

# Hoveton and Wroxham Medical Centre

## Quality Report

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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 Hoveton and Wroxham Medical Centre on 10 January 2017. Overall the practice is rated as good.

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

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with practice staff and was regularly reviewed.
- The practice had a relatively new management team in place and we saw that the practice had a cohesive team approach to ensure that systems and processes were in place.
- We found that there was an open and transparent approach to safety and a system was in place for reporting and recording significant events.
- The practice used a range of assessments to manage the risks to patients.

- Practice staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Practice staff had been trained to provide them with the skills, knowledge, and experience to deliver effective care and treatment.
- 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.
- 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. For example, a member of the PPG assessed and advised the practice on access around the building for wheel chair users.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice:

- We saw many positive examples of care provided to patients. For example, the practice had staff who

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were named and identified as the carers' champion. A practice leaflet detailed the carers' group monthly meeting and the champion's name and contact details.

The practice had two named dementia champions. These staff members had attended external training and recognised adjustments that could be made to best support people with dementia. The dementia leads had made significant changes to the environment to ensure that patients who may be confused were put at ease. For example, the chairs and waiting room used a colour scheme known to be helpful to dementia patients and the black mat had been removed from the inside of the entrance door.

- The practice demonstrated they valued education for all staff. They had supported their staff to be involved in a practice nurse course which had been accredited by Middlesex University, approved by the Royal College of General Practitioners and to run

study evenings and weekends for local nurse practitioners, these included external speakers, prescribing updates and other professional issues. The nurses were also proactive in delivering patient education and had run several successful events. These events included topics such as men's and women's health and they had been well attended. Expert patients had attended and spoken about their experience and external speakers such as the chairman of the of the prostate society were able to add to the event.

The areas where the provider should make improvement are:

- The practice should audit the processing of incoming correspondence to ensure that protocols are being followed.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- Practice staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice used every opportunity to learn from internal and external incidents to support improvement. Learning was based on a thorough analysis and investigation.
- The practice had systems in place to cascade and learn from Medicines and Healthcare products Regulatory Agency (MHRA) alerts and updates.
- Risk management was recognised as the responsibility of all staff and the management team had oversight.
- Not all correspondence received was viewed by the GPs, the secretarial staff directly filed letters from an agreed list. However, the practice did not undertake regular audits to ensure the system was safe.
- Annual infection control audits were undertaken. We saw evidence of recent audits and actions taken to address any improvements identified as a result.
- The practice had systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example children and young people who had a high number of A&E attendances or who had failed to attend appointments.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were higher when compared with the CCG and the national average. QOF is a system intended to improve the quality of general practice and reward good practice.
- Practice staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical and non-clinical audits were used to identify, monitor, and encourage improvement. The practice demonstrated changes to their practice as a result.
- Staff had the skills, knowledge, and experience to deliver effective care and treatment.

# Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

The practice ran an effective recall system for patients. Clinical templates had been designed to ensure that all checks were undertaken at one review, saving the patient multiple attendances.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in July 2016 was in line with or slightly below the local averages. For example, 88% of patients found the receptionist at this practice helpful; this was slightly below the CCG average of 91% and above the national average of 87%.
- We saw practice staff treated patients with kindness and respect, maintained patient and information confidentiality.
- Patients said they were treated with compassion, dignity, and respect and that 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 positive examples of care provided to patients. For example, the practice had staff who were named and identified as the carers' champion. A practice leaflet detailed the carers' group monthly and the champions name and contact details. The practice had identified 170 patients (including young carers), 2% of the practice population.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice engaged with the other services that were hosted in the building included a mental health worker, podiatry and a specialist continence nurse.
- The practice had two named dementia champions. These staff members had attended external training and recognised adjustments that could be made to best support people with dementia. The dementia lead staff members had made significant changes to the environment to ensure that patients who may be confused were put at ease. For example, the chairs

# Summary of findings

and waiting room used a colour scheme known to be helpful to dementia patients and the black mat had been removed from inside the entrance door. The practice valued continuity of care and held a personalised list, although they recognised that this did cause some delays for patients to see a GP. Patients could request a telephone call from their preferred GP any day that they were working.

- For those patients who needed it, the practice dispensary offered medicine deliveries to their homes.
- The practice recognised that they served an older population and had extended the usual appointment time to 12 minutes. Longer appointments were available if needed.
- The practice were proactive in supporting the community and had regular contact with the council to ensure transport services to the surgery were upheld.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Two member of the PPG had undertaken an access audit for those patients who used a wheel chair.
- The practice was proactive in understanding the needs of their younger population. The practice nurses attended meetings at a local school and conducted surveys. The practice produced a newsletter specifically for younger patients.
- Information about how to complain was available, easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with practice staff and other stakeholders.
- A full contraceptive service was not offered at the practice, but the practice had an agreement with a local practice that provided long-acting reversible contraceptives (LARC). Appointments were available in the evenings.
- Travel advice was given to patients ensuring that patients had access to vaccinations that were covered under the NHS.

## Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with practice staff and was regularly reviewed.
- The standards of care were promoted and owned by all practice staff and they told us that they set the standard high. All the teams worked together across all roles. There was a high level of constructive engagement with practice staff and a high level of staff satisfaction.

**Good**



# Summary of findings

- We saw evidence that practice staff were open and transparent when things had gone wrong, however minor. Learning from these events was shared with the whole practice.
- Governance and performance management arrangements were in place and the processes had recently been improved following reconfiguration of the management team.
- The practice and the patient participation group communicated well and the group considered themselves 'critical friends' of the practice.
- The practice was engaged with the local community, maximising the benefits to patients through education, third sector, and voluntary agencies.
- 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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered 12 minute appointments as standard, with longer appointments available if required.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including hypertension, dementia, and heart failure were above or in line with the local and national averages.
- The practice provided care to patients in three large care homes and ten smaller facilities; these included a home with a speciality in dementia care and small homes where patients with learning disabilities lived with 24 hour care. Designated GPs conducted weekly visits to the larger homes to ensure proactive care.
- Information for support groups such as Age UK and was available.
- The practice tried where possible to bring services closer to patients, for example the practice offered in-house phlebotomy services.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients were invited for an annual review. The practice system and processes for managing the recall systems ensured patients received appropriate and timely care with the minimum number of appointments.
- Where appropriate the practice undertook reviews by telephone with the patient or virtually.
- The practice had access to other agencies such as health trainers who gave advice on weight management and supported patients with lifestyle changes.



# Summary of findings

- Longer appointments and home visits were available, including for long term condition reviews when needed for all patients unable to attend the practice or with a learning disability.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## 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 or failed to attend appointments. Immunisation rates were in line with the national average for the standard childhood immunisations.
- Unwell children were seen as soon as possible and convenient to the parent or carer.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice nurses worked actively with a local school. Surveys had been conducted with the young people to ensure the practice was offering services that young people wanted to access.
- The practice produced a regular newsletter which included such topics as sexual health and immunisation updates. The practice nurse attended meetings a local school and had undertaken a survey, this included asking the young people the information they would like to have more access to for example, managing stress, personal safety and bullying.
- The practice had open access appointments with a nurse practitioner each lunchtime for young patients who attended the local schools.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors, and school nurses.

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).

Good



# Summary of findings

- The needs of the working age population, those recently retired and students had been identified. The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered early morning appointments for phlebotomy and for patients to attend a NHS health check appointment. The practice stopped offering extended hours for GP and nurses because the uptake had been low.
- The practice offered telephone consultations for those patients that wished to seek advice in this way.
- 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 overall for the care of people whose circumstances may make them vulnerable. The practice is rated as outstanding for providing responsive services to people whose circumstances may make them vulnerable.

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice clinical team met every day to discuss visits and patients who may need support. Members of the community team such as the community link nurse, and the palliative care nurse regularly attended.
- The practice had both dementia and carers champions. These staff member encourage the practice team to be dementia friendly.
- The practice held a register of patients living in vulnerable circumstances including the patients staying in the end of life care home and those with a learning disability.
- The practice offered longer appointments with the named doctor for patients with a learning disability.
- The practice, with the support of a PPG member had undertaken an audit of the premises to ensure that patients with special needs could be safely accommodated. Results from this audit had led to improvements for patients who are not so mobile.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Practice 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



# Summary of findings

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

Good



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

- The practice had a dementia champion and practice team were dementia friendly with good signage throughout the building. Clinicians collected patients from the waiting areas; patients we spoke with valued this.
- A mental health professional attended the practice regularly to see patients with complex needs. This professional was available to the practice staff for advice.
- The practice had 131 patients diagnosed with dementia on the register. 65 of these patients had received an annual review with the practice nurse. Some of the remaining patients lived in care homes, and as these patients generally had more complex needs they received on going health reviews through the year with the GPs.
- 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 A&E or had failed to attend appointments where they may have been experiencing poor mental health.
- Practice staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line or below the local and national averages. 218 survey forms were distributed and 128 were returned. This represented a 59% completion rate.

- 86% 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 73%.
- 88% 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 90% and the national average of 85%.

- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 76% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 84% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 completed cards, all positive about the care and treatment received. We spoke with four patients during the inspection who said they were very satisfied with the care they received and thought staff were approachable, committed, and caring.

## Areas for improvement

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

The areas where the provider should make improvement are:

- The practice should audit the processing of incoming correspondence to ensure that protocols are being followed.

## Outstanding practice

We saw several areas of outstanding practice:

- We saw many positive examples of care provided to patients. For example, the practice had staff who were named and identified as the carers' champion. A practice leaflet detailed the carers' group monthly meeting and the champion's name and contact details.

The practice had two named dementia champions. These staff members had attended external training and recognised adjustments that could be made to best support people with dementia. The dementia leads had made significant changes to the environment to ensure that patients who may be confused were put at ease. For example, the chairs and waiting room used a colour scheme known to be helpful to dementia patients and the black mat had been removed from inside the entrance door.

- The practice demonstrated they valued education for all staff. They had supported their staff to be involved in a practice nurse course which had been accredited by Middlesex University, approved by the Royal College of General Practitioners and to run study evenings and weekends for local nurse practitioners, these included external speakers, prescribing updates and other professional issues. The nurses were also proactive in delivering patient education and had run several successful events. These events included topics such as men's and women's health and they had been well attended. Expert patients had attended and spoken about their experience and external speakers such as the chairman of the of the prostate society were able to add to the event.

# Hoveton and Wroxham Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser. A second CQC inspector inspected the dispensary.

## Background to Hoveton and Wroxham Medical Centre

The practice is situated in the village of Hoveton in North Norfolk and offers health care services to approximately 9000 patients. The practice dispenses medicines and offers consultation space for GPs, nurses and attached professionals including community nurses, a specialist continence nurse, and a mental health worker.

The practice holds a General Medical Services (GMS) contract and is a training practice with two GP trainers and an associate trainer. There are three tutors who are Honorary Senior Lecturers at the University of East Anglia and GP trainees with Year 4 medical students from Norwich Medical School. The medical student training at the practice is on Obstetrics, Gynaecology, Paediatrics, General Practice, Emergency Care and Clinical Audit.

A training practice has trainee GPs (registrars) working in the practice; a registrar is a qualified doctor who is undertaking further training to become a GP. A trainer is a GP who is qualified to teach, support, and assess registrars. The practice has two registrars currently working in the surgery. The practice also teaches medical students and foundation year doctors.

- There are five (three male and two female) GP partners who hold managerial responsibilities for the practice and one salaried GP (male). There are three nurse practitioners, two practice nurses, and two healthcare assistants.
- A team of 16 administration and reception staff led by the practice manager, business manager and assistant practice manager support the clinical team. A team of seven dispensers support the dispensary lead.
- The practice is open between 8.30am and 6pm Monday to Friday. With phlebotomy and NHS health checks available from 7am on Thursday mornings.
- If the practice is closed, patients are asked to call the NHS111 service, provided by IC24, or to dial 999 in the event of a life threatening emergency.
- The practice has significantly lower number of patients aged 20 to 50 years and a significantly higher number of patients aged over 60 years than the practice average across England. The deprivation score is above the England average.

Male and female life expectancy in this area is 80 years for males and 84 years for females compared with the England average at 79 years for men and 83 years for women.

## 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

# Detailed findings

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 10 January 2017. During our visit we:

- Spoke with a range of staff including GPs, nurses, practice manager, assistant practice manager, reception and administration staff. We spoke with patients who used the service.
- We spoke with dispensary staff prior to the inspection and with staff at a local care home.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

- Older people
  - People with long-term conditions
  - Families, children and young people
  - Working age people (including those recently retired and students)
  - People whose circumstances may make them vulnerable
  - People experiencing poor mental health (including people with dementia).
- Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

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

- 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. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology, and were told about any actions to improve processes to prevent the same thing happening again.
- Staff told us they would inform the manager of any incidents either verbally or via an incident form. We saw that incidents were investigated in a timely way and were shared at practice meetings. The incident recording supported the recording of notifiable incidents under the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The information was monitored by a designated member of staff for relevance and shared with other staff, as guided by the content of the alert. Any actions required as a result were brought to the attention of the relevant clinician(s) to ensure issues were dealt with. Clinicians we spoke with confirmed that this took place.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.

- 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 either a Disclosure and Barring Service (DBS) check or the practice had undertaken a risk assessment. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Medicines management

- Medicines, including emergency medicines and vaccines, were securely stored, the appropriate records were kept, and safe disposal arrangements were in place. Blank prescriptions were securely stored and an audit trail was kept so the practice could account for the prescriptions that they had received.
- We looked at the process for monitoring people who were prescribed high risk medicines. We saw systems had been put in place and were well understood by staff.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded



## Are services safe?

for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).

- The practice managed and developed the processes for dispensary led drug usage reviews (DRUMs) to help reduce medicine errors and offered an MDS service to patients at the practice who had difficulty managing day-to-day medications.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). These were stored securely and records of receipt and issue were kept. The dispensary manager undertook monthly stock checks. There were suitable arrangements in place for the destruction of controlled drugs.
- Records showed medicine refrigerator temperature checks were carried out to ensure medicines requiring refrigeration were stored at appropriate temperatures. Processes were in place to check medicines for expiry and to ensure they were safe for use.
- Emergency medicines we checked were within their expiry date. Processes were also in place to check medicines following alerts and recalls of medicines.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice maintained a log of risks; these were colour coded to ensure that all actions identified were completed. The practice had up to date fire risk assessments and carried out regular fire drills; the practice had four trained fire marshals.
- the practice had taken part in elements of the Royal College of General Practitioners (RCGP) patient safety survey and acted on feedback from the survey. The practice plans to run this yearly.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Before filling any vacancies the practice management team undertook assessments of need to ensure that they maximised the opportunity to offer development to staff or change the skill mix.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book 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 or building damage. The plan included emergency contact numbers for staff and copies were held off site.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits, and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results 2015/2016 indicated the practice had achieved 100% of the total number of points available. The overall exception reporting rate was 12% which was in line with the CCG average and above the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

. For example:

- Performance for asthma related indicators was 100% this was in line with the CCG and 3% above the national average. The exception reporting for these indicators was in line with the CCG and national average.
- Performance for diabetes related indicators was 100% and this was 7% above the CCG average and 10% above the national average for. Exception reporting for this indicator was 15% this was in line with the CCG average of 15% and above the national average of 12%.
- Performance for mental health related indicators was 100% this was 6% above the CCG and 7% above the national averages. Exception reporting for this indicator was above the CCG and national averages. However, we

reviewed this with practice who explained that a significant number of patients lived in local care homes. We were assured that patients had received appropriate care.

- Performance for chronic obstructive pulmonary disease was 100% this in line with the CCG and above the national average of 96%. The exception reporting for this indicator was 14% this was in line with the CCG and national averages.

The practice actively took part in agreed research programmes and there was evidence of quality improvement including a log of clinical and non-clinical audit. This log identified audits, the date for review, number of cycles completed, responsible person, and links to appropriate documents.

We reviewed two undertaken in the previous 12 months.

- In response to a significant event the practice had undertaken an audit on patients with hypertension who had not been reviewed in a timely way. This was done in October 2008, May 2009, and December 2016. The results from the December 2016 audit showed that a small number of patients had not attended for a full assessment but had attended for medicines reviews. These patients were contacted and asked to attend the practice for a full review including discussion about healthy lifestyle and the practice will undertake this audit again in 12 months.
- The practice undertook annual audits in relation to minor surgery. The audit run in July 2016 showed that no complications or post-operative infections had arisen from patients receiving treatment at the practice.
- Most hospital discharge summaries, accident and emergency reports and other hospital letters were seen by the GPs. Some other correspondence was filed directly by practice staff. The practice did not undertake regular audits of correspondence to ensure that errors had not occurred.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings, and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Practice staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness and basic life support and information governance. Additional training for domestic abuse and for female genital mutilation had been undertaken. Practice 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, investigations, and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Practice staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients

moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Practice 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 cessation, and advice on safe levels of alcohol consumption were signposted to the relevant service.
- Nurses offered support for healthy lifestyle choices including smoking cessation.
- The practice ran regular family planning reviews and have a specialist area for teaching medical students in the area of gynaecology and child development.
- The practice worked with the local councils, referring patients who required motivation and guidance to change their lifestyle or to increase their exercise.
- The practice's uptake for the cervical screening programme was 80% which was slightly below the CCG average of 84% and the national average of 82%. The practice exception reporting rate was 4% this was below the CCG average and national average of 7%.
- Nursing staff contacted patients by telephone who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received

# Are services effective?

(for example, treatment is effective)

for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker for cervical screening was available.

- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice performance for patients who were screened for breast cancer in the last 36 months was 82% this was above the CCG average of

80% and the national average of 72%. The practice performance for patients who had been screened for bowel cancer was 67% this was above the CCG average of 64% and the national average of 58%.

- Childhood immunisation rates for the vaccinations given were mostly above the standard of 90%. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 99% and five year olds from 97% to 98%.
- 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 helpful to patients and treated them with dignity and respect.

- The practice had staff that were named and identified as the carers' champion. A practice leaflet detailed the carers' group monthly and the champions' names and contact details.
- The practice had two named dementia champions. These staff members had attended external training and recognised that certain colours can have positive and negative effects on patients. The staff members had, with the management's agreement, made significant changes to the environment to ensure that patients who may be confused were put at ease. For example, the chairs and waiting room were co-ordinated in colours and the black mat had been removed from inside the entrance door.
- 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.
- We received 40 completed patient Care Quality Commission comment cards and all comments said the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.
- We met with a member of the patient participation group (PPG), they told us they felt the practice provided excellent services to the patients and worked with the group, attending regular meetings and events.

Results from the National GP Patient Survey showed patients felt they were treated with compassion, dignity, and respect. The practice performance was generally in line for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 91% 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 national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

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

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

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

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.

## Are services caring?

- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

- Translation services were available for patients who required them, posters in the waiting room, the practice leaflet and web site advised patients of this service.
- Information leaflets were available in easy read format.

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

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

- The practice's computer system alerted GPs if a patient was also a carer. The practice encouraged carers to register at every opportunity including young carers; they had identified 170 carers, 2% of the practice population and worked with the local carers trust. A practice specific leaflet was available informing patients of the monthly carers' group meeting and the names and contact details of the practice carers' champions.
- Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice had information available for those patients who wanted to contact the Miscarriage association.

# 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 practice offered 12 minute appointments as standard and longer appointments were available for patients with a learning disability or those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- For those that needed it, the practice dispensary offered home deliveries of medicines.
- During the flu vaccination season, the practice offered weekend clinics and evening clinics to patients.
- A GP at the practice is a trained psychotherapist and offers this service.
- Same day appointments were available for children and those patients with medical problems that required a same day consultation. The nurse practitioner held an open access surgery for school children during the lunch time.
- The practice worked closely with community midwives, mental health link workers, specialist continence nurse and promoted provision of these services from the surgery premises where possible.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available. The PPG had worked with the practice to complete an audit of patients with differing needs and acted on the findings.
- The practice provided care to patients in three large care homes and ten smaller facilities; these included a home with a speciality in dementia care and small homes where patients with learning disabilities lived with 24 hour care. Designated GPs conducted weekly visits to the larger homes to ensure proactive care. They also offered dementia screening at the practice.

- The practice nurses worked actively with a local school. Surveys had been conducted with the young people to ensure the practice was offering services that young people wanted to access.
- The practice offered a minor operations and injuries service to reduce outpatient referral or A+E attendances.
- The practice produced a regular newsletter which included such topics as sexual health and immunisation updates. The practice nurse attended meetings a local school and had undertaken a survey, this included asking the young people the information they would like to have more access to for example, managing stress, personal safety and bullying.
- The practice had open access appointments with a nurse practitioner each lunchtime for young patients who attended the local schools.
- The assistant nurse practitioners regularly ran patient information evenings at the practice covering elements of self-care and awareness such as men's and women's health.
- The care and monitoring of patients with Rheumatoid Arthritis was managed by a practice nurse, this had reduced the number of patients requiring outpatient attendances in hospital clinics with their condition. The National Rheumatoid Society had given two awards for innovation and best practice.

### Access to the service

- The practice was open between 8.30am and 6pm Monday to Friday. Early morning phlebotomy appointments were available on Thursday morning.
- The practice managed demand for appointments on a daily basis; GPs would extend or add in additional appointments as required.
- Patients were able to receive telephone advice from GPs and nurses if they wished to seek advice this way.

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

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national averages of 76%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 86% 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 73%.
- People told us on the day of the inspection that they were able to get appointments when they needed them although there was a delay in seeing the GP of their choice.

The practice had a system in place to assess:

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

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

## **Listening and learning from concerns and complaints**

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

- The practice's 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 in the waiting room, website, and practice leaflet to help patients understand the complaints system.
- The practice included comments that had been posted on the NHS Choices website.

All complaints written and verbal were recorded. We looked at two complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way and with openness and. Lessons were learnt from individual concerns, complaints and from an analysis of trends. Actions were taken as a result to improve the quality of care.



# 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 clear mission statement that put the patient at the centre of the practice operations. All staff were aware of the mission statement and it underpin the practice strategy.

- The practice held two away days a year for the partners and the newly formed management team. This protected time ensured that they were able to review the strategy, have discussions, and make appropriate plans.
- The practice were developing a five year plan, this would identify opportunities and actions needed to mitigate any risks identified.
- Practice staff told us that they felt included in the development and management of 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:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions.

### Leadership and culture

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

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

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

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

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

- A daily meeting for all the doctors took place to ensure they had an opportunity to seek peer review, organise home visits and share any information. Other health professionals such as community nurses and palliative care nurses attended these meetings.
- The partners and management team reviewed the staffing levels and skill mix and took each opportunity to ensure that these were maximised to benefit the patients.
- Practice staff told us the practice held regular team meetings; minutes were available to all staff.
- Practice 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.
- Practice 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.



# Are services well-led?

Good 

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

- Team building events were often organised, staff told us they enjoyed evening out with the whole team attending.
- The practice demonstrated that they valued education for all staff, both clinical and non-clinical and patients.

## 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.

- The practice actively engaged with their PPG, the PPG members told us that they were 'critical friends' of the practice and were able to put their thoughts to the management team. The practice and the PPG had achieved several successes including educational evenings for patients and with flu clinics.
- The practice had gathered feedback from staff generally through staff meetings, appraisals, and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Practice staff told us they felt involved and engaged to improve how the practice was run.

- Regular newsletters were written by, and shared with, the practice team. Information in these newsletters included staff changes and new developments. Separate newsletters were produced for the young patients.

## Continuous improvement

- There was a strong focus of improvement in the practice. The practice recognised that the management team had been newly formed and they were committed to continuing the cohesive team working to ensure patients continued to receive high quality care.
- The practice told us that further population growth was planned for the area; the GPs recognised that resourcing this ensuring best skill mix and premises would be necessary.
- Patient education was a priority and the GPs will continue their work in the community to help patients to self-manage where appropriate. The practice will continue their training work with GP registrars, Foundation Year doctors, and students with an aim to ensure teaching within primary care encourages clinicians to join primary care in the future.
- The practice was an active research practice with the Eastern Clinical Research Network and was involved in several projects.