

Plowright Medical Centre

Quality Report

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Date of inspection visit: 27 September 2017

Date of publication: 03/11/2017

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 Plowright Medical Centre on 27 September 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. The practice were able to evidence significant events were recorded and discussed at practice meetings.
- Risks to patients were assessed and well managed. Comprehensive risk registers were held and gave clear management oversight.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge, and experience to deliver effective care and treatment.

- Results from the GP patient survey showed patients rated the practice in line with or below others for several aspects of care.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they did not always find it easy to make an appointment with a named GP, but that urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted upon.
- The provider was aware of and complied with the requirements of the duty of candour.
- Clinical and non-clinical audits were carried out.
- The practice had implemented a system to email patients regarding flu vaccinations once consent had been received. The practice told us that this had

Summary of findings

contributed to the increased number of flu vaccinations they had performed to date. The number of vaccines given up to the day of the inspection already exceeded the total given in the whole full season last year.

We saw areas of outstanding practice:

- The practice provided accommodation for two wellbeing counsellors and the service was available for all patients in the community. The practice provided and paid for the services of three additional counsellors for three sessions a week, with different areas of expertise including child adolescent and psychotherapy, mental health, post-natal depression, hypnotherapy, cognitive behavioural therapy, eating disorders, post-traumatic stress, phobias and depression. Clinics slots were for one hour and a quiet room with settees had been made available to help make patients feel relaxed and comfortable. Since January 2017, they have provided 430 appointments to over 80 patients whose ages have ranged from under 16 to over 90 years old. We reviewed comments from the patient feedback which were all positive about the help they had received and the positive impact on their lives.

- The practice employed a member of staff as a single point of contact for safeguarding (SPOC). This staff member was trained to safeguarding level two and worked with the GP safeguarding leads and with other agencies and health professionals such as health visitors and community nurses. All safeguarding information received was directed to this staff member and they held discussions and meetings with any relevant agencies and professionals to prepare the reports for the practice safeguarding lead and other professionals to use when attending any case conferences. We reviewed three examples where this had been beneficial to professional's involved and ensured safer management of the person(s) concern.

The areas where the provider should make improvement are:

- Continue to monitor patient satisfaction as highlighted in the national GP patient survey and the impact of changes made in response to patient feedback.

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 was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. There was a comprehensive log to enable trend analysis of significant events.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, and all staff had undertaken safeguarding training. The practice had developed a specialist administration role to further support the lead safeguarding GP.
- Risks to patients were assessed and well managed. Comprehensive risk registers were held and gave clear management oversight.
- All communications including electronic letters and test results were first reviewed by the GPs prior to filing or intervention.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge, and experience to deliver effective care and treatment.
- There was evidence of staff appraisals for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2017 showed patients rated the practice in line with or below others for several aspects of care.

Good



Summary of findings

- 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients and/or relatives of patients on the palliative care register were given the mobile telephone number of the senior partner in order to provide additional communication when needed.
- The practice had a carers champion and had identified 2.5% of patients as carers, information and support was available from the practice and carers support organisations.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The senior partner attended regular locality meetings.
- Patients said they found it easy to get urgent appointments on the same day.
- Telephone consultations were available for patients unable to attend the surgery.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice employed the services of three counsellors to cover a variety of conditions including anxiety, post natal depression, eating disorders, mental health, post-traumatic stress, and phobias.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The GPs encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. This included having a patient from the patient participation group work in the practice one day per week.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A medicines delivery service was offered to vulnerable patients and those with long-term conditions and frailty who could not attend the surgery.
- The practice had significantly improved the uptake of flu vaccinations and the practice nurse attended housebound patients to ensure.
- The practice provides facilities for other agencies such as Age UK, West Norfolk befrienders and West Norfolk Carers to provide a monthly drop in clinic.
- Monthly hearing aid clinics are hosted to ensure that patients are able to access support and new batteries easily and closer to home.

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 including asthma and diabetes. The practice nurses had received specific training in diabetes, asthma, and chronic obstructive pulmonary disease, to support the GPs' management of long term condition patients.
- The practice provided facilities for the diabetic retinopathy (eye screening) service to see patients on site.
- Longer appointments and home visits were available when needed.
- All patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Bi-monthly multi-disciplinary meetings took place to discuss palliative care and reviews.

Good



Summary of findings

- The practice had significantly improved on the delivery of flu vaccinations for patients at risk. On the day of the inspection they had already exceeded their performance for 2016 and had further Saturday clinics planned.
- Home visits were available for patients whose condition made it difficult for them to attend the surgery.
- Same day appointments were offered if needed.
- The care home matron monitored patients in care homes and reported to the senior partner if intervention was required.

Families, children and young people

The practice is rated as good overall for the care of families, children, and young people. The practice is rated as outstanding for providing safe services to families, children and young people.

- Children were prioritised and fast tracked with regards to same day appointments.
- Appointments were staggered throughout the day making it easier for patients to book appointments for children before or after school.
- The practice employed a member of staff as a single point of contact for safeguarding (SPOC). This staff member worked with the GP safeguarding leads and with other agencies such as health visitors and community nurses. All safeguarding information received or required was directed to the SPOC. The SPOC was able to gather all information to give an overview of all safeguarding concerns. We reviewed three examples where this had been beneficial to professional's involved and ensured safer management of the person(s) concern.
- The practice had set up a social media website page to keep people up-to-date with changes or information about the services provided. Information included the introduction of a patient self-check in screen and a link to join the friends of Plowright Medical Centre Swaffham.
- Saturday flu clinics were available for patients unable to attend during the week.
- 82% of female patients aged 25-64, attended for cervical screening within the target period compared to the CCG average of 84% and the national average of 82%.
- Travel vaccines were available, by appointment, during normal clinic times.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

- School readiness health checks were offered at which additional support was offered for children preparing to start school, including communication, physical exercise and dental health.
- The practice had employed the services of a counsellor with specific skills in child psychotherapy and eating disorders and post natal depression.

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 to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone consultations were available for patients unable to attend the surgery.
- The practice had an internet social media page which gave useful health information and information on the services provided at the surgery.

Good



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.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice employed a member of staff as a single point of contact for safeguarding (SPOC). This staff member was trained

Good



Summary of findings

to safeguarding level two and worked with the GP safeguarding leads and with other agencies and health professionals such as health visitors and community nurses. All safeguarding information received was directed to this staff member and they held discussions and meetings with any relevant agencies and professionals to prepare the reports for the practice safeguarding lead and other professionals to use when attending any case conferences. We reviewed three examples where this had been beneficial to professional's involved and ensured safer management of the person(s) concern.

People experiencing poor mental health (including people with dementia)

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

- 82% of patients with dementia or poor mental health were telephoned prior to their appointment as a reminder that the appointment was due, and to check if the patient had any concerns or worries.
- 100% of patients diagnosed with mental health issues had a comprehensive care plan documented in their records in the preceding 12 months which was 7% above the CCG average and 2% above the national average. Exception reporting was 2% compared to the CCG and national average of 11%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had recently signed up to be a dementia friendly practice; they had dementia friendly posters in the waiting rooms. The practice had considered and planned the design of the recently built restrooms to ensure these were reflective of dementia patient's needs. They had incorporated different coloured seating and signs on the doors to make these areas dementia friendly and promote independence for these patients
- The practice employed counsellors to work at the practice. The practice had considered the population and employed three

Outstanding



Summary of findings

counsellors with special interests in child, adolescent and adult mental health to ensure they met the needs of the whole population. This service had proved popular with patients and was reflected in the CQC comment cards.

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What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. 232 survey forms were distributed and 120 were returned. This represented a 52% response rate.

- 85% of patients found it easy to get through to this practice by phone compared to the CCG average of 78% and the national average of 71%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 84%.
- 82% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 157 comment cards of which 130 were all positive about the standard of care received, 22 were mixed and five were wholly negative. Of the 27 negative or partially negative comments, a common theme was waiting times to see named GPs. Positive comments from patients included that the service provided was very good in all aspects and that staff were courteous, competent, helpful, and friendly.

We spoke with three patients during the inspection. All three patients said they would recommend the practice to someone new in the area. Patients also commented that the staff were excellent, friendly, and helpful and that the on-line service was good.

Areas for improvement

Action the service SHOULD take to improve

- Continue to monitor patient satisfaction as highlighted in the national GP patient survey and the impact of changes made in response to patient feedback.

Outstanding practice

We saw areas of outstanding practice:

- The practice provided accommodation for two wellbeing counsellors and the service was available for all patients in the community. The practice provided and paid for the services of three additional counsellors for three sessions a week, with different areas of expertise including child adolescent and psychotherapy, mental health, post-natal depression, hypnotherapy, cognitive behavioural therapy, eating disorders, post-traumatic stress, phobias and depression. Clinics slots were for one hour and a quiet room with settees had been made available to help make patients feel relaxed and comfortable. Since January 2017, they have provided 430 appointments to over 80 patients whose ages have ranged from under 16 to over 90 years old. We reviewed comments from the patient feedback which were all positive about the help they had received and the positive impact on their lives.
- The practice employed a member of staff as a single point of contact for safeguarding (SPOC). This staff member was trained to safeguarding level two and worked with the GP safeguarding leads and with other agencies and health professionals such as

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health visitors and community nurses. All safeguarding information received was directed to this staff member and they held discussions and meetings with any relevant agencies and professionals to prepare the reports for the practice

safeguarding lead and other professionals to use when attending any case conferences. We reviewed three examples where this had been beneficial to professional's involved and ensured safer management of the person(s) concern.

Plowright 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 GP specialist adviser and a second CQC inspector.

Background to Plowright Medical Centre

Plowright Medical Centre provides primary care services to approximately 6,000 patients. The main surgery opened in 2005 and in 2008 won the national sustainability award for energy efficiency and beat 210 new NHS health centres in minimal carbon dioxide omissions.

The surgery is located at Jack Boddy Way, Swaffham, PE37 7HJ. The branch surgery at Necton, opened in 1995, and is located at North Pickenham Road, Necton PE37 8EF.

The practice has one male GP and is supported by one salaried male GP with a further GP due to start in October 2017. Four regular locum GPs (three female, one male) also provide sessions at the practice offering continuity of care to the patients. There are four practice nurses, four health care assistants, twelve administrative staff, a practice manager, and nine dispensary staff.

The practice was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. Both sites have a dispensary and we visited both sites as part of this inspection.

Plowright Surgery Swaffham is open Monday to Friday from 8.30am to 6.30pm and closed from 1pm to 2pm on Tuesdays.

Necton Surgery is open Monday to Friday from 8.30am to 12pm and 2pm to 5pm and on Thursdays the surgery is closed from 12pm.

Out of hours care is provided by Integrated Care 24 through the 111 non-emergency services.

The practice had a higher number of patients on their register aged 60 years and over compared to the national average, with over 1200 patients over the age of 70 (22%).

Figures showed that 66% of patients had a long-standing health condition compared to the national average of 54%.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 September 2017. During our visit we:

- Spoke with a range of staff including receptionists, dispensers, administrators, and managers and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for and talked with carers and family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

- Is it well-led?

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice manager kept a comprehensive log of all incidents reported. This enabled the practice to complete an ongoing trend analysis.
- The practice had recorded eight significant events for the year 2017/18 and we saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, information, a written apology, and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts, and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. The practice held an extensive log of patient safety alerts. These were actioned and followed up in a systematic way to ensure actions were taken. All staff had access to this log.

Overview of safety systems and processes

- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:
- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated

they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and the nursing staff were trained to safeguarding level two.

- The practice employed a member of staff as a single point of contact for safeguarding (SPOC). This staff member was trained to safeguarding level two and worked with the GP safeguarding leads and with other agencies and health professionals such as health visitors and community nurses. All safeguarding information received was directed to this staff member and they held discussions and meetings with any relevant agencies and professionals to prepare the reports for the practice safeguarding lead and other professionals to use when attending any case conferences. We reviewed three examples where this had been beneficial to professional's involved and ensured safer management of the person(s) concern.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene:

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. There were systems in place for the cleaning of the dispensary to ensure safety. For example, there were always two members of dispensary staff in the dispensary when the cleaners were there.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Both sites had an IPC audit completed every six months. We saw evidence of improvements in IPC from the last audit. We found that in both sites, there were fabric curtains. There was a protocol in place for the cleaning of these curtains and there were labels on the curtains which stated when they were last cleaned.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security, and disposal).

- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary.
- The practice had audited their dispensing service showing patients gave high levels of positive feedback. Dispensing staff had completed appropriate training. Staff had implemented a flow chart to assist dispensers giving information to patients on how to take antibiotics.
- The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed. There was a variety of methods available to patients to order their repeat prescriptions. Repeat prescriptions for medicines supplied at the dispensary were signed by GPs before medicines were given to patients.
- There was a system in place for the management of high risk medicines such as warfarin, methotrexate, and other disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results. We reviewed several patient records which confirmed that the procedure was being followed.
- We found that if a patient did not collect a prescription, there was an appropriate and effective system in place to inform the patients regular GP, or the duty GP if the regular GP was unavailable.
- Medicines were stored securely within the dispensary area. Records showed medicine refrigerator temperature checks were carried out to ensure medicines and vaccines requiring refrigeration were stored at appropriate temperatures. The dispensers also monitored room temperatures. Processes were in place to check medicines following alerts and recalls of medicines and to check medicines for expiry to ensure they were safe for use every three months. There was a flow chart in place to explain how to carry out an appropriate stock and expiry date check to ensure every dispenser was using the same process. Stock and expiry checks were also checked by a second person and compared to computer stock.
- Dispensary staff recorded significant events and near misses and implemented changes to practice as a result of these. Near misses were discussed at dispensary meetings to identify trends and themes. Significant events were discussed in clinical meetings and the learning was disseminated appropriately.
- A medicines delivery service was offered to vulnerable patients and those with long-term conditions and frailty who could not attend the surgery.
- Blank prescription forms were kept securely and there was a log to track their use.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had standard procedures in place that set out how they were managed. The practice staff were following these. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted, and the keys held securely. There were arrangements in place for the destruction of controlled drugs and the practice carried out regular audits of controlled drugs.
- Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately. These were signed and dated appropriately.
- **Monitoring risks to patients**
- There were procedures for assessing, monitoring and managing risks to patient and staff safety across both sites.
- There was a health and safety policy and risk assessment available. Comprehensive risk registers were held and gave clear management oversight to manage these risks.
- The practice had up to date fire risk assessments and carried out regular fire drills. There were designated fire marshals within the practices. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of

Are services safe?

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There was a comprehensive plan in place to monitor and complete actions highlighted, including monitoring water temperatures.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on both premises and oxygen with adult and children's masks. A first aid kit and accident book was 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 we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure, loss of medical records or building damage. The plan included emergency contact numbers for staff and suppliers.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available. This was 1% above the CCG average and 4% above the national average. Exception reporting was 9% compared to the CCG average of 10% and the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 results showed:

- Performance for diabetes related indicators was 99% which was 5% above the CCG average and 9% above the national average. Exception reporting was in line with the CCG and national average of 11%
- Performance for mental health related indicators was 91% which was 7% below the CCG average and 2% below the national average. Exception reporting was 2% compared to the CCG and national average of 11%.
- There was evidence of quality improvement including clinical audit.
- There had been several clinical audits completed including an audit on correct coding of malignancy in medical records and chronic obstructive pulmonary disease (COPD) management. For the audit on COPD, the first cycle demonstrated poor record keeping and a

lack of management of this condition by the GPs. Nurse training on COPD was commenced and progress plotted over four equally spaced reviews. Data was extracted for each review and discussed at specific meetings. The final review of comparable data showed a significant increase in performance and an improvement in the management of COPD.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nursing staff reviewing patients with long-term conditions had undertaken training in asthma, spirometry, COPD, diabetes and immunisation and vaccinations.
- The learning needs of staff were identified through a system of appraisals, meetings, and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, equality and diversity, conflict resolution, infection control, health and safety, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Are services effective?

(for example, treatment is effective)

contacted by the practice within three days of discharge to ascertain if further intervention was needed. The care home matron undertook regular care home visits, and reported to the GP if any concerns or intervention was identified.

- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Monthly meetings took place with the senior partner and the integrated care co-ordinator, during which care plans for patients with complex needs were routinely reviewed and updated.
- Bi-monthly multi-disciplinary team meetings took place attended by the integrate care co-ordinator, care home matron, community nurse, GP, lead nurse, dispenser, Macmillan nurse, physiotherapist and health visitor. Palliative care patients were reviewed and intervention discussed and implemented if necessary.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example: patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and were signposted to the relevant

service. A visiting dietician attended the premises on a monthly basis and referrals could be made through the GPs or practice nurses. Information for smoking cessation was available on the practice website.

The practice's uptake for the cervical screening programme was 82% which was comparable to the CCG average of 84% and the national average of 82%. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. Patients who did not attend for cervical screening were sent a reminder by the practice and an alert put onto their medical record showing the smear test was overdue.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The number of females aged 50 to 70 years, screened for breast cancer in the last 36 months was 80% compared to the CCG average of 77% and the national average of 72%. The number of persons age 60 to 69 screened for bowel cancer in the last 30 months was 63% compared to the national average of 60% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 96% compared to the CCG average of 64% to 96% and the national average of 74% to 95%.and five year olds from 70% to 100% compared to the CCG average of 69% to 95% and the national average of 81% to 95%.

School readiness health checks were offered for children preparing to start school. These checks provided additional support including dental health, socialising, communication, and physical exercise.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Of the 157 patient Care Quality Commission comment cards we received, 130 were wholly positive about the service experienced, 22 contained mixed feedback and five contained wholly negative feedback. Patients said they felt the practice offered an excellent service and that staff were helpful, caring, and polite and treated them with dignity and respect. The common theme of the negative feedback was of delays in getting appointments with a named GP. The practice had recognised this and was confident that the appointment of a salaried GP would increase continuity for patients.

Results from the national GP patient survey, published in July 2017, showed most patients felt they were treated with compassion, dignity, and respect. Satisfaction scores relating to consultations with GPs and nurses were mixed. For example:

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 86%.

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

The practice had recently had a change in GP staffing, which had impacted upon patient continuity and satisfaction. The practice was confident that with the recent employment of another salaried GP, patient satisfaction would improve.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey, published in July 2017, showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mixed in comparison to local and national averages. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 92% and the national average of 85%.

The practice had recently employed another salaried GP and was positive that increased continuity of care and less reliance on locums would see an improvement in these figures.

Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- Patients told us they felt involved in decision making about the care and treatment they received. The feedback we received from patients interviewed on the day was positive and aligned with these views.

Patient and carer support to cope emotionally with care and treatment

The practice had a member of staff who was the carer's champion who ensured that patients were identified, reviewed, and offered further support. Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 148 patients as carers (2.5% of the practice list). Information was available for carers and there was a direct link on the practice Facebook page to West Norfolk Carers.

Norfolk Carers held monthly drop-in clinics at the practice to offer support and advice where appropriate.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support and advice. The practice sent a personalised condolence card and a leaflet that gave a guide to the days following bereavement. This included information on how to register a death, local funeral services, coping with bereavement and information on local groups and charities that help with bereavement. We were told of occasions where the GPs had given their direct contact numbers to patients should they need help.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The senior partner regularly attended the CCG locality meetings.

- The practice used the CCG benchmarking data on prescribing and regularly reviewed their prescribing data.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a lift to the first floor, baby changing facilities, a hearing loop and translation services available.
- A phlebotomy service was available to ensure that patients did not have to travel to the hospital to have this procedure undertaken.
- A range of attached services was provided including chiropractor, midwifery, wellbeing counsellors, osteopath, and hearing aid clinic.
- The practice had implemented a system to email patients once consent had been received. The practice told us that this had contributed to the increased number of flu vaccinations they had performed to date. The number of vaccines given up to the day of the inspection already exceeded the total given in the whole full season last year.
- The practice provided accommodation for two wellbeing counsellors and the service was available for all patients in the community. The practice also employed three counsellors which services covered a variety of conditions including anxiety, eating disorders, post natal depression, mental health, post-traumatic stress, and phobias.

Plowright Surgery Swaffham opening hours were from Monday to Friday 8.30am to 6.30pm and closed from 1pm to 2pm on Tuesday.

Necton Surgery opening hours were Monday to Friday 8.30am to 12.30pm and 2pm to 6.30pm. Thursday the surgery closed at 12pm.

Appointments were staggered daily at the main surgery from 8.30am to 12pm and 3pm to 6.30pm and could be booked up to one month in advance. Urgent appointments were also available for people that needed them.

Results from the national GP patient survey published July 2017 showed that patient's satisfaction with how they could access care and treatment was mixed in comparison to local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 71%.
- 86% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 87% and the national average of 84%.
- 80% of patients said their last appointment was convenient compared with the CCG average of 85% and the national average of 81%.
- 78% of patients described their experience of making an appointment as good compared with the CCG average of 79% and the national average of 73%.
- 63% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 64% and the national average of 58%.

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.
- The reception staff recorded home visits on the practice computer screen which the GPs looked at throughout the day. Patients that requested to be seen urgently were triaged by a practice nurse and given an appointment the same day with the duty doctor if appropriate.

Access to the service

Are services responsive to people's needs?

(for example, to feedback?)

The practice offered a range of additional clinics including counselling, phlebotomy, chronic heart disease and travel. Associated services included diabetic eye screening, midwifery, a dietician, and hearing aid support.

There were eight care homes in the area and the practice provided care for 91 residents in these homes. The practice employed a care home matron to support the GPs in looking after patients in the care homes. The care home matron visited the homes and liaised with the senior partner on a regular basis.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at several complaints received in the last 12 months and found that these had been dealt with in a timely way and with openness and transparency. Verbal and written complaints were recorded. Lessons were learnt from individual concerns and complaints and from analysis of trends, and actions were taken to improve the quality of care. For example, a pump hand sanitiser had been installed next to the patient check-in screen and additional signage advising patients they could speak in a private area if requested had been installed.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement to be a top quality health care team, working with patients to enable good health and deliver excellent accessible care, continually developing to meet new challenges. This was incorporated in the practice business plan and staff knew and understood the values.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- There were arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions.
- A range of meetings took place to ensure communication and changes to policies and procedures were adopted.

Leadership and culture

On the day of inspection the GP in the practice demonstrated he had the experience, capacity, and capability to run the practice and ensure high quality care. There was clear evidence that the practice team worked in a cohesive manner and that improvements were constantly evolving. Staff told us that all GPs at the practice were approachable, easy to talk to and always took the time to listen to all members of staff. The practice manager and management team shared with us their vision for further improvements to areas such as policies and procedures using a new IT based system.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The GPs encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal and written apology.

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

- Staff told us the practice held regular team meetings and head of department meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by all the GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the GPs encouraged staff to identify opportunities to improve the service delivered by the practice.
- The staff had set up its own social group and event planning to aid team morale.

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

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

- A member of the patient participation group worked in the practice one day a week. This member was a volunteer and had signed the appropriate confidentially contracts. They had agreed to this role to ensure that the patients were involved in the practice.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice had a virtual group and information was available on the practice website, in the practice information leaflet and on their social media page. The PPG suggested information on patient education was provided in the parish magazine. This had been implemented with a regular page available for the practice to use. A TV screen

Are services well-led?

Good 

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

had been installed giving information on self-help topics including bowel and breast screening, winter health and local charities and services. The practice had also installed a patient check-in screen.

- The practice gathered feedback from staff through appraisals and practice meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. The dispensary staff suggested they ring all their delivery patients, two days before the delivery date, to check if there was anything else that the patient needed. This was taken on board and was included as part of the delivery protocol.
- Staff suggested putting a donation box and a bookcase in the reception area so that patients could take

unwanted books and leave a small donation, the proceeds of which went to charity. In the first year the local charities, selected by the practice, each received £160.

- During the Saturday flu clinics, a charity coffee morning (hosted by members of the practice and PPG) was held in order to raise money for local charities. The practice also arranged for outside organisations to attend, and both Norfolk carers and the local stroke association had attended.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and were happy to engage with local services in the training and education of community services staff. The practice was investigating the use of a different skill mix within the clinical team and was hosting both student nurses and emergency care practitioners.