

# Harleston Medical Practice

## 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

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as require improvement overall.** (Previous inspection in April 2016 – Outstanding)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those recently retired and students) – Requires Improvement  
People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) – Requires Improvement

We carried out an announced comprehensive inspection at Harleston Medical Practice on 28 November 2017. We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At this inspection we found:

- The practice had clear systems to manage risk in relation to safety incidents so that these were less likely to happen. When incidents did occur, the practice learned from them, improved their processes and was proactive in sharing this experience with others when relevant.
- The systems and processes used by the practice to mitigate risk required strengthening in some areas.
- The practice reviewed the effectiveness and appropriateness of the care it provided. This was

# Summary of findings

supported by a wide range of focused audits and through reviewing their clinical work. It ensured that care and treatment was delivered according to evidence-based guidelines.

- Staff had the skills, knowledge and experience to carry out their roles and there was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice was above average for Quality Outcomes Framework scores compared to local and national averages. The practice was also above average for childhood immunisations and cervical screening rates.
- The practice had higher than average exception reporting for mental health indicators for the Quality Outcomes Framework. Following the inspection, the practice shared an audit they had completed which had identified a coding error. They told us patients had received relevant health monitoring.
- The facilities and premises were appropriate for the services delivered.
- Staff involved and treated patients with compassion, kindness, dignity and respect. However, the national GP patient survey July 2017 showed mixed responses from patients about the way staff treated them with compassion, dignity and respect.
- The practice had a proactive approach to supporting carers.
- Not all patients found it easy to access care and treatment at the practice although they were able to get appointments when their need was urgent.

- Staff demonstrated leadership within the practice; however there was incomplete oversight of practice performance.

We saw one area of outstanding practice:

- The practice had taken a proactive approach to seek patient consent to share information with the wider multidisciplinary team. The practice wrote to patients who were particularly frail or vulnerable as part of the enhanced summary care record (ESCR) and as a result doubled the number of patients with an ESCR to a total of 507.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Review and update the procedures for monitoring uncollected medicines and any actions that are required.
- Review and continue to build upon patient feedback and ensure that the issues within the annual GP patient survey are considered as part of an action plan to improve patient experience.

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

Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

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

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

# Summary of findings

## Areas for improvement

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review and update the procedures for monitoring uncollected medicines and any actions that are required.

- Review and continue to build upon patient feedback and ensure that the issues within the annual GP patient survey are considered as part of an action plan to improve patient experience.

## Outstanding practice

- The practice had taken a proactive approach to seek patient consent to share information with the wider multidisciplinary team. The practice wrote to patients

who were particularly frail or vulnerable as part of the enhanced summary care record (ESCR) and as a result doubled the number of patients with an ESCR to a total of 507.

# Harleston Medical Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and a second CQC inspector.

## Background to Harleston Medical Practice

Harleston Medical Practice is a purpose built practice situated in Harleston, Norfolk. The practice provides services for approximately 8,272 patients. It holds a General Medical Services contract with South Norfolk clinical commissioning group (CCG). The practice is a dispensing practice and dispenses medicines to patients that live more than a mile from a pharmacy.

According to information taken from Public Health England, the patient population has a higher than average number of patients aged over 55 years old. Harleston and the surrounding villages have a high level of newly built residential developments and a low level of deprivation.

The practice team consists of three male GP partners and a male GP locum who works regularly during the Winter months. There are four practice nurses, two health care assistants, and two phlebotomists. A management team is led by a practice manager who is supported by an assistant manager who has a dual role as dispensary manager. It also has teams of dispensary, reception and secretarial staff. At the time of the inspection, the practice was supporting a dispensary apprentice. Many of the employed staff work part time hours.

Harleston Medical Practice is open from Monday to Friday. It offers appointments from 8.30am to 1pm and 2pm to 6.30pm daily. Extended hours appointments are available between 6.30pm and 8.30pm on Mondays. Out of hours care is provided by the NHS 111 service via Integrated Care 24.

The practice has a branch practice located at Paddock Road, Harleston, IP20 9AR. This is no longer in use and the practice is in discussion with NHS England to open a community hub in the premises. This is planned to house community services, mental health services, social services, local public services and other organisations including third sector. This plan is supported by the CCG.

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as good for providing safe services.**

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. Staff we spoke with were confident in how to action any concerns and were able to provide examples of this.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Regular child protection meetings took place and there was close liaison with health visitors, school nurses and the social services team. Staff also took steps to protect people in partnership with other local services. For example they took a supportive role to ensure that staff in another care setting were enabled to improve their knowledge in the management and prevention of falls.
- The practice told us that the GPs were made aware of children who did not attend hospital appointments. However, they did not routinely read code the letters to ensure that a record was maintained for monitoring purposes.
- All staff received up-to-date safeguarding and safety training appropriate to their role. The safeguarding lead demonstrated had completed additional training in online safety. The practice provided a link to information on cyber bullying through the practice's webpage. The practice manager was accredited to provide training on female genital mutilation (FGM) Staff knew how to identify and report concerns and the GPs demonstrated a high awareness of safeguarding issues and procedures due to their clinical background in children's services. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment

and on an ongoing basis. Records of two staff recruited since the last inspection supported this. However, a member of staff in a clinical role with regular patient contact had no record of their Hepatitis B immunity. Occupational health had declared them fit to work but there was no record to demonstrate that the practice had assessed the risks or taken relevant action if appropriate to do so. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- There was a system to manage infection prevention and control and this included regular auditing with appropriate actions. We found the practice was using a number of reusable medical instruments. During minor surgical procedures the item number and expiry date of the instrument packs were entered into the patients' medical record for tracking purposes. Since the inspection the practice have switched to the use of disposable items.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. For example the employment of phlebotomy staff in recent months had enabled the practice nurses to improve access to their appointments.
- The practice used regular GP locums when required.
- There was an effective induction system for temporary staff tailored to their role. GPs took an active role in supervising new clinical staff and maintained an open door policy to reflect on practice.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections,

# Are services safe?

for example, sepsis. There were further plans in place to ensure that reception staff received appropriate training in sepsis so that prompt and appropriate action could be taken.

- We saw records of two incidents which had been used to learn and secure further improvement in the management of medical emergencies within the practice and the community.
- When there were changes to services or staff, the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written with sufficient detail and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included a high level of detailed information.

## Safe and appropriate use of medicines

The practice had systems in place for the management of medicines although some areas needed to be strengthened.

- The systems for managing medicines (including vaccines, medical gases, emergency medicines, and equipment) minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Data showed the practice had average prescribing rates for antibiotics within the CCG.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- The dispensary in the practice was generally well managed. Medicines which included controlled drugs (medicines that require extra checks and special storage because of their potential misuse) were stored securely, well organised and were within their expiry dates. A

range of standard operating procedures were in place and staff had signed up to them. However we found five dispensed prescriptions that had not been collected by the patients, some were several months old. There was no evidence that staff made routine and regular checks to record the reasons why prescribed items were still on the premises and any action that may need to be taken. For example following up the patient. Following the inspection the practice sent us information relating to the uncollected items to evidence that patients had not been at risk.

- The practice had signed up to the Dispensing Services Quality Scheme (DSQS) which rewarded practices for providing high quality services to patients of their dispensary. As part of this scheme the practice carried out face to face reviews of 10% of patients to assess compliance and understanding of the medicines being prescribed, known as DRUMS (Dispensing Review of the use of Medicines). The practice monitored progress with this standard and had achieved 152 reviews to date.

## Track record on safety

- The practice had a good safety record. However, there were some risk assessments in relation to staff safety issues which were incomplete.

## Lessons learned and improvements made

The practice took a proactive stance to ensure that learning and improvements were made when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. The practice also used learning from external incidents and events to improve the service they provide. For example they completed a full audit of the care and support provided to patients who had received bariatric surgery and have implemented a recall system to provide ongoing monitoring. A patient focused education event and staff training is planned in January 2018.
- There were well established systems in place for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. All learning event summaries were sent to the



## Are services safe?

staff team and were also discussed at the relevant staff group meetings. The practice was proactive in sharing learning with external colleagues to promote wider improvements.

- There was a system for receiving and acting on safety alerts. The practice had clear and effective systems in place to ensure that they learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice, and all the population groups as good for providing effective services.**

### Effective needs assessment, care and treatment

The practice had systems to ensure that clinicians were up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was prescribing hypnotics and antibacterial medicines in line with local and national averages.
- The percentage of antibiotic items prescribed by the practice that were Cephalosporins or Quinolones was higher than local and national averages. The practice had commenced an audit on the prescribing of these medicines and there were plans to complete this in the coming months
- We saw no evidence of discrimination when making care and treatment decisions in the records we viewed.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice worked with an integrated care coordinator to bring together health and social care agencies and plan admission avoidance. The practice scored the third lowest number of avoidable admissions within the South Norfolk area. The practice told us this was achieved through the focus on continuity of care by the GPs and effective partnerships with the multidisciplinary team.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

- The practice had an established link with Age UK and a representative provided a weekly clinic to signpost people to appropriate services, support, and advice on their general wellbeing.
- The practice provided support to a local nursing home. Staff who worked at the home told us that people who lived there received an exceptional service from the GP's. This ensured that their health needs were met in a timely way.

#### People with long-term conditions:

- Practice nurses took the lead in managing regular reviews of patients with long term conditions and had received specific training to do this.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice achieved 100% for many of the key indicators for long term conditions in the Quality Outcomes Framework (QOF). This included asthma, chronic obstructive pulmonary disease (COPD), hypertension, stroke and atrial fibrillation. Exception reporting for these indicators was similar to or above local and national averages. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.
- Diabetes related indicators scored 91% which was similar to local and national average scores. The exception reporting was similar to or below national averages.
- The practice achieved one of the highest rates of flu vaccinations in the local area.

#### Families, children and young people:

- The practice participated in community events and held stalls to promote information on identifying common childhood illnesses and how to care for children in these circumstances.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were higher than the target percentage and national average score of 90% achieving outcomes which ranged between 97% and 100%.

# Are services effective?

## (for example, treatment is effective)

- The practice had arrangements to combine post-natal checks with immunisation clinic appointments for improved access and convenience.
- A flu clinic had been held specifically for children on a Saturday morning.

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

- Access to appointments was available until 8.30 pm every Monday.
- The practice's uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks. This included NHS health checks for patients aged 40-74 of which 578 were completed during 2016/2017. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice provided level three safeguarding training sessions for other local practices. In addition, the practice manager was accredited to provide training on FGM (Female Genital Mutilation).
- Support was provided to carers to ensure their own health needs were being met. The practice had also held an organised information event. This included awareness of risks such as falls and urinary tract infections and promoting the importance of good nutrition and hydration. A practice mailshot included a carer's pack that included information from the community nursing service.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice held a register of all patients who had a Deprivation of Liberty Safeguard in place or an application in progress. These provide legal protection for vulnerable adults who are, or may become, deprived of their liberty in a hospital or care home setting.

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

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average. The exception reporting was 13% compared with a local rate of 9% and a national rate of 7%.
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average. However, this had a much higher than average exception reporting rate of 42% compared with the local average of 17% and the national average of 13%. We found the practice had 66 patients on the mental health register and 28 were identified as needing to have a care plan in place. 15 of these had been completed at the time of the inspection.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 96% compared to local average of 92% and a national average of 91%. However, the exception reporting rate for this indicator was much higher than the average at 36%. This compared to the local average of 16% and the national average of 10%.
- We asked the practice to review their high exception reports for this patient group. Following the inspection they provided an audit which indicated they had incorrectly coded patients as being in remission of their illness which meant the practice were not monitoring their health needs. Action has now been taken to amend this and a further check of the impact of this is planned.

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example they routinely reviewed their use of pathology services and benchmarked this against others to question their approach and make improvement such as reducing un-necessary blood checks for diabetic patients. Where appropriate, clinicians took part in local and national improvement initiatives. As a result of reviewing referrals for patients with suspected Venous Thromboembolism

# Are services effective?

## (for example, treatment is effective)

(blood clot forming in a vein) the practice found a low percentage had a positive scan. In order to improve clinical assessment skills, they worked with a specialist consultant and this led to them identifying a wide variation in practice in South Norfolk. The practice is leading work to design a clear care pathway using NICE guidelines to improve care and treatment for all patients.

The most recent published Quality Outcome Framework (QOF) results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 96%. The overall exception reporting rate was 13% compared with a CCG and national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.

- Performance for diabetes related indicators was 91%; this was 2% above the CCG average and equal to the national average. The exception reporting rate was 11%, which was lower than the CCG average of 15% and the national average rate of 12%. The prevalence of diabetes was 6% which was the same as the CCG and national average.
- Performance for mental health related indicators was 100%. This was 7% above the CCG average and 6% above the national average. The exception reporting rate for mental health related indicators showed an overall exception reporting rate of 29% compared to the CCG average of 14% and a national average of 11%.
- The prevalence of patients with recorded mental health conditions in the practice was 1%, which was equal to the CCG and national averages. Following the inspection, the practice checked the reasons for the high levels, identified a coding error and have taken improvement action.
- Performance for dementia related indicators was 100%, which was 4% higher than the CCG average and 3% above the national average. The exception reporting rate was 11%, which was comparable to the CCG average of 11% and the national average of 10%. The prevalence of dementia was 1% which was equal to the CCG and national averages.
- The performance for depression was 95%. This was 8% above the CCG average and 11% above the national

average. The prevalence of patients recorded as having depression was 6%, which was lower than the CCG prevalence of 8% and the national prevalence of 9%. The exception reporting rate was 19%, which was lower than the CCG average of 22% and the national average of 23%.

The practice used information about care and treatment to make improvements. This included reviewing best practice guidelines and acting upon recommendations. For example;

- A GP had noted guidelines about monitoring patients with a risk of fatty liver disease and was trying to secure funding for specialist blood tests rather than sending patients for scans.
- Acting upon recent NICE guidelines to improve monitoring and prevention of disease for patients on the prediabetes register.
- Regular scrutiny of their referrals and pathology requests to benchmark use against other local practices and take action when relevant. For example, reviewing urine testing protocols, investing in a urinalysis testing equipment and educating nursing staff.

The practice had a comprehensive programme of audits for 2017. These included completed audits on high risk medicines monitoring, minor surgery, stroke diagnosis and referral rates. Examples of audits and the learning outcomes included;

- A full cycle audit had been conducted to review patients with asplenia or a dysfunctional spleen. This condition puts patients at risk of serious infections. The practice had identified patients affected and followed best practice guidance to ensure they received appropriate vaccinations and prophylactic antibiotics. A recall system has been implemented to ensure the patients are invited to attend for annual vaccinations and there are plans to repeat the audit.
- In partnership with the local infection control network, the practice have used case reviews to improve the management of community acquired *Clostridium Difficile*. The practice had conducted a two cycle audit of patient's samples that had been sent for analysis and reviewed the management of those who had positive test results. This has improved the clinical management of patients and contributed to an overall reduction in cases across the locality.

# Are services effective?

## (for example, treatment is effective)

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The practice understood the learning needs of staff and provided protected time and training to meet them. For example nurses responsible for immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. Up to date records of skills, qualifications and training were maintained.
- Staff were encouraged and given opportunities to develop. For example the GPs had completed training to enhance their clinical assessment of patients through telephone consultations.
- The practice had recruited nurses who were new to the practice environment and invested time and support to enable them to deliver skilled care confidently.
- Newly recruited staff received an induction and all staff received ongoing support through one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The GP lead for medicines management ensured the competence of dispensary staff through annual reviews.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

- There was a clear structure for completing regular multi-disciplinary case review meetings which included patients on palliative care register and those with safeguarding concerns.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- New cancer cases were referred using the urgent two week wait referral pathway.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. For example through holding health promotion events with the support of the patient participation group. Issues covered in the last two years included dementia, prostate cancer, diabetes, childhood illnesses and carer's information.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity and encouraging patients in risk categories to attend for breast screening as well as bowel cancer screening.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.
- The practice had taken a proactive approach to seek patient consent to share information with the wider multidisciplinary team. Patients who were particularly frail or vulnerable received a letter asking for written

# Are services effective?

(for example, treatment is effective)

consent to sharing their information with professionals who may not be directly involved with their care and treatment and as part of the enhanced summary care record.



# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for providing caring services.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- We heard examples of staff going the extra mile to meet patients' needs for example by updating their skills to enable a sick patient to have maintenance checks at the surgery instead of travelling to a treatment unit.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Most of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice through their own internal surveys.
- We spoke with two patients during the inspection who were very positive about the service they received from staff.

Results from the national GP patient survey in July 2017 showed patients responded in a mixed manner about whether they were treated with compassion, dignity and respect. 220 surveys were sent out and 131 were returned. This represented a 60% completion rate. For example:

- 75% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 72% of patients who responded said the GP gave them enough time. This compared to the CCG average of 87% and the national average of 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw. This compared to the CCG and national average of 95%.

- 73% of patients who responded said the last GP they spoke to was good at treating them with care and concern. This compared to the CCG average of 85% and the national average of 86%.
- 95% of patients who responded said the nurse was good at listening to them. The CCG average was 92% and the national average was 91%.
- 97% of patients who responded said the nurse gave them enough time. This compared to the CCG average of 93% and the national average of 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw. This compared to the CCG average of 98% and the national average of 97%.
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern. This compared to the CCG average of 91% and the national average of 91%.
- 76% of patients who responded said they found the receptionists at the practice helpful. This compared to the CCG average of 87% and the national average of 87%.

The practice was aware of these results and where they differed from local/national averages, the results had improved slightly from the previous year. For example patients who had confidence and trust in the GP had improved by 8% and the helpfulness of the receptionists had improved by 12%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

## Are services caring?

The practice proactively identified patients who were carers. This was done through new patient registration forms, notices at the reception desk, opportunistically by clinical staff and through mailing information to patients who are frail, considered at risk or on the palliative care list to seek permission for sharing their health information. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 168 patients as carers (2% of the practice list).

- The practice manager had overall responsibility for ensuring that carers support is coordinated and accessible to them. For example the practice ensured they were invited for flu vaccinations, carer's support clinics and educational events that were arranged and organised by the practice. The educational event held in March 2017 was well evaluated and carers were given the opportunity to suggest helpful topics for future events.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This contained information about bereavement support services. The GP also provided any ongoing support and follow up to ensure continuity for families and advising about access to other support services.

Results from the national GP patient survey, published in July 2017, showed patients responded positively to questions about their involvement in planning and making

decisions about their care and treatment. Results were similar to or below local and national averages although compared to the results in January 2016 the responses had improved:

- 80% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 77% of patients who responded said the last GP they saw was good at involving them in decisions about their care. This compared with the CCG average of 83% and the national average of 82%.
- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments. This compared to the CCG average of 90% and the national average of 90%.
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care. This compared to the CCG average of 86% and the national average of 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as requires improvement for providing responsive services.**

The practice was rated as requires improvement for providing responsive services because: the results from the National Patient Survey data showed that patient satisfaction was in some areas significantly below the local and national averages.

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, booking of follow up GP appointments, same or next day GP appointments, advice services for common ailments. However, patient feedback indicated some difficulties in booking non urgent GP appointments in a timely way.
- The practice improved services where possible in response to unmet needs. For example, The practice became aware they were not funded to provide a minor gynaecological treatment at the practice. The practice manager was leading on a piece of work in the local area to try and address the issue across South Norfolk so that more patients could receive the treatment locally, without the need for a hospital outpatient appointment.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, clinical staff updated their skills to support the maintenance of a patients' treatment line that was necessary for receiving their chemotherapy. This reduced the need for the patient to undertake longer journeys.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice had more than doubled the number of patients with an enhanced summary care record during

the year to a total of 507 patients. This work had prioritised the frail and vulnerable patients. An enhanced summary care record is an electronic record of your medical history that can be made accessible to professionals working for services across the NHS. This means that staff can access information and provide appropriate and responsive care on an individualised basis.

- The practice has continued to progress plans to open a community hub for the convenience of the local community. This would include children's services, adult social care, community services, physiotherapy, mental health and local information services. Funding for the project was being sought.

#### Older people:

- We spoke with staff at a care home supported by the practice. They told us that they provided exceptional support and always responded to requests to visit residents in a timely way.
- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice worked hard to follow the admission avoidance care pathway. As a result the practice had low levels of accident and emergency attendance and unplanned hospital admission rates.

#### People with long-term conditions:

- The practice had identified that in comparison to other local practices, the number of blood glucose checks being completed were much higher. They reviewed the testing protocol and as a result reduced the number of random blood tests being completed for patients by 50%. This meant fewer invasive and un-necessary tests for patients.
- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

# Are services responsive to people's needs?

## (for example, to feedback?)

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- Links had been established with the local High School who had identified a student to be involved with the next patient participation group meeting so that the views of young people could be heard.
- The introduction of online health questioning as part of the new patient registration for patients aged up to 18 years. This will be expanded to existing patients in due course.
- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this. However we found the system to follow up non-attendance at planned health appointments was not fully effective as the records were not read coded for future monitoring.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The practice held health promotion events with support from the patient group. Issues covered included diabetes, medicines management and education for carers.
- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and flu clinics on Saturdays or evenings.
- Telephone consultations with a GP were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- Longer appointments were available to patients with a learning disability or for those who needed more time to communicate their needs.

- The practice had regular contact with other health and care professionals to monitor and support case work for vulnerable adults and children. Records of these meetings demonstrated that actions were identified and completed.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

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

- The practice supported a small specialist hospital for female patients with learning disabilities and associated mental health problems. Staff working there told us that they were developing relationships with the practice who were responsive to their requests for support.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice completed proactive care planning for patients with unstable or fluctuating health needs.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale if their needs were more urgent. Children and vulnerable patients were also given priority access. However information showed a mixed picture about the level of access patients had for more routine appointments.

The practice was aware that their appointments system was not meeting the needs of all their patients and was taking steps to implement a triage system. This was supported by observations on the day of inspection and completed comment cards. A trial of the system was planned for January 2018. Since the inspection, the practice has implemented the new system and initial feedback from patients has been positive.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages. 220 surveys were sent out and 131 were returned. This represented a 60% completion rate.

- 58% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 28% of patients who responded said they could get through easily to the practice by phone. This compared with the CCG average of 70% and the national average of 71%.
- 70% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment. This compared with the CCG average of 86% and the national average of 84%.
- 60% of patients who responded said their last appointment was convenient. This compared with the CCG average of 84% and the national average of 81%.
- 45% of patients who responded described their experience of making an appointment as good. This compared with the CCG average of 73% and the national average of 73%.
- 46% of patients who responded said they don't normally have to wait too long to be seen. This compared with the CCG average of 57% and the national average of 58%.
- 38% of patients who responded said they usually got to see or speak to their preferred GP. This compared with the CCG and a national average of 56%.

39% of patients who responded said that they would recommend the practice to someone new in the area. This compared with a CCG average of 77% and a national average of 77%.

- Results from the NHS Friends and Family test in 2016/2017 showed that 59% of patients were likely or

extremely likely to recommend the practice to friends and family if they needed similar care or treatment. This improved to 80% in the results received in April-November 2017.

## Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 22 complaints were received in the last year. We reviewed two complaints and found that they were well managed in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. Most of the complaints received were treated as a learning event and were used to improve the quality of care. For example following a complaint the practice maximised the opportunity to learn and improve the management of stroke patients. This resulted in improved education for clinical staff, an audit of practice and improved awareness for patients through health promotion in the waiting room and as part of a well-being event in the community.
- The patient participation group were involved in reviewing complaints themes on an annual basis. They had also recruited a member of this group as a result of their open response to an individual complaint.

# Are services well-led?

Requires improvement 

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

## Our findings

**We rated the practice, and all of the population groups, as requires improvement for providing well-led services.**

The practice was rated as requires improvement for providing well-led services because: We found that some systems and processes needed improvement to ensure that there was complete oversight in relation to good governance to improve quality, patient experience and safety.

### Leadership capacity and capability

Leaders had the capacity and skills to deliver quality, sustainable care; however, incomplete oversight of practice performance had resulted in risks to patient safety and patient outcomes.

- Leaders had the experience, capacity, and skills to deliver the practice strategy. However, there were some areas where the governance of the practice had not been sufficiently focussed; for example, staff were not aware of some weaknesses in systems and processes which could have an adverse effect on patient and staff outcomes.
- The practice were aware of issues and priorities relating to the quality and future of services. They understood the challenges and were trying to address them.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice manager had a leadership role in local health systems focused on service developments such as the community hub proposal. They were also the practice manager liaison representative for the CCG on the local medical committee.

### Vision and strategy

- The practice had a vision and strategy to deliver quality care and promote good outcomes for patients; however issues relating to performance and patient satisfaction in the national GP patient survey had not been resolved at the time of our inspection.
- There was a vision and set of values. The practice had a strategy and supporting business plans to achieve priorities. There were also plans to implement change

due to poor patient satisfaction with regards to accessing services. There was no evidence available to demonstrate the impact of these changes at the time of our inspection.

- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example through improving care for stroke patients and the care of patients with abnormal thyroid function. The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so within their team.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and were due to attend a national development day for practice nurses. The nurses completed evaluation of their clinical work with the GPs informally as well as formally through appraisal and learning events.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.

# Are services well-led?

Requires improvement 

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

## Governance arrangements

Roles and areas of responsibility were not always clear throughout the practice. Systems of accountability to support good governance and management required further strengthening.

- The systems and processes in place to support the governance of incidents, concerns and complaints was clear, well understood and very effective in driving improvement. Practice leaders followed policies, procedures and activities to help promote safety although they hadn't always taken steps to assure themselves that they were operating as intended. For example, the practice had not identified the reason for high exception reporting for mental health indicators in the Quality Outcomes Framework to ensure that relevant patients received appropriate health monitoring.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- There was a meeting structure which included departmental meetings, clinical governance meetings, safeguarding and multidisciplinary meetings. Records of the departmental meetings were clear and a table of action points was maintained with designated responsibilities and timeframes. These also included actions from previous meetings so that staff could be clear about developments and change as well as seeing the progress they were making as a team.
- Staff were clear on their roles and accountabilities in respect of safeguarding.
- Clinical governance meetings were used to scrutinise practice and act upon the improvements identified. Learning was cascaded through the relevant staff meetings to help drive and improve quality for patients.

## Managing risks, issues and performance

The processes for managing risks, issues and performance were not always effective.

- The leadership team had an understanding of current and future risks and responded when these were identified. However we found some issues had not been identified so that an effective process had not been put in place. For example, records for children who missed hospital appointments were not always coded to enable effective monitoring.

- The practice had some processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of actions taken to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The information used to monitor performance and the delivery of quality care was mostly accurate and useful. However, as a result of the inspection the practice identified a coding error that had impacted on the results for their quality and outcomes framework data. They have now taken steps to correct this.
- Quality and operational information was used to improve performance in relation to referral rates, clinical pathology and haematology testing, complaints, incidents and near miss events.
- The practice used performance information which was reported on and monitored and staff were held to account. Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

A considerable amount of work had been undertaken to complete a detailed patient survey in 2016 and the views of patients were considered and acted upon. However, the practice was unable to evidence the impact of their actions through an updated survey. Data in the

- national GP patient survey in July 2017 reflects patient satisfaction levels that are below local and national averages in several areas.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.



# Are services well-led?

Requires improvement 

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

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- There was an active patient participation group who worked closely with the leadership team to support the development of its' services. The group were visible within the practice and through attendance at health promotion events.
- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice had completed their own annual patient survey between 2014-2016. This was based upon the national GP patient survey with some additional questions that the PPG had developed. In partnership with the PPG in 2016, they had decided to continue this every two years. The most recent survey in February 2016, resulted in feedback from 459 patients. The survey showed some improvements in comparison to the previous year's results. However, it also scored poorly in relation to getting through on the phone and booking appointments in advance. Approximately 50% of

patients surveyed said they were likely or very likely to recommend the practice. Whilst there was no detailed analysis of these results and specific actions in response to the findings, the PPG developed an action plan for the year based on other themes and issues gathered in addition to the survey. This included the NHS friends and family test (FFT), feedback through NHS Choices, results from a dispensary survey and any themes identified through the previous year's complaints.

- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement within the practice. This included through complaints, incidents, or significant events, reviewing referrals rates, the use of pathology services and a robust and well-focused clinical audit process. The GPs and managers took an active role in local networks and learning forums and demonstrated their commitment and passion for improving services to local people.
- Staff kept themselves up to date with improvement methods and ensured they had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Systems and processes did not ensure good governance in accordance with the fundamental standards of care. In particular:</b></p> <p>The practice did not meet the requirements as detailed in the Health and Social care Act 2008; Code of Practice for health and adult social care on the prevention and control of infections and related guidance. The Hepatitis B immunity for a clinical member of staff responsible for taking blood sample was not known by the practice. There was no documented risk assessment in place.</p> <p>The provider did not have complete oversight of the clinical and non-clinical governance within the practice to ensure good patient outcomes were delivered. For example, the system for recording when children did not attend their hospital appointments was not well maintained to ensure future monitoring. The practice did not evidence that they had effective systems to monitor all exception reporting.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	