

# The Lakenham Surgery

## Quality Report

The Lakenham Surgery,  
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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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lakenham Surgery on 4 August 2015. Overall the practice is rated as good.

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 managed; the practice was in the process of developing health and safety risk assessments and audits.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. However patients with a learning disability had not received annual health reviews.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients could speak on the telephone and make an appointment with a named GP. The practice provided selected alternate Saturday morning appointments with GPs, nurses and healthcare assistants. Routine as well as urgent appointments were available on the same day.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned. The practice valued the importance of quality, improvement and learning, and was actively involved in primary care research.
- 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.

However there was an area of practice where the provider needs to make improvements.

Importantly the provider should;

- Ensure patients with a learning disability receive annual health checks.

# Summary of findings

**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 processes in place to report and record safety incidents and learn from them. Staff were aware of the systems in place and were encouraged to identify areas for concern, however minor. Staff meetings and protected learning time was used to learn from incidents and appropriate records had been kept including any action taken. Risks to patients were assessed and well managed. Infection control procedures were completed to a satisfactory standard. There were enough staff to keep people safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the 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 appropriate training planned to meet these needs. There was evidence of appraisals and 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 for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### 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 the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. However we noted patients with a learning disability had not

Good



# Summary of findings

received an annual health review. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated good for being well-led. It had a clear vision and strategy. Governance arrangements were underpinned by a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on and was working towards developing a virtual patient participation group. Staff had received inductions, regular performance reviews and attended staff meetings and events. There was evidence that the practice had a culture of learning, development and improvement including their involvement in education and primary care research. For example the practice worked with the University of East Anglia pharmacy shadowing programme, enabling pharmacy students to spend time shadowing GPs. The practice was aware of future challenges.

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 good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older patients. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits, if necessary, as well as on the day access appointments for those with complex needs for example, in dementia and end of life care. The practice had daily contact with district nurses and participated in monthly meetings with other healthcare professionals to discuss any concerns.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. However we saw that patients with learning disabilities had not received annual health checks.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. 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 relatively high for all 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 good examples of joint working with midwives and health visitors.

Good



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

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered

Good



# Summary of findings

to ensure these were accessible, flexible and offered continuity of care. Selected alternate Saturday morning appointments were available for patients unable to access the practice during the week. In addition sit and wait appointments were available Monday to Friday afternoons. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Longer appointments were offered for patients with a learning disability; however patients with a learning disability had not received an annual health check.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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 out of hours.

Good



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

The practice proactively identified patients who may be at risk of developing dementia. The practice were aware of the number of patients they had registered who were suffering from dementia and additional support was offered. This included those with caring responsibilities. A register of dementia patients was being maintained and their condition regularly reviewed through the use of care plans. Patients were referred to specialists and on-going monitoring of their condition took place when they were discharged back to their GP. Annual health checks took place with extended appointment times if required. Patients were signposted to support organisations such as Improving Access to Psychological Therapies and the community psychiatric nurse for provision of counselling and support. Staff had a clear understanding of the 2005 Mental Capacity Act and their role in implementing the Act. The practice had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 98 responses which represented a response rate of 36%.

- 90% found it easy to get through to this surgery by phone compared with a CCG average of 87% and a national average of 85%.
- 92% found the receptionists at this surgery helpful compared with a CCG and national average of 87%.
- 70% with a preferred GP usually saw or spoke to that GP compared with a CCG average of 61% and a national average of 60%.
- 90% were able to get an appointment to see or speak with someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 99% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 78% described their experience of making an appointment as good compared with a CCG average of 74% and a national average of 73%.
- 72% usually had to wait 15 minutes or less after their appointment time to be seen compared with a CCG and national average of 65%.
- 59% found they didn't normally have to wait too long to be seen compared with a CCG and national average of 58%.

The practice conducted annual patient surveys. The results of the annual 2014 patient survey showed that overall 91.4% of patients were 'very' or 'fairly' satisfied with the practice opening hours, 86.1% responded they were 'very' or 'fairly' satisfied with the ease of getting through to the practice by telephone and 94.6% responded they were 'very' or 'fairly' satisfied with a recent visit to see a GP at the practice, 94.5% were 'very' or 'fairly' satisfied with a recent visit to see a nurse at the practice.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards, 34 were very positive about the standard of care received. Patients used words such as excellent, caring, helpful, responsive and treated with dignity and respect to describe the care and treatment they received. Comments cards also included positive comments about the services available at the practice, appointment availability, the skills of the staff, the treatment provided by the GPs and nurses, the cleanliness of the practice, the support and friendliness of the staff and the way staff listened to their needs. These findings were also reflected during our conversations with patients during our inspection. Several referred to specific members of staff for the care and treatment they had received. We also spoke with one visiting health care professionals who described the effective working relationship they had with the practice.

## Areas for improvement

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

Importantly the provider should;

- Ensure patients with a learning disability receive annual health checks.



# The Lakenham Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Lakenham Surgery

Lakenham Surgery, provides general medical services to around 8,700 patients living in Lakenham, Norwich and the surrounding rural area. The premises are purpose built with all treatment and consultation rooms on ground level. Parking is available beside the surgery.

The practice has a team of six GPs meeting patients' needs. Five GPs are partners, meaning they hold managerial and financial responsibility for the practice. There is a team of two nurses and two health care assistants who run a variety of appointments for long term conditions, minor illness and family health.

There is a practice manager, a practice administrator, a reception manager and a team of non-clinical, administrative, secretarial and reception staff who share a range of roles, some of whom are employed on flexible working arrangements. Community midwives run sessions twice a week at the practice.

The practice provides a range of clinics and services, which are detailed in this report, and operates generally between the hours of 8.30am and 6.00pm, Monday to Friday. Selected Saturday morning appointments are available with GPs, nurses and healthcare assistants. The dates of these are made available for patients to ensure they are

able to book these appointments in advance. The practice provides sit and wait appointments each evening from Monday to Friday in response to population dynamics. Outside of these hours, primary medical services are accessed through the NHS 111 service.

## Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services 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?

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:

# Detailed findings

- 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)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 4 August 2015.
- Spoke with staff and patients.
- Spoke with visiting health professionals.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.
- We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve their care and treatment. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and where relevant were treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a power cut the staff had followed the contingency plan from memory as they were unable to access the electronic copy from the practice computers. Following practice discussion, update training was arranged on contingency measures for all staff. In addition hard copies of the plan were provided both at the practice and off site to ensure staff always had access to a copy of the plan and the information it provided in an emergency.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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 relevant to their role.

- There was a chaperone policy, which was visible on the waiting room noticeboard, in consulting rooms and on the practice web site. (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). Nursing and other clinical staff were primarily used as a chaperone. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control, fire risk assessments and legionella. The practice was in the process of developing a protocol for the management of health and safety auditing. We were told fire drills were planned.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of

## Are services safe?

the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

- Recruitment checks were carried out and the seven staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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 that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave and sickness. The rota for the day of the inspection evidenced that staff rostered were on duty as expected.

### **Arrangements to deal with emergencies and major incidents**

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines and equipment we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Staff described how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with hypertension and diabetes were having regular health checks and were being referred to other services when required. However, we were told that none of the 80 patients with learning disabilities on the practice register had received a recent annual health review.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 90.8% of the total number of points available, with 7.1% clinical exception reporting. Data from 2013/2014 QOF showed;

- Performance for diabetes related indicators was similar to the CCG and national average with 89.90 out of 107 points, 2 percentage points below CCG Average, 6.1 percentage points below England Average.
- Performance for asthma, chronic obstructive pulmonary disease, dementia, depression, heart failure, hypothyroidism, learning disabilities, osteoporosis and palliative care were better or the same in comparison to the CCG and national averages with the practice achieving 100% across each indicator.

- Performance for hypertension related indicators was 83.8% which was 2.3% above CCG average and 4.6% below national average.
- The dementia diagnosis rate was comparable to the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We looked at 11 clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored, five of these had been re audited. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, the practice nurse had audited all diabetic patients for evidence of attending retinal eye screening checks (screening to check for damage from retinal retinopathy, a condition that can lead to sight loss if not treated). The audit identified 47 patients with diabetes who had not attended for retinal eye screening. As a result, a reminder was added to patients records to ensure when these patients were next seen for a health or medication review the clinician would then discuss the value of regular diabetic eye screening for patients with diabetes. Following the outcome of this a new referral for screening would be made. We were told this audit would be re-run on a six monthly basis. Other audits included an audit of patients diagnosed with shingles. Clinical guidance recommended that patients diagnosed with shingles within 72 hours should be treated with oral antivirals in order to improve pain management, (medication taken orally and used specifically for treating viral infections). Both the first and second audit evidenced the practice was adhering to guidance.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the

# Are services effective?

## (for example, treatment is effective)

scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

The practice provided a designated room for the use of other healthcare services and support services, these included community midwives, the smoking cessation service and the Norfolk recovery partnership (a treatment and recovery service providing advice and treatment for adults with drug and alcohol problems across Norfolk). The practice also facilitated a number of locality meetings for example local clinical commissioning group council of members meetings, research network review meetings. These were open discussion sessions on current themes and controversial areas of research, that reviewed and could lead to new avenues of investigation.

### Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records and audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol consumption. Patients were then signposted to the relevant service. Smoking cessation advice was available at the practice from a local support group. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80.13% which was comparable to the national average of 81.89%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Chlamydia testing kits were available for patients.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73.6% to 98.1% and five year olds from 80.4% to 91.3%. Flu vaccination rates for the over 65s were 77.01% and at risk groups 55.19%. These were above national averages.

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



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The practice played music in the waiting area outside the nurses' treatment rooms to mask any conversations inside the rooms. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 35 comment cards, 34 were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. 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 were happy with how they were treated and that this was with compassion, dignity and respect. The practice was in line and above for its satisfaction scores on consultations with doctors and nurses. For example:

- 89% said the GP was good at listening to them which was in line with the CCG and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 85% said the last GP they spoke to was good at treating them with care and concern which was in line with the CCG and national average of 85%.
- 86% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

Of the patients who responded to the most recent Friends and Family test 100% said they would recommend the practice.

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

Patients we spoke with 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 the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. The practice also hosted sessions with external services such as the diabetic eye screening service, twice weekly midwifery services and advice and counselling services. For example Deaf Connexions (a voluntary organisation working in Norfolk to provide a range of services to support deaf people and their families through the provision of information, and communication support) and Sign health (a charity which works with deaf people to ensure access to healthcare.) We were told patients were able to book appointments with Deaf Connexions staff, to accompany them at their GP or nurse consultation to provide signage and translation services.

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

Notices in the practice waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 0.9% of the practice list had been

## Are services caring?

identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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 worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice worked to help reduce unplanned admissions for vulnerable at risk patients. A register of at-risk patients is maintained with care plans for those at high risk. 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 family planning. These were led by Clinical Commissioning Group (CCG) targets for the local area, and the practice engaged regularly with the CCG to discuss local needs and priorities.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and vulnerable patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation and sign language/support services available.
- Online appointment booking, prescription ordering and access to basic medical records was available for patients.
- The practice liaised closely with local pharmacies where prescription collection and delivery service were available.
- Text services were available for patients who provided a mobile telephone number. These were used to confirm appointments, send reminders and other practice information to patients.
- The practice offered selected alternate Saturday morning surgeries. Appointments could be booked with GPs, nurses or healthcare assistants and were available for all patients and not just those who worked during usual surgery opening hours.
- Sit and wait surgeries were available each evening from Monday to Friday for patients who felt they needed to be seen on the day. We were told since a local 'walk in'

service had moved to a location closer to the town centre, the practice felt this service offered patients who were unable to park in town or travel that far a practical alternative.

- The practice worked closely with multidisciplinary teams to improve the quality of service provided to vulnerable and palliative patients. Meetings were minuted and audited and date referred to the local CCG.
- The practice worked closely with the medicines management team towards a prescribing incentive scheme (a scheme to support practices in the safe reduction of prescribing costs). The practice had seen a reduction in its prescribing spend and as a result had invested in software to further support patient services. For example in software for the management of anticoagulation.

### Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8.30am every morning to 5.00pm daily. Extended hours surgeries were offered on selected alternate Saturdays. GP and nurse appointments were available to book in advance as well as urgent appointments on the day. Telephone consultations were available. In addition the practice offered a 'sit and wait' service each evening Monday to Friday for patients who felt they needed to be seen that day. In addition to pre-bookable appointments that could be booked up to four weeks in advance, six months for a nurse appointment, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 82% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 71% patients said they could get through easily to the surgery by phone compared to the CCG and national averages of 73%.
- 78% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 72% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG and national average of 65%.

Results from the 2014 practice patient survey were comparable to these with 91.4% of patients responding to the survey indicating they were 'very or fairly satisfied' with the practice opening hours.

### Listening and learning from concerns and complaints

The practice had a 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.

The policy explained how patients could make a complaint and included the timescales for acknowledgement and completion. The process included an apology when appropriate and whether learning opportunities had been identified. The system included cascading the learning to

staff at practice meetings. If a satisfactory outcome could not be achieved, information was provided to patients about other external organisations that could be contacted to escalate any issues.

All staff were aware of the complaints procedure and were provided with a guide that helped them support patients and advise them of the procedures to follow. Complaint forms were readily available at reception and the procedure was published in the practice leaflet and on the practice website. Patients we spoke with told us they were not aware of the process to follow if they wished to make a complaint, but would ask reception or write to the practice manager.

We looked at 11 complaints received in the last 9 months. We saw that where lessons were learnt and individual complaints had been acted on in a timely manner with learning outcomes cascaded to staff within the practice.

The practice audited both written and verbal complaints. Staff had a book on reception where they could record any issues or concerns to be addressed at staff meetings or for the attention of the management team.

# 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 and strategy to deliver high quality care and promote good outcomes for patients in an open and friendly environment. Staff we spoke with were aware of the vision and values for the practice and told us that they were supported to deliver these. The practice was active in focusing on outcomes in primary care. We saw that the practice had recognised where they could improve outcomes for patients and had made changes accordingly through reviews and listening to staff and patients.

The practice leadership team were aware of the importance of forward planning to ensure that the quality of the service they provided could continue to develop. The partners were committed to improving primary healthcare and recognised the value of research. The practice used clinical audit to monitor the effectiveness of the care and treatment they provided and were a host practice for NHS primary care research initiatives. The practice provided patients with information about this so that they were aware that they may be contacted to be invited to take part in research projects based at the practice.

### 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:

- Staff were aware of their roles and responsibilities for managing risk and improving quality and felt supported by management.
- GPs and nurses had lead responsibilities for areas such as safeguarding, infection control and care related to patients.
- Practice specific policies were implemented and were available to all staff.
- The management team had a comprehensive understanding of the performance of the practice and shared this with staff.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

We saw from the data we reviewed that the partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did. We also noted that GPs attended regular seminars and training and disseminated learning to other GPs in practice meetings. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through surveys, significant events, results from the Friends and Family test, feedback from the NHS Choices website, compliments and complaints received. The practice did not have a current patient participation group (PPG), but was working with the local clinical commissioning group to establish a virtual PPG to include a cross section of the practice populations age, gender and ethnicity. The practice also sent information to patients using text messaging for those patients who provided a mobile phone. This was advertised on the practice website and within the practice waiting rooms. The practice carried out annual patient surveys and set out proposals for improvements. For example, following the 2014 annual patient survey the practice had recognised that only 55.6% of patients who responded to the survey were aware the practice was open on selected Saturday mornings. The practice recognised that 44.4% of patients responding were unaware of this availability and were looking at additional ways to promote this service other than the practice website and practice leaflet. This was being developed at the time of our

# Are services well-led?

Good 

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

inspection. Other actions included continued monitoring of the practice appointment systems and peer monitoring of GPs individual surveys to investigate any specific areas for improvement and development. Where required GPs appointments were extended to 15 minutes to provide the clinician with the support to manage workload during busy periods.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example staff showed us a book in the reception area; we were told this provided staff with the opportunity to raise any issues for agenda and discussion at staff meetings. The practice had a whistleblowing policy which was available to all staff and those we spoke with said that they would feel confident in reporting any concerns. Staff told us they felt involved and engaged to improve how the practice was run.

## Innovation

There was a strong focus on clinical excellence and training and support for clinical staff. Care and treatment provision was based upon relevant national guidance, which was regularly reviewed. GPs attended regular clinical peer review meetings to review referrals and correspondence and attended CCG GP forum meetings. The practice had completed reviews of significant events and other incidents and complaints and shared with staff in meetings to ensure the practice improved outcomes for patients. Records showed that regular clinical and non-clinical audits were carried out as part of their quality improvement process to improve the service and patient care. Completed audit cycles showed that essential changes had been made to improve the quality of the service and to ensure that patients received safe care and treatment.

The practice was a Royal College of General Practitioners/ National Institute for Health Research accredited research practice. The practice also took part in the University of East Anglia pharmacy shadowing programme, enabling pharmacy students to spend time with GPs within a primary care setting as part of their training. Some GPs had areas of special clinical interest, for example one GP had an interest in dermatology and was able to describe the reduction in referral to secondary care dermatology from the practice.

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at seven staff files and saw that regular appraisals took place which included a personal development plan. The practice described the actions taken to mitigate the effects of increased workload on clinical and non-clinical staff. A system of 'catch up time' had been instigated for GP partners whose workload increased during prime holiday periods. In addition members of reception staff had been identified by the practice as 'bank' staff to provide additional support during holiday and sick periods.

The practice was aware of future challenges, for example they were aware of local housing development and the impact on the local patient population from the re-location of a 'walk in' service. There was a possibility of an increase in appointment demand from patients no longer able to easily access the walk in service. We saw the practice continually monitored the impact of challenges on the provision of its service.