Dr Gordon McAnsh

Quality Report

Wells Health Centre
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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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Good ●
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as outstanding overall.

(Previous inspection October 2016 – Good overall with outstanding for providing effective services.)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Outstanding

Are services caring? – Good

Are services responsive? – Outstanding

Are services well-led? - Oustanding

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 – Outstanding

People with long-term conditions – Outstanding

Families, children and young people – Outstanding

Working age people (including those recently retired and students – Outstanding

People whose circumstances may make them vulnerable – Outstanding

People experiencing poor mental health (including people with dementia) - Outstanding

We carried out an announced comprehensive inspection at Dr Gordon McAnsh on 17 November 2017. We carried out this routine inspection as part of our inspection programme.

At this inspection we found:

- The practice had sustained and continue to improve the high level of achievement since the last inspection, and had improved in areas including responsiveness and well led.
- For the fourth consecutive year the practice achieved 100% on the Quality Outcomes Framework and had high achievement in many areas across the health indicators measured. There were clear systems and processes in place to manage exception reporting ensuring each patients was reviewed by the GP.
- The practice had a highly effective and well manged quality improvement process in place in order to identify where they might improve. They had a continuous programme of, and had completed, 38 audits and there was a whole cohesive practice approach to improvement.
- The strong leadership, embeded governance structure and culture were used to drive and improve the delivery of high-quality person-centred care. All staff were involved in the development of the practice and were proud of their achievements.

Summary of findings

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Staff ensured that care and treatment was delivered according to evidence- based guidelines.
- The practice patient satisfaction data was in line with, or above, local and national averages for outcomes on the National GP Patient Survey published in July 2017. Some areas had improved from the 2016 data. Patients reported they were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service. There were several examples of where the practice had gone the extra mile for patients.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care. The practice understood the needs of the services users and regularly engaged in the local community.
- Care provided was reflective of the needs of the population including those who were registered as temporary residents. The appointment system was adjusted in holiday periods to employ more staff to meet these extra patient's needs, and also to ensure the high quality of service could continue.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw areas of outstanding practice:

- Patients spoken to on the day of inspection reported that the practice was a caring environment and we saw evidence of several examples of where the practice had provided caring services. The practice considered themselves part of and engaged with the local community supporting such events as the annual carnival and regularly fundraising for local charities and support groups and regularly held health awareness campaigns. The practice used these campaigns as a way to complete opportunistic health checks and to promote the practice and healthy living. This was also an opportunity to engage with the public and improve rapport with patients. Where their vulnerable patients were at risk of falls and could not get a carer to assist them to the surgery, staff would walk them to and from the surgery. They also delivered medicines to the homes of these patients to ensure they had adequate supplies. The practice was a dementia friendly practice and was proactive in phoning patients who may have memory problems to ensure they attended appointments.
- The town of Wells next the Sea experienced widespread flooding through the town, the practice staff liaised with the local flood warden, and made direct contact with their patients who had chosen to remain in their own homes. The practice was aware of those who may have become vulnerable due to adverse weather conditions. They were able to ensure that they had adequate supplies of provisions and medicines.

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.

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

Dr Gordon McAnsh

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and a GP specialist adviser.

Background to Dr Gordon McAnsh

The practice is situated in Wells next the Sea, Norfolk. The practice area extends into the outlying villages and the practice dispenses medicines to patients who live in these villages. The practice offers health care services to approximately 3000 patients. The practice holds a General Medical Service (GMS) contract and dispenses medicines to those patients who live in the surrounding villages. We visited the dispensary as part of our inspection.

There is a principal GP who holds managerial responsibilities for the practice. There is one salaried male GP at the practice. There are two female practice nurses and two healthcare assistants. A team of three dispensary trained staff support the principal GP in the dispensing of medicines. A team of three administration and reception staff support the practice manager. Midwives and a health trainer also used the facilities at the practice for the benefit of patients.

The practice is open between 8am and 6.30pm Monday to Friday. The practice opens at 7.30am on a Thursday morning. If the practice is closed, patients are asked to call the NHS111 service or to dial 999 in the event of a life threatening emergency. Out of hours services are provided by Integrated Care 24.

The practice has a lower number of patients aged 0 to 39 years and a higher number of patients aged over 60 years than the practice average across England. The deprivation score is in line with the England average. Unemployment in the practice population is lower than the England average, the percentage of patients who provide unpaid care is in line with the national average. Male and female life expectancy in this area is in line with the England average at 82 years for men and 87 years for women.

Good

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. These were available in paper format and on the practice computer system. 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 and all staff were aware of the lead GP for safeguarding.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. All clinical staff were trained to safeguarding level three, while administration staff were trained to level one or two. They knew how to identify concerns and could give examples of where they have reported safeguarding issues.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on going basis. 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).
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The practice nurse was the infection prevention and control lead and there were yearly audits completed. There were also cleaning schedules in place for each room which were monitored. Infection prevention and control was part of induction training and all staff were up to date with this.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. All equipment was calibrated and/or electrically tested to ensure it was safe to use. 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.
- There was an effective induction system for temporary and permanent staff tailored to their role.
- 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, for example, sepsis. The practice had a sepsis template that could be used to aid in the identification of this infection.
- 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 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. These were also reviewed in multidisciplinary team meetings where appropriate.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. This included with other GPs where patients were holiday makers and registered as 'temporary residents'.
- Referral letters included all of the necessary information and were dealt with in a timely manner.

Good

Are services safe?

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and 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. Nurses administering medicines or vaccines had the appropriate patient group directions or patient specific directions in place. These were signed by the lead GP. The practice was above local averages for antibiotic prescribing and the practice monitored this. However, the practice had an above average elderly population that required this type of medicine. Records we viewed showed the practice was prescribing antibiotics appropriately.
- There was evidence of actions taken to support good antimicrobial stewardship.
- 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 practice had a systematic approach to the review of patients on high risk medicines, such as methotrexate and lithium, and records we reviewed showed this system kept people safe.
- Arrangements for dispensing medicines at the practice kept patients safe. Prescriptions were always signed prior to dispensing by a GP. Regular stock checks were undertaken and the fridge temperatures were monitored daily. Staff knew what to do if fridges were out of temperature range. All dispensed medicines were second checked prior to being dispensed. The dispensary held a range of standard operating procedures which were regularly reviewed and updated.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues, including a health and safety risk assessment, fire and legionella risk assessments.
- The practice monitored and reviewed activity via regular meetings, risk assessments and clinical and non-clinical audits. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements 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 and felt encouraged and supported to do so. The lead GP and manager supported them when they did so.
- There were effective systems 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. For example, the practice had put warning alerts on records with similarly named patients following a significant event.
- There was a system for receiving and acting on safety alerts. Any relevant searches were run by the practice manager and patients were then followed up by the GPs. The practice kept a log of these alerts to track that action had been taken. The practice learned from external safety events as well as patient and medicine safety alerts.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as outstanding for providing effective services overall and across all population groups.

The practice was rated as outstanding for providing effective services because:

The practice structured their care to ensure they were meeting the needs of each population group. For example, the practice had a high percentage of people that passed away in their preferred place of care. The practice had consistently achieved high outcome measures across all population groups, including outcome measures for long term conditions, cancer screening and mental health indicators. The practice had a high number of two cycle audits that showed quality improvement in areas including dementia. The practice had highly skilled staff and encouraged training. Patients were encouraged to lead healthy lives and the practice facilitated this by giving talks at the local library and schools to promote healthy living, but also to undertake opportunistic health checks. The practice regularly engaged with the wider multidisciplinary team including the health visitor and district nurses.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. Guidance was discussed at ad hoc meetings. 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.

- From the records viewed, we saw patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was prescribing hypnotics in line with local and national averages.
- The practice was prescribing antibacterial prescription items in line with local and national averages.
- The practice was prescribing antibiotic items including Cephalosporins and Quinolones above local and national averages. However, the practice had an above average elderly population that required this type of medicine. Records we viewed showed the practice was prescribing antibiotics appropriately.
- 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 were 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 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 nursing team had extended training in complex wound care, this enabled patients who were less mobile or had difficulty in traveling to be seen in the practice rather than travelling to the community clinic some miles away.

People with long-term conditions:

- 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.
- Staff who were responsible for reviews of patients with long term conditions had received specific training, including in diabetes and respiratory care.
- The practice achieved 100% for all Quality Outcomes Framework indicators for long term conditions including; diabetes, asthma, COPD, hypertension and atrial fibrillation. Exception reporting for these indicators was also in line with, or below local and national averages.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90%. Uptake rates ranged between 96-100% for all vaccines. The practice held vaccination clinics and also held separate appointments for those that could not attend the clinic.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

- The practice had arrangements to identify and review the treatment of newly pregnant women.

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

- The practice's uptake for cervical screening was 94%, which was significantly above the 80% coverage target for the national screening programme. This was also 9% above the CCG average and 13% above the national average.
- The practice had systems to inform eligible patients to have appropriate vaccines.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. 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:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. For 2017/18, the practice had offered appointments to 12 of 15 patients with learning disabilities and was in the process of following these up.

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

- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was 7% above the CCG average and 6% above the national average.
- 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 is comparable to the national average of 90%.
- The practice specifically 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 92%; with the CCG average at 94% and national average at 91%.

Monitoring care and treatment

All staff were actively engaged in activities to monitor and improve quality and outcomes. Outcomes for people who use services were positive, consistent and regularly exceeded expectations. The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 99% and national average of 95%. The overall exception reporting rate was 9% compared with a national average of 10% and CCG average of 11%. (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 100%; this was 3% above the CCG average and 9% above 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 7% which was the same as the CCG and national average.
- Performance for mental health related indicators was 100%. This was 1% above the CCG average and 6% above the national average. The exception reporting rate was 15%, which was lower than the CCG average of 20% and in line with the 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.
- Performance for dementia related indicators was 100%, which was the same as the CCG average and 3% above the national average. The exception reporting rate was 8%, which was lower than the CCG average of 14% and national average of 13%. The prevalence of dementia was 1% which was equal to the CCG and national averages.
- The performance for depression was 100%. This was 1% above the CCG average and 7% above the national average. The prevalence of patients recorded as having depression was 11%, which was higher than the CCG prevalence of 9% and the national prevalence of 8%. The exception reporting rate was 14%, which was lower than the CCG average of 25% and higher than the national average of 22%.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Outcomes for people who use services were consistently better than expected when compared with other similar services. We were told that the practice had worked hard to achieve high QOF results with low exception reporting. There was an effective process for patient recalls and a system to ensure only appropriate patients were exception reported. All staff were involved in the performance of the practice through regular team meetings and clear role allocation. Staff spoken with were aware of the role they played in the delivery of care.

We discussed the higher than average exception reporting for some sub indicators in diabetes with the clinical team. Records viewed showed the practice was exception reporting appropriately and they discussed these patients prior to exception reporting. Some of these patients included temporary residents that the practice registered over the summer period, patients in respite and those at the end of life.

The practice regularly integrated with their patients in the local community to engage them in healthcare and self-management. The practice had achieved 100% on QOF with low exception reporting for the past four years. The practice used information about care and treatment to make improvements. Data provided by the North Norfolk CCG showed that the practice consistently performed better when compared with other local practices. For example, the practice rate for avoidable admissions was the fourth lowest in the North Norfolk CCG.

The practice had a comprehensive programme of audits, 38 audits were regularly performed. These included completed audits on high risk medicines monitoring, repeat medicine reviews and monitoring of patients at risk of /with prostate cancer (PSA levels).

In November 2014 the practice undertook an audit to improve the accuracy of the practice dementia register; this was repeated in December 2015 and October 2017. The practice register increased by eight patients overall. The learning points that the practice shared from the audit were:

- The process identified coding issues of the dementia diagnosis; this could be attributed to a lack of responsibility, as usually it was specialist teams who made the diagnosis.
- The system of disease registers encouraged and facilitated assessment to improve patient care. New approaches to dementia were required as the number of people with the condition increased.

Changes the practice put into place included:

- Systems to increase the Read Coding from hospital discharge letter onto the patients' medical records. GPs reviewed patients, made a diagnosis, and started treatment, if appropriate, earlier.
- Engaged all GPs and nurses to be alert to identify patients that may be showing signs of dementia or those that need follow up.
- The practice also ran regular 'did not attend' (DNA) reports. These identified children that did not attend appointments and these were dealt with by the lead GP for safeguarding. Other patients were contacted by telephone to assess the reason for not attending and to try and reduce the number of DNAs.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. The practice understood the learning needs of staff and provided protected time and training to meet them. This was written in to contracts. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. Staff reported that they were actively encouraged to request training and the practice

supported them with this. For example, a nurse had recently undertaken the immunisation and vaccine training and was supported by the practice with protected learning time and financial support.

- 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. This included work with district nurses, school nurses and health visitors.
- 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. There was a holistic approach to planning people's transfer or transition to other services, which was done at the earliest possible stage.
- The practice was proactive in their management of patients who were at the end of their lives. The principal GP and the salaried GP regularly gave patients, carers/ relatives, and community staff their contact numbers to ensure patients had continuity of care at this difficult time. The practice told us that 67% of patients had their wishes met for their preferred place of care in the last days of their lives. A standing item on the practice clinical was a review of patient's wishes and the findings revealed that these were followed in the majority of cases. For patients who were admitted to the local care home for palliative care, the practice ensured that they met with the patient, carers and relatives as soon as possible after admission to ensure that they were aware of and would be able to meet, the preferred choices the patient wished.

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.
- The practice was comparable to local and national averages for new cancer cases who were referred using the urgent two week wait referral pathway.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. Patients responded positively when asked about the practice promoting healthy lifestyles. All patients spoken to reported the practice actively engaged them in healthy living advice, including smoking cessation and dietary advice.
- Staff were consistent in supporting people to live healthier lives, including identifying those who need extra support, through a targeted and proactive approach to health promotion and prevention of ill-health, and they use every contact with people to do so. For example, staff held advice sessions at the local library and used this as an opportunistic way to take blood pressures and weight.
- Staff discussed changes to care or treatment with patients and their carer's as necessary.

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 ensured written consent was gained for minor surgeries.

Good

Are services caring?

Our findings

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

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.
- 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.
- All of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. Comments included that the staff were friendly and caring and took their time with patients. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 216 surveys were sent out and 111 were returned. This represented a 51% response rate. The practice was above average or in line with local and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 89% of patients who responded said the GP gave them enough time; compared to the CCG average of 89% and national average of 86%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; compared to the CCG average of 96% and national average of 95%.
- 93% of patients who responded said the last GP they spoke to was good at treating them with care and concern; compared to the CCG average of 89% and national average of 86%.
- 93% of patients who responded said the nurse was good at listening to them; compared to the CCG average of 94% and national average of 91%.
- 91% of patients who responded said the nurse gave them enough time; compared to the CCG average of 94% and national average of 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; compared to the CCG average of 99% and national average of 97%.
- 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; compared to the CCG average of 94% and national average of 91%.
- 92% of patients who responded said they found the receptionists at the practice helpful; compared to the CCG average of 89% and national average of 87%.

The practice was proud of the outcome of the survey. Similar high patients satisfaction rates were achieved in the survey published in July 2016. Feedback from people who use the service, those who are close to them and stakeholders was continually positive about the way staff treat people. People reported that staff go the extra mile and their care and support exceeds their expectations. Patients spoken to on the day of inspection reported the practice was a caring environment and gave several examples of where the practice had provided caring services. For example, the practice attended to any person, even if not a patient, that had fallen in the street giving appropriate and timely aid which, in most cases had prevented the patient needing to call an ambulance. Due to the distance from the nearest ambulance station, the staff had also stayed until late evening to wait for an ambulance with a patient.

Staff were motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who use the service, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders. Staff recognised and respected the totality of people's needs. They always took people's personal, cultural, social and religious needs into account, and found innovative ways to meet them. For example, we saw examples of where the practice engaged with the local community. For example, the lead GP offered his services

for the local lifeboat service and the whole practice supported the local carnival. This included letting people use the car park, fundraising, manning stalls and giving healthy living advice. The practice regularly fundraised for local charities.

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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. We also saw signs that sign language interpretation could be booked for patients. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. People who use services and those close to them were active partners in their care. Staff were fully committed to working in partnership with people and making this a reality for each person.
- The practice had a 'dementia pack' that could be given to patients. This included information on local groups, support for carers, an understanding dementia booklet, safeguarding numbers, an 'about me' booklet and Norfolk Carers booklets.
- 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. There was a carers table in the waiting room with information on for local support groups, national initiatives and multiple leaflets.
- The practice proactively identified patients who were carers with the information table in the waiting room and by offering carers health checks. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 40 patients as carers (1.3% of the practice list).

Staff told us that if families had experienced bereavement, their usual GP contacted them. Due to the small patient population, the staff knew most patients well and could offer a flexible approach to bereavement care that most suited the patients. This included a phone call, 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 held a board where they wrote down patients that had recently passed away so that all staff were aware and could offer the families support.

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 in line with, or above local and national averages:

- 89% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 85% of patients who responded said the last GP they saw was good at involving them in decisions about their care; compared with the CCG average of 86% and national average of 82%.
- 86% of patients who responded said they usually get to see their preferred GP; compared with the CCG average of 55% and national average of 56%.
- 96% of patients who responded said the last nurse they saw was good at explaining tests and treatments; compared to the CCG average of 93% and national average of 90%.
- 91% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; compared to the CCG average of 88% and national average of 85%.

The practice was proud of the results of this survey and had also carried out their own survey which showed 100% of respondents (46 patients) were satisfied with the service provided. This survey was regularly carried out and the practice was proactive on acting upon it. Patients spoken with on the day reflected that they were very happy with the service delivered and felt they were partners in their care. They reported clinical staff would discuss treatments with them and come to a joint decision about their healthcare. They also reported that reception staff would

Good

Are services caring?

book appointments that fitted in with their lives. For example, one patient that worked reported that they had been booked in for telephone consultations at lunchtime and that on occasion, the GP had stayed later than surgery hours to accommodate.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. Staff were able to give examples of where patients or relatives had been upset and they had offered them a private room and given them comfort such as reassurance and beverages.
- The practice complied with the Data Protection Act 1998.
- Staff were exceptional in enabling people to remain independent. People reported they valued their relationships with the staff team and feel that they often go 'the extra mile' for them when providing care and support. For example, where appropriate, there was evidence of staff walking patients to and from the practice to ensure they could make appointments and maintain a level of independence and social interaction, rather than having a home visit.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as outstanding for providing responsive services across all population groups.

The practice was rated as outstanding for providing responsive services because:

The practice tailored its service to meet the needs of the population. For example, the staff would often stay late to accommodate patient's working patterns to ensure they could still have an appointment. The practice also had a high number of temporary residents over the summer period and therefore increased staffing numbers to be able to offer more appointments to keep the same high standards of care. The practice had recognised the patients at risk of flooding in the town and had a comprehensive plan in place for each of these patients. The practice achieved high GP patient survey results relating to access that had improved on previous years. The practice also ran its own patient survey regularly to assess how well patients understood the practice and the services offered and acted on these results. The practice handled complaints in a timely manner and had initiatives to seek patient feedback in various forms, such as a comment box.

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. People's individual needs and preferences were central to the delivery of tailored services.

- 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.
- Appointments were available outside school and core business hours to accommodate the needs of children and working people. GPs often stayed late to accommodate these patients.
- Appointments for the patients that were tourists were available and rotas adjusted to increase the number of afternoon appointments to meet the demand.
- Although the GPs at the practice were male, patients had access to female nurses and there had been no complaints or comments to the practice regarding this. Patients we spoke to reported this was not an issue. A female locum GP was available as required.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice had a comprehensive and informative website that had information on for all population groups. This included links for local and national charities and support groups for long term conditions such as COPD, asthma and diabetes. There was also a 'family health' section which covered children and expected milestones and potential illnesses, women and men's health and sexual health. There was a minor illness section with information on choosing the right service and first aid.
- There were facilities for patients with disabilities and translation services were available.
- The practice worked closely with community midwives, health visitors, and voluntary agencies.
- We discussed with patients and staff the unavailability of a female GP; they all told us that they had not found this a problem, as there was always a female chaperone available if needed.
- The practice had a high number of temporary residents over the summer periods. The practice recognised this and employed extra staff over these periods to cater to these patients and to ensure they could continue to deliver high standards of care with increased demand.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home, a care home or a 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 GP's also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

- The practice held a 'frailty' register. These patients were identified by the practice and offered extra support. For example, there had been many occasions where the practice staff had walked frail patients home when carer's were unable to.

People with long-term conditions:

- 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.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice also gave advice and support for these patients in the waiting room and on the website. There was a detailed section which included information on asthma, COPD, diabetes and other conditions. The website gave detailed information on symptoms, treatments, medicines and local and national support groups and charities.

Families, children and young people:

- 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice had a section on the website for expectant and new mothers. This covered areas such as key milestones in pregnancy, emotions during and after pregnancy, local support groups and national initiatives.
- The practice also held talks at the local primary school to promote healthy living in children. The practice also used this session as a way to introduce children to healthcare in an environment they were comfortable in. They answered any questions the children had relating to healthcare and reported they had seen a reduction in the anxiety of children attending the surgery.

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

- 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 on Thursday mornings.
- We saw many incidences where working age people were offered earlier or later appointments in order to fit in with work. In some instances, the practice would offer lunch time appointments for those who could attend during lunch breaks. The lead GP and salaried GP often arranged to stay after hours to ensure patients could be seen at a time that suited them.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice held talks at a local library to promote good healthcare. They also used this as an opportunistic way to carry out health checks including blood pressure and pulse checking.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The town of Wells next the Sea experienced widespread flooding through the town, the practice staff liaised with the local flood warden, and made direct contact with their patients who had chosen to remain in their own homes. The practice was aware of those who may have become vulnerable due to adverse weather conditions. They were able to ensure that they had adequate supplies of provisions and medicines.
- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met these needs, which was accessible and promoted equality. This included people with protected characteristics under the Equality

Act, people who may be approaching the end of their life, and people who were in vulnerable circumstances or who have complex needs, such as housebound patients.

- The practice could recognise and knew those patients that were frail or whose health was deteriorating. Where these patients were at risk of falls and could not get a carer to assist them to the surgery, staff would walk them to and from the surgery. They would also deliver medicines for these patients to ensure they had adequate supplies

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was a dementia friendly practice and all staff were trained in dementia awareness. The practice phoned any patients with memory problems to remind them of appointments. The practice had a dementia pack available for patients which contained information on local services, an 'about me' book, a carer's handbook, safeguarding numbers and the contact of the admiral nurses (these are nurses that specialize in dementia nursing).
- The practice worked closely with the local dementia hub. This was run in co-ordination with the patient participation group and the practice supported these patients and the carer's.
- The practice was proactive in phoning patients who may have memory problems to ensure they attended appointments. The practice also offered follow up courtesy calls where patients had been particularly anxious to provide further support and advice.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. Patients spoken with on the day of inspection reported there was not very many instances where appointments did not run on time.
- Routine appointments were available the next day to book in advance with GPs and nurses.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use. 98% of patients on the practice survey said the appointments system was easy to use. We found on the day of inspection that urgent appointments were available that day, as well as routine appointments for both doctors and nurses.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to, or above, local and national averages. This was supported by observations on the day of inspection and completed comment cards. 216 surveys were sent out and 111 were returned. This represented a 51% response rate.

- 88% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 100% of patients who responded said they could get through easily to the practice by phone; compared to the CCG average of 77%; and national average of 71%.
- 89% 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; compared to the CCG average of 89%; and national average of 84%.
- 91% of patients who responded said their last appointment was convenient; compared to the CCG average of 88%; and national average of 81%.
- 90% of patients who responded described their experience of making an appointment as good; compared to the CCG average of 80%; and national average of 73%.
- 79% of patients who responded said they don't normally have to wait too long to be seen; compared to the CCG average of 67%; and national average of 58%.
- 80% of patients who responded said they usually wait 15 minutes or less after their appointment time to be seen; compared to the CCG average of 71%; and national average of 64%.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Some survey data results had improved from last year. For example, patients satisfied with the practices opening hours had risen by 9%. The practice actively monitored this data and formed action plans from each survey.

The practice also carried out their own survey every year to assess whether patients were aware of the services offered by the practice. In the most recent survey, the practice had handed out 100 surveys and received 46 back. Overall, the outcomes of the survey carried out by the practice were extremely positive. For example, 100% of patients reported they were happy with the service provided. The action plan was to continue to promote online services and ask for mobile phone numbers. The practice was keen to use this method as a way of assessing how well patients understood the service the practice offered. For example, the survey asked whether patients were aware of extended hours, online services, how to contact out of hours services and promoted awareness of the dementia friendly nature of the practice. The practice also used the survey as a chance to evaluate the changes they had made, and whether they were effective. For example, the survey asked if the new dispensary hatch and television screen were useful. There was also an optional open comments box for patients to use. The practice developed detailed action plans from these surveys and implemented change.

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. Investigations were comprehensive and the service used innovative ways of looking into concerns, such as multiple ways to gain feedback, including comments boxes, surveys, complaints leaflets and recording of verbal feedback to receptionists.

- Information about how to make a complaint or raise concerns was available at reception and on the website and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Six complaints were received in the last year, including verbal complaints. We reviewed all six complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, the practice phoned patients who may be at risk of diabetes instead of sending letters to explain the outcome of blood results.

Are services well-led?

Outstanding ☆

(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 outstanding for providing a well-led service.

The practice was rated as outstanding for well-led because:

There was compassionate, inclusive and effective leadership throughout the practice. The vision and aims for the practice was available for all staff and patients in the waiting room and on the website and was decided jointly with the staff. Staff were proud to work for the practice and put the needs of the patients first. The practice were actively involved in the community and tried wherever possible to promote good self-healthcare. Management had full oversight of the performance of the practice and used this to drive positive change. Management actively promoted training opportunities and staff and patient engagement at all levels of decision making. The practice was keen to upskill staff and promote internally to drive continuous improvement.

Leadership capacity and capability

The practice has a sole GP as the provider. The GP had the capacity and skills to deliver high-quality, sustainable care. The GP was supported by a management team including a salaried GP and a practice manager.

- There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. There was a deeply embedded system of leadership development and succession planning, which aimed to ensure that the leadership represented the diversity of the workforce.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The management team were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff reported they had full confidence in the leadership and management of the practice and were involved in decision making about the direction of the practice.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. For example, the practice was in the process of putting a plan in place for staff retirements.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with staff and this was available for patients on the website and in the waiting room
- The vision was 'our aims are to offer the highest standard of health care and advice to our patients, with the resources available to us. We have a team approach to patient care and endeavour to monitor the service provided to patients, to ensure that it meets current standards of excellence.'
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. They were motivated to achieve the vision and dedicated to the care of the patients.
- There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans. Plans were consistently implemented, and had a positive impact on quality and sustainability of services. 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.

- Staff stated they felt respected, supported and valued. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns,

Are services well-led?

Outstanding ☆

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

and all policies and procedures positively support this process. This was supported by the fact there was a low staff turnover. Staff reported that they felt the practice was a family.

- The practice focused on the needs of patients and knew their patient population well.
- 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. The provider was aware of and had systems 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. They had confidence that these would be addressed and could give examples of where they had done this. Feedback from these concerns was given at meetings. There is strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.
- There were processes for providing all staff with the development they need. 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. Study leave was written in to contracts and encouraged. The practice had supported staff with time off for courses and financed many courses.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. These were easily available to staff.
- There were regular whole team meetings to update staff on any governance changes.
- There was a suite of risk assessments and accompanying action plans that were monitored and acted upon by management to ensure the safety of staff and patients.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had 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 safety alerts, incidents, and complaints.

Are services well-led?

Outstanding ☆

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

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. Many of the audits looked at were multiple cycle audits, including one on dementia coding and diagnosis.
- The practice had plans in place and had trained staff for major incidents. Copies of these were kept off site in case of emergency,
- 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.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Whole practice meetings were held regularly to keep staff updated. Minutes of these meetings were available for all staff, including staff that were unable to attend.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. The practice also used information from NHS England and the clinical commissioning group to monitor performance and make improvements.
- 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, such as unexpected death notifications.
- There were effective 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 were consistently high levels of constructive engagement with staff and people who use services, including all equality groups. Rigorous and constructive challenge from people who use services, the public and stakeholders was welcomed and seen as a vital way of holding services to account.
- 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. For example, the practice provided an article in a local magazine promoting healthcare and changes in the practice.
- There was an active patient participation group. The group met quarterly with the practice and assisted with flu clinics. The practice implemented ideas from the group, including new chairs in the waiting room.
- The service was transparent, collaborative and open with stakeholders about performance. Feedback from external stakeholders was positive about the practice performance and engagement. The service took a leadership role in its health system to identify and proactively address challenges and meet the needs of the population. They regularly involved themselves in the community at local carnivals, by giving health talks in schools and libraries to build an effective and open rapport with patients.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice was proactive in training apprentices and equipping them with the skills for future employment.
- Safe innovation is celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new andmore sustainable models of care.

Are services well-led?

Outstanding ☆

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

- Staff knew about improvement methods and had the skills to use them. Improvement methods and skills were available and used across the practice, and staff were empowered to lead and deliver change.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. The practice ensured meeting minutes were available for all staff.
- The management team encouraged staff to take time out to review individual and team objectives, processes and performance.

This section is primarily information for the provider

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.

This section is primarily information for the provider

Enforcement actions

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.