowledge of the patient. They reviewed all patients on the Admission Avoidance register on a monthly basis.

The practice had monthly MDT meeting with social services, occupational therapists, district nurses, community matrons and MacMillan nurses. All patients with recent unplanned hospital admissions were discussed. Palliative care patients were discussed.

The practice offered a home delivery service to patients who are unable/too ill to collect their medication from the premises.

MDS boxes (monitored dosage system) were provided to patients who struggle to remember to take their medication. These were provided on a weekly basis. Dispensary staff monitored this.

The West Norfolk Deaf Association provided a hearing aid clinic at the practice, once a month and a hearing aid loop was fitted in the reception and dispensary.

Good



### People with long term conditions

The practice is rated as good for people with long term conditions.

The practice had a recall system in place for patients with long-term conditions. Once a patient is diagnosed they were put onto an appropriate recall for that condition. The nurses have responsibility for certain long-term conditions. They ran computer searches monthly for their dedicated diseases and phoned patients inviting them to attend as appropriate. If the patient failed to attend for review then two follow up letters would be sent. Should the patient still not attend, the nurse would then investigate.

Any patient who was on regular medication would have, as a minimum, an annual medication review.

The practice prescribed monthly prescriptions.

Immunosuppressant patients were closely monitored by both the clinical and dispensary staff. All patients who were immunosuppressed were recalled as appropriate, to remind them to have their blood test. When patients ordered their repeat medication, dispensary staff check if the relevant blood test had

Good



# Summary of findings

been recorded and if the results had been checked by a GP, before the medication is issued. If that was not the case then this would be referred to a GP before any medication could be dispensed. The practice ran their own in-house anticoagulation clinics, thus providing care closer to home.

## **Families, children and young people**

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

The practice provided extended hours appointments with GPs to accommodate those patients who needed an appointment outside of school/work time. They run alternate Saturday morning clinics.

The practice carried out teenager reviews and offered free condoms.

The community midwives saw the practice ante-natal patients on Thursdays in the practice.

The practice GPs saw all pregnant women, before they are referred to the midwife services. The six week post natal checks were carried out by the GP's.

The practice met monthly with the health visitor to discuss any potential problems and highlight at risk children and families

Good



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

The practice is rated as good for this population group.

The needs of the working population had been identified, and services adjusted and reviewed accordingly. Routine appointments could be booked in advance or made online. Repeat prescriptions could be ordered online. Extended hours appointments were available on alternate Saturday mornings to enable patients who work to have access to a clinician without the need to take time off work. They also had routine appointments after 5pm on most days which would benefit the working population and parents bringing children outside of school hours.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for this population group.

The practice worked with West Norfolk Carers to help support/ identify carers in the community. As a result of this they implemented; carer drop in sessions with West Norfolk Carers held here at the practice once a month, carer support packs, recording of carer status in their medical records and a reminder of this status on the computer home screen so that staff could easily identify the patient had a carer. Carer information was displayed on the practice website and the practice leaflet.

Good



# Summary of findings

Patients with a Learning Disability were on a recall to return for an annual review with a GP. They were seen with their carer and the carer is assessed at the same time. The carer was signposted to the appropriate resources to ensure they had adequate information about being a carer and were able to access help if required.

Patients with a communication difficulty were recorded as a reminder on the patient home screen on the practice computer with guidance as appropriate. The practice also had a hearing aid loop fitted in Reception and Dispensary. They also used Deaf Connexions to assist with British Sign Language for Deaf patients.

Domestic Abuse and Safeguarding training was provided to all staff.

The practice had wheelchair access throughout the building and the reception desk had been lowered to accommodate patients in a wheelchair. They also had two disabled toilets and automatic doors.

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

The practice is rated as good for this population group

The practice offered a recall system for people experiencing poor mental health (including people with dementia).

The Wellbeing Service held regular clinics at the practice, and provided counselling. The practice also employed a counsellor who provides CBT to our patients. (Cognitive behavioural therapy (CBT) is a talking therapy that can help manage your problems by changing the way you think and behave).

The practice had an award winning Yellow Card system in place, which identified very vulnerable patients with mental health problems. Those patients were able to obtain on the day appointments if they were in crisis, without having to explain why they needed to be seen to the receptionists.

Patients at risk of dementia had been identified and a reminder had been placed on the patient home screen on the practice computer, so opportunistic screening for these patients could take place.

For all patients the practice provided same day appointments or advanced booking of appointments up to five weeks in advance and daily telephone call backs from both GPs and Nurses if necessary.

The practice sent out SMS appointment reminders to patients.

Patients were able to book/cancel appointments, order repeat medication, request to change demographics and view Summary Care Records online.

Good



# Summary of findings

## What people who use the service say

Patients we spoke to and CQC comment cards indicated the majority of patients were satisfied with the service provided, that they were treated with dignity, respect and care, and that staff were thorough, professional and approachable. Patients said they were happy with their medical treatment, and that they received referrals to other services when required. They also received test results within a good timescale, and that any problems were followed up thoroughly. The survey also showed that only 2% of patients did not find it easy to get through

on the phone. Data also showed that 99% of patients said the last appointment they got was convenient compared to the CCG average of 93% and the national average of 92%.

The only negative result in the national GP survey from January 2015 was that the patients who had a preferred GP usually get to see or speak to that GP was only 57% compared to the CCG average of 63%

## Areas for improvement

### Action the service SHOULD take to improve

- All staff to be checked via criminal records checks through the Disclosure and Barring Service (DBS).
- Emergency contact numbers need updating
- Minutes of practice meeting to be recorded in more detail

## Outstanding practice

The practice had a Yellow Card system in place, which identified very vulnerable patients with mental health problems. Those patients were able to obtain on the day appointments if they were in crisis, without having to explain why they needed to be seen to the receptionists

# Watlington Medical Centre

## 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 specialist advisor GP and a Practice Manager.

### Background to Watlington Medical Centre

Watlington Medical Centre is registered with CQC to provide primary care services, which includes access to GPs, family planning, surgical procedures, treatment of disease, disorder or injury and diagnostic and screening procedures.

It provides GP and dispensing services for patients living in Watlington and the surrounding rural areas of West Norfolk. The practice has four GP partners, a practice manager, a dispensary team, practice nurses and healthcare assistants, administrative staff and cleaning staff.

The practice is open 8.30am to 1pm and 2pm to 6.30pm on Monday, Wednesday and Friday, Tuesday 8.30am to 12pm, Thursday 8.30am to 6.30pm and 8.30am to 11.30am on alternate Saturdays. Patients can book appointments in person, via the phone and online. Appointments can be booked in advance for the doctors and for the nursing clinics. When the practice was closed patients were directed to the out of hours service at Anglian Medical Care or alternatively the NHS 111 service.

The practice is part of West Norfolk Clinical Commissioning Group (CCG). It is responsible for providing primary care services to approximately 6500 patients. The practice is meeting the needs of an increasingly elderly patient list size.

### Why we carried out this inspection

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

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.

### How we carried out this inspection

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?

# Detailed findings

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

Older people

People with long-term conditions

Families, children and young people

Working age people (including those recently retired and students)

People living in vulnerable circumstances

People experiencing poor mental health (including people with dementia)

Before our inspection we carried out an analysis of data from our Intelligent Monitoring system. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We spoke with four care home managers in the local area served by the practice. The information reviewed did not highlight any significant areas of risk across the five key question areas.

We carried out an announced inspection on 10 February 2015.

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last three years. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last two years and we were able to review these. Significant events were a standing item on the weekly practice meeting agenda. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Staff used incident forms on the practice intranet and sent completed forms to the practice manager. They showed us the system they used to manage and monitor incidents. We tracked five incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result. Where patients had been affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to

recognise signs of abuse in older people, vulnerable adults and children. They were aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had appointed a dedicated GP as lead in safeguarding vulnerable adults and children. She had been trained and she could demonstrate she had the necessary training to enable her to fulfil this role. All staff we spoke with were aware who the lead was and who to speak to in the practice if they had a safeguarding concern.

There was an alert system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans or domestic violence issues

The Wellbeing Service held regular clinics at the Practice, and provided counselling. The practice also employed a Counsellor who provided cognitive behavioural therapy (CBT) to our patients. CBT is a talking therapy that can help manage your problems by changing the way you think and behave.

The practice had a Yellow Card system in place, which identified very vulnerable patients with mental health problems. Those patients were able to obtain on the day appointments if they were in crisis, without having to explain why they needed to be seen to the receptionists.

Patients at risk of dementia had been identified and a reminder had been placed on patient home screen on the practice computer, so opportunistic screening for these patients can take place.

GPs were appropriately using the required codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed. The lead safeguarding GP was aware of vulnerable children and adults and records demonstrated good liaison with partner agencies such as the police and social services.

All GP's and staff had carried out the safeguarding training in regard to vulnerable children and adults and discussed improvements at a partners meeting. In addition the

## Are services safe?

practice had provided training in how to recognise signs of domestic violence and how to escalate concerns to all staff and had a written protocol, this was in response to an identified need.

There was a chaperone policy, which was visible on the waiting room noticeboard and in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All health care assistants had been trained to be a chaperone. However records showed that not all staff had been checked via criminal records checks through the Disclosure and Barring Service (DBS). This has since been rectified and evidence provided

All equipment used for invasive procedures and for minor surgery were disposable, stored correctly and in date. Staff had sufficient access to protective equipment such as gloves and aprons to reduce risk of infection.

### Medicines management

The surgery was a dispensing practice and there was a full dispensing team lead by a dispensary manager

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff followed the policy.

Processes were in place to check 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 nurses and the health care assistant administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of both sets of directions and evidence that nurses and the health care assistant had received appropriate training to administer vaccines.

There was a system in place for the management of high risk medicines, which included regular monitoring in line with national guidance.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

The practice held stocks of controlled drugs (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. These were being followed by the practice staff. For example, controlled drugs were stored in a safe and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.

Dispensing staff at the practice were aware prescriptions should be signed before being dispensed. If prescriptions were not signed before they were dispensed, staff were able to demonstrate that these were risk assessed and a process was followed to minimise risk. We saw that this process was working in practice.

Records showed that all members of staff involved in the dispensing process had received appropriate training and their competence was checked regularly.

The practice offered a medicines delivery service for patients for routine repeat prescriptions

### Cleanliness and infection control

During the inspection we looked at the areas of the surgery used by the practice which included the GP consulting rooms, treatment rooms, store rooms, patient toilets and waiting areas. We observed the areas to be clean and tidy. We saw there were daily cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a practice nurse who was the lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and received annual updates. We saw evidence that the lead had carried out audits for each of the last three

## Are services safe?

years and that any improvements identified for action were completed on time. Minutes of practice meetings showed that the findings of the audits were discussed and acted on if required.

There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury. Each clinical room had clinical waste bins which were foot operated and lined with the correct colour coded bin liners. We saw disposable curtains were in each clinical room to ensure that patients had privacy when being examined. These had been replaced every six months in line with the infection control policy.

We saw that there were notices displayed in staff and patient toilet facilities about hand hygiene techniques. All sinks including those in treatment rooms had hand soap, hand gel and hand towel dispensers available.

The practice had a policy for the management, testing and investigation of legionella (water borne bacteria found in the environment which can contaminate water systems in buildings). We saw records that confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients.

### Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales and the fridge thermometer to make sure the readings were correct

### Staffing and recruitment

There were sufficient numbers of staff with appropriate skills to keep people safe, and rota systems and forward planning to maintain this. These took into account changes in demand, annual leave and sickness. Records showed that appropriate checks were undertaken prior to employing staff, such as identification checks, however

records showed that not all staff had been checked via criminal records checks through the Disclosure and Barring Service (DBS). This has since been rectified and evidence provided.

The practice had assessed risks to those using or working at the practice and kept these under review. Patients with a change in their condition were reviewed appropriately. Patients with an emergency or sudden deterioration in their condition could be referred to an on call doctor for quick assessment

### Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy.

Staff we spoke with knew it was important to report incidents and significant events to keep patients safe from harm. They were aware of the safeguarding lead within the practice to report their concerns to.

We saw that a log of incidents, complaints and significant events had been kept at the practice. We saw they had all been appropriately investigated. We saw that reviews of incidents and significant events over time had been completed to identify if there were any reoccurring concerns across the service.

Identified risks were included on a risk log. Each risk was assessed and rated and mitigating actions recorded to reduce and manage the risk. We saw that any risks were discussed at GP partners' meetings and within team meetings.

### Arrangements to deal with emergencies and major incidents

There were emergency procedures and equipment in place to keep people safe. Staff had received Cardio Pulmonary Resuscitation training, and a defibrillator was available, which staff were trained to use. Staff could describe the roles of accountability in the practice and what actions they needed to take in an emergency.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis (a

## Are services safe?

serious allergic reaction that is rapid in onset and may cause death) and hypoglycaemia (a medical emergency that involves an abnormally low content of glucose in the blood).

Processes were in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan included details of emergency scenarios, such as loss of data or utilities. Some emergency contact numbers in this needed updating, which the practice manager was in progress with. If required the practice could relocate to a surgery in a nearby town to continue operating a basic service

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinical staff routinely referred to best practice clinical guidance when assessing patient's needs and treatments. For instance, we saw where new guidance had been received of a medicine with potential side effects patients on this medicine had been identified and advised to come for a blood test. The system was also updated so when a patient attended for another reason, it would alert the GP to take a blood test.

Practice nurses managed specialist clinical areas such as diabetes, heart disease and asthma, in conjunction with a lead GP. We saw that care was planned to meet identified needs and was reviewed through a system of regular weekly clinical meetings.

National data showed the practice was in line with referral rates to secondary and other community care services for all conditions. All GP's we spoke with used national standards for referral, for instance two weeks for patients with suspected cancer to be referred and seen.

Discrimination was avoided when making care and treatment decisions. Interviews with all staff showed that the culture in the practice was patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate

### Management, monitoring and improving outcomes for people

The practice routinely collected information about people's care and outcomes. These included scores from the Quality and Outcome Framework (or QOF, a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures), regular clinical audits and comparing it's performance against other practices in the CCG area. These showed the practice had outcomes comparable to other services in the area. In the case of the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the

preceding 12 months where the QOF data showed the practice were at risk this was found to be outdated data and the practice evidenced that they were now performing within the acceptable limits.

We saw that the practice used the information collected for QOF and performance against national screening programmes to monitor outcomes for patients. For example, 92% of patients diagnosed with dementia had their care plans reviewed in the previous 12 months. This was significantly higher than the national average of 84%.

The practice carried a number of some clinical audits, for example antibiotic use. That audit showed the rationale for the audit along with the results, the conclusion and date for re-audit to gauge the success of any corrective actions, meaning learning opportunities were enhanced for all staff.

The practice had implemented principles of delivering appropriate care to patients who were approaching the end of their life. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families. Those meetings are held monthly and included the senior practice nurse and community matron who were district nurses, practice GP partners and the practice secretary.

Two of the GP's in the surgery are qualified to undertake minor surgical procedures in line with their registration and NICE guidance. The staff are appropriately trained and keep up to date. They also regularly carry out clinical audits on their results and use that in their learning. All minor surgery consent was in recorded in the patient notes

### Effective staffing

Staff had received training appropriate to their roles and had protected learning time for on going training. They were supported in attending external courses where required. GP's had undertaken annual external appraisals and had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). Continuing Professional Development for nurses was monitored through appraisals and professional qualifications were checked yearly to ensure clinical staff remained fit to practice.

# Are services effective?

(for example, treatment is effective)

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence to confirm that, after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe it outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

Checks were made on qualifications and professional registration as part of the recruitment process. Staff were given an induction and further role specific training when they started.

## Working with colleagues and other services

The practice worked with other services to improve patient outcomes and shared information appropriately. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances on the significant events within the last year that identified any results or discharge summaries that were not followed up appropriately.

Regular meetings were held to discuss the needs and treatment strategies of patients with long term conditions, palliative care needs, or those deemed at high risk of unplanned admission. These were attended by other professionals including district nurses and community matrons.

There were systems in place to ensure that information such as blood results and discharge letters were passed to the relevant staff in a timely fashion. Information was shared with out of hours services, ambulance crews and hospital staff as appropriate to enable continuity of care.

We found that communication throughout the practice was very good with all teams distributing information as required.

## Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, and the practice made referrals through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital). Staff reported that this system was easy to use.

All results from blood tests results were provided electronically. The GP who ordered the test received the results and these were checked on the day they arrived. The practice had a nominated deputy to assess test results if the GP who requested this was absent from the practice. All emergency test results went to the duty GP.

For emergency patients, there was a policy of providing a printed copy of a Summary Care Record for the patient to take with them to A&E. (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system and commented positively about the system's safety and ease of use.

## Consent to care and treatment

Clinical staff had received training around consent and the Mental Capacity Act 2005. GPs explained examples where people had recorded advance decisions about their care or their wish not to be resuscitated. Where those with a learning disability or other mental health problems were supported to make decisions, this was recorded. Staff were able to discuss the carer's role and the decision making process, including how they would deal with a situation if

# Are services effective?

(for example, treatment is effective)

someone did not have capacity to give consent. Verbal consent was recorded as part of a consultation, and written consent forms used for invasive procedures such as ear syringing or coil fitting.

Clinical staff we spoke with demonstrated a clear understanding of Gillick competency and Fraser guidelines. These are used to assess whether a child under 16 has the maturity and understanding to make their own decisions

## Health promotion and prevention

The practice offered new patient health checks, and NHS checks for patients aged 40-75. Advice was available on stopping smoking, alcohol consumption and weight management. Patients over the age of 75 were allocated a

named GP. Nurses used chronic disease management clinics to promote healthy living and health prevention in relation to the person's condition. The practice website contained health advice and information on long term conditions, with links to support organisations.

In addition to routine immunisations the practice offered travel vaccines and flu vaccinations. Well woman, ante- and post natal clinics were available. Data showed childhood immunisation rates were broadly comparable with the CCG area. The practice's performance for cervical smear uptake was above the National average at 85% compared to 81%. There was a policy to follow up patients who did not attend for cervical smears.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We spoke to four patients during the inspection, and collected 36 CQC comment cards. Patients indicated they were satisfied with the service provided, that they were treated with dignity, respect and care, and that staff were thorough, professional and approachable.

In national and practice patient surveys, the practice scored highly. The GP national survey from January 2015 showed 94% of patients said their GP was good or very good at giving them enough time during consultations compared with the CCG average of 89% and the national average of 85%. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

There was a clearly visible notice in the patient reception area and on the practice website stating the practice's zero tolerance for abusive behaviour

Consultations and treatments were carried out in private rooms, with disposable curtains around treatment benches to maintain patients' privacy and dignity. Patients could request trained chaperones if they wished. Chaperones had been trained and were able to fully explain their role.

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

In the practice survey, 92% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care and treatment compared with the CCG average of 85% and the national average of 81%.

Patients we spoke to during the inspection told us that health issues were discussed with them and 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 their treatment options. Patient feedback on the comment cards we received was also positive.

There was a translation service available for those whose first language was not English. Patient information leaflets were available in different languages on the practice website, and the webpage had a 'translate' facility

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

Patients said they were given good emotional support by the doctors, and were supported to access support services to help them manage their treatment and care. Staff told us that if families had suffered a 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. Patients we spoke to who had had a bereavement confirmed they had received this type of support and said they had found it helpful.

The practice worked with West Norfolk Carers to help support/identify carers in the community. As a result of this they implemented; carer drop in sessions with West Norfolk Carers held here at the practice once a month, carer support packs, recording of carer status in their medical records and a reminder of this status on the computer home screen so that staff could easily identify the patient has a carer. Carer information was displayed on the practice website and the practice leaflet.

Patients with a Learning Disability had an annual review with a GP. They were seen with their carer and the carer is assessed at the same time. The carer was signposted to the appropriate resources to ensure they had adequate information about being a carer and were able to access help if required

The practice kept registers of groups who may need extra support, such as those receiving palliative care and their carers, and patients with mental health issues. All GP's had received training in end of life care to enable an appropriately caring service to be provided.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The needs of the practice population were understood and systems were in place to address identified needs. For instance the practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example screening programmes, vaccination programmes and reviews for patients with long term conditions.

Longer appointments could be made available when required and patients could book with a specific GP to enable continuity of care. The practice followed up those who did not attend for screening or long term condition clinics.

The facilities and premises were appropriate for the services which were planned and delivered, with sufficient treatment rooms and equipment available.

### Tackling inequity and promoting equality

The building accommodated the needs of people with disabilities, and had automatic doors and level thresholds. All treatment/consulting rooms and patient toilets were on one level. Disabled parking spaces were available in the car park outside. There was a practice information leaflet available in reception. There was a hearing loop at reception to assist those hard of hearing.

Staff told us they had access to translation services during consultations using language line (a telephone based system) for patients who did not have English as a first language.

People whose circumstances make them vulnerable were easily able to register with the practice, (including those with "no fixed abode") care of the practice's address; people not registered at the practice were able to access appointments through drop in services that are available.

The practice had an equal opportunities and anti-discrimination policy which was available to all staff on the practice's computer system.

### Access to the service

Information about how to arrange appointments, opening times and closures was on the practice website or in the patient information leaflet. There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed.

The practice was open 8.30am to 1pm and 2pm to 6.30pm on Monday, Wednesday and Friday, Tuesday 8.30am to 12 pm, Thursday 8.30am to 6.30pm and 8.30am to 11.30am on alternate Saturdays. Patients could book appointments in person, via the phone and online. Appointments could be booked in advance for the doctors and for the nursing clinics. When the practice was closed patients were directed to the out of hours service at Anglian Medical Care or alternatively the NHS 111 service.

During core times patients could access GP appointments, or clinics such as family planning and for chronic conditions. The most recent practice patient survey showed that 76% of patients were seen within 15 minutes of their appointed consultation time. Patients we spoke with told us their appointments generally ran to time.

### Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there is a designated responsible person who handled all complaints in the practice.

Information on how to complain was in the patient information leaflet. There was a suggestion box where patients could leave feedback through the 'Friends and Family' test.

We looked at a summary of complaints made during 2014, and could see that these had been responded to with a full explanation and apology. Details of the Ombudsman had been made available. The practice summarised and discussed complaints with staff at practice meetings and was able to demonstrate changes made in response to feedback, such as improvements in confidentiality and changes to the appointment system.

# 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 improve the health and well-being of patients and provide good quality care. The practice had a senior management team which regularly looked at how they thought the practice was performing, problem areas, and opportunities and threats for the future.

### Governance arrangements

Staff were clear on their roles and responsibilities, and felt supported by doctors and managers in these. There were systems in place to monitor quality and identify risk. Data from the Quality and Outcomes Framework (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures) showed the practice was performing at or above national standards. The practice regularly reviewed its results and how to improve.

The practice held weekly meetings on a Wednesday lunchtime with all clinicians available at the surgery attended and a member of administration took notes. The rota for meetings is on a monthly basis and was as follows: Week 1 Prescribing meeting – discussion and review. Week 2 – MDT meeting. External members including the community nurses, rehabilitation, McMillan nurse, and social workers attended the meeting to discuss patients on the palliative care register and patients that are seen in the community. Week 3 – Referral meeting Registers to be discussed include the two week cancer referrals, acute admissions and the cancer list. Week 4 – General catch up. All registers maintained are discussed including two week cancer referral, cancer list, acute admissions, children at risk, palliative care, deceased and active yellow cards.

The practice had identified lead roles for areas of clinical interest or management. There was a programme of clinical audit, with dates for re-audit and named staff with specific responsibilities for tasks. The practice carried a number of some clinical audits, for example antibiotic use. That audit showed the rationale for the audit along with the results, the conclusion and date for re-audit to gauge the success of any corrective actions, meaning learning opportunities were enhanced for all staff.

From our discussions with staff we found that they looked to continuously improve the service being offered, and valued the learning culture.

### Leadership, openness and transparency

Staff said they felt happy to work at the surgery, and that they were supported to deliver a good service and good standard of care. Staff described the culture at the practice as open and honest. A GP partner described a major business strength of having a strong, cohesive staff team. There was a clear chain of command and organisational structure. Communication within teams and throughout the practice was good.

### Practice seeks and acts on feedback from its patients, the public and staff

There was an active Patient Participation Group (PPG), and annual patient survey reports and action plans were published on the practice website for the practice population to read. We saw some examples from the patient survey where the practice had made changes, for instance, regular access to West Norfolk Carers and arranged drop in sessions at the practice. (West Norfolk Carers is a registered charity working to support unpaid carers across Norfolk. West Norfolk Carers works to help carers to improve their emotional and physical wellbeing, resilience and abilities to cope with their caring roles - whilst also have a 'life of their own'). As a result they now attended the surgery on a monthly basis and information was available in reception.

Staff told us they felt confident giving feedback, and this was recorded through staff meetings. Staff told us they generally felt involved and engaged in the practice to improve outcomes for both staff and patients. There was a whistleblowing policy which was available to all staff.

### Management lead through learning and improvement

Staff told us the practice supported them to maintain their clinical professional development through training and mentoring. Appraisals took place where staff could identify learning objectives and training needs.

The practice had completed reviews of significant events and other incidents, and shared these with staff via team meeting discussions to ensure the practice improved outcomes for patients, although the recordings of these discussions sometimes lacked detail