

Carole Brown Health Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Carole Brown Health Centre on 18 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients told us urgent appointments were available the same day. However, patients we spoke with and Care Quality Commission comment cards we received expressed concerns with appointment availability and with a named GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure the practice is more proactive in identifying carers.
- Continue to monitor and review the appointment system.
- Ensure patients waiting for their appointments in all areas of the practice can be clearly seen by reception staff to enable closer monitoring in case of change in their condition.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were higher than the national average with the practice achieving 100% across a number of indicators.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published in July 2016 showed patients rated the practice higher than others for several aspects of care. For example:
 1. 97% of patients said they had confidence and trust in the last GP they saw compared to the local average of 97% and the national average of 95%.

Summary of findings

2. 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 89% and the national average of 85%.
 - Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
 - Information for patients about the services available was easy to understand and accessible.
 - We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with urgent appointments available the same day. However, Care Quality Commission comment cards recorded that some patients expressed concerns regarding appointment availability and GP continuity. Results from the national GP survey published July 2016 reflected these comments with: - 55% of patients said they could see a preferred GP compared to the CCG average of 64% and the national average of 59%. 67% of patients said they could see a preferred GP compared to the CCG average of 79% and the national average of 73%. The practice told us they continued to review and monitor their appointment system.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

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

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. All home visits were triaged by a clinician to prioritise visits and ensure appropriate and timely intervention.
- The practice would contact all patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- The practice offered health checks for patients aged over 75.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were above local and national averages.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Nurses also offered specialist services such as; diabetes, well-woman, dietary, cardiovascular and respiratory services.
- The practice QOF performance for asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, depression, diabetes, epilepsy, heart failure, hypertension, learning disabilities, osteoporosis and palliative care were all above or in-line with CCG and national averages with the practice achieving 100% across each indicator.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 72%, which was comparable to the CCG and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 99% which was comparable to the CCG average of 93% to 97%, and five year olds from 88% to 97% which was comparable to the CCG average of 89% to 96%.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Figures published by Public Health England showed that 60% of the practice's target population were screened for bowel cancer in 2014/2015, which was above the national average of 58%. The same dataset showed that 78% of the practice's target population were screened for breast cancer in the same period, compared with the national screening rate of 72%.

Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had identified 16 patients with a learning disability on the practice register, 12 of these patients had received a health check with invitations sent to the remaining patients.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had introduced a red card scheme for vulnerable patients, this was a system which ensured vulnerable patients were identified by reception staff and given quick and priority access to medical services.

People experiencing poor mental health (including people with dementia)

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

Good



- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 84%, this was comparable to the CCG and national average of 84%. At the time of our inspection there were 47 patients identified as having dementia, with 36 having had a review since April 2016.
- The percentage of patients experiencing poor mental health who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 90%, this was comparable to the CCG average of 91% and the national average of 88%. Of the 36 patients identified as experiencing poor mental health on the practice register 35 had received a health check in the past twelve months with one patient excepted.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice had also raised concerns at the lack of support services available in the Kings Lynn area of Norfolk.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 253 survey forms were distributed and 115 were returned. This represented a 45% completion rate.

- 74% of patients found it easy to get through to this practice by phone compared to the CCG average of 80% and the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to CCG average of 82% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

All of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. However, four cards expressed concerns regarding appointment availability and GP continuity. We spoke with six patients during our inspection who also voiced concerns over appointment availability, however we were told urgent appointments were available for people that needed them

Results from the national GP survey published in July 2016 reflected these comments with;

- 55% of patients said they could see a preferred GP compared to the CCG average of 64% and the national average of 59%.
- 67% of patients said they could see a preferred GP compared to the CCG average of 79% and the national average of 73%.

Patients we spoke with said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure the practice is more proactive in identifying carers.
- Continue to monitor and review the appointment system.
- Ensure patients waiting for their appointments in all areas of the practice can be clearly seen by reception staff to enable closer monitoring in case of change in their condition.

Carole Brown Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Carole Brown Health Centre

Carole Brown Health Centre is part of Vida Healthcare Group, which is made up of six GP practices in Norfolk. The Vida Group has a senior management team which comprises of clinicians and support executives. The senior management team maintain an overall responsibility for the management of the practices, but delegate some decision making to a local management team.

Carole Brown Health Centre is a semi-rural practice situated in Dersingham, Norfolk and serves the population of Dersingham as well as some of its surrounding villages. The practice provides an on-site dispensing service for any of its patients living more than one mile away from a pharmacy / chemist.

The practice employs five GPs, three male and two female, and one GP registrar. There is a team of ten practice nurses and advanced nurse practitioners, a triage practitioner and three health care assistants. Some nurses offer specialist services such as; diabetes, well-woman, dietary, cardiovascular and respiratory services and work both at the practice and across other Vida general practice locations. The practice coordinator is supported by a team of medical secretaries, IT, administration, reception, a dispensary manager and dispensary staff, some of whom also work across another Vida practice locations.

The practice holds a Personal Medical Service (PMS) contract to provide GP services to a population of 6,094 patients, which is commissioned by NHS England. A GMS contract is a nationally negotiated contract to provide care to patients. In addition, the practice also offers a range of enhanced services commissioned by their local CCG: facilitating timely diagnosis and support for people with dementia, supporting patients with learning disabilities and extended hours access. According to Public Health England information, the practice age profile has higher percentages of patients from 60 to 85+ years compared to the practice average across England. The practice reported a breakdown of 37% of patients over 65 years, 17% over 75 years and 15% under 18 years.

The practice is open between 8.15am and 6pm Monday to Friday. Extended hours appointments are offered from 7am Tuesday mornings for phlebotomy and well woman clinics and to 7.30pm on varied evenings weekly. In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments are also available for people that need them. Where patients request an appointment on the day, contact details are transferred to the on call GPs. The patient is then contacted that morning and where required an appointment is allocated with the most appropriate clinician. Telephone consultations are available for patients that wish to use this service.

Out-of-hours care is provided via the NHS111 service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 August 2016.

During our visit we:

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

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- Notices in the waiting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurses had lead roles in infection control and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Personnel files we reviewed evidenced the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Medicines Management

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Some nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for their extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process.

Are services safe?

Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- We saw that not all patients waiting for their appointments in areas of the practice could be clearly seen by reception or other staff. There was a risk that patients, whose health could deteriorate while waiting for their appointment, may be overlooked.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and utilities and was available for staff on home computers if required. The practice liaised with other practices in the Vida group to ensure continuity of care. For example the telephone system was managed by another practice in the group for appointments and triage appointments.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available with 12% exception reporting, (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/15 showed:

- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, depression, diabetes, epilepsy, heart failure, hypertension, learning disabilities, osteoporosis and palliative care were all above or in-line with CCG and national averages with the practice achieving 100% across each indicator. However, the rate of exception reporting for some indicators was higher than both CCG and national average. For example; the percentage of patients with diabetes, on the register, with a diagnosis of nephropathy (clinical proteinuria) or micro-albuminuria who were treated with an ACE-I (or ARBs) exception reporting was 21%, this was seven percentage points above the CCG average and nine percentage points above the national average. We discussed the higher rates of exception reporting for the QOF year 2014/2015 with the practice, the practice had

an ethos to not except patients from QOF (where appropriate a practice may except a patient from a QOF indicator, for example, where patients decline to attend for a review, or where a medication cannot be prescribed due to a contraindication or side-effect). We were told where certain recommended treatments were not appropriate the practice would except the patient from the indicator. The practice was not able to clarify the reasons for high exception reporting, but continued to encourage attendance from these patients for health and medication reviews to ensure they were not overlooked.

- The practice regularly monitored clinical data using a reflective review process and discussed and disseminated findings with clinical staff and relevant organisations.
- High risk medications were monitored regularly by doing a search on the clinical computer system. The practice described and showed us how their recall system worked for various drug monitoring. The recalls in place were robust and the practice regularly checked that patients had been in for their blood tests.
- We looked at three of the most recent clinical audits where the improvements made were implemented and monitored, including an audit of the use of bisphosphonates (medicines which prevented age related deterioration and bone loss) in the treatment of osteoporosis, an audit of cervical smears undertaken at the practice and an audit of patients diagnosed with a thyroid disorder and treated with levothyroxine (a synthetic thyroid hormone that is chemically identical to thyroxin) who had undertaken an annual thyroid function blood test to help manage their condition and medicine dosage. A computer search was used to identify patients receiving treatment between January to December 2015 and then to assess whether routine blood levels had been checked within the previous year. A further check was also undertaken to confirm the correct diagnosis was recorded or read coded on patients' records. Of the 477 patients with a diagnosis of thyroid disorder on the practice register, 450 had undertaken a thyroid function blood test, however only 94 patients had undergone a treatment review in that time period. The practice concluded achievement levels for routine management were generally high, however the audit evidenced some inconsistencies with data quality and read coding at the practice and therefore

Are services effective?

(for example, treatment is effective)

some work was required with regard to the setting up and management of recalling patients for reviews. The practice planned to re-run this audit from January to December 2016.

- The practice participated in non-clinical audits including an audit of military veterans and data quality, an audit of patient suicides and the use and offer of chaperones. The practice also took part in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. The results team were based at a separate Vida GP practice; GPs tasked the team to arrange any follow up actions from results received, however there were no failsafe systems in place to ensure patients who did not attend were recalled.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Additional services were also provided for patients through the Vida run ABC team. ABC team is a local support organisation working within Vida Healthcare, providing vulnerable patients, carers and families with support, signposting to other services and guidance. The practice worked closely with the team ensuring vulnerable patients were referred for additional support. The team had systems in place to assist, guide and signpost patients, carers and their families to support services. For example social services, benefits advice, assistance with shopping and other support services to enable patients to remain independent and in their home. The team were also qualified to undertake early screening for dementia and communicated and worked closely with the practice and other services to ensure a care plan and support services were in place to support vulnerable patients.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant services. Practice nurses offered specialist services at the practice such as; diabetes, well-woman and dietary clinics, cardiovascular and respiratory services.

The practice's uptake for the cervical screening programme was 72%, which was comparable to the CCG and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The bowel cancer screening rate for the past 30 months was 60% of the target population, which was in-line with the CCG average of 61% and above the national average of 58%. The breast cancer screening rate for the past 36 months was 78% of the target population, which was above the CCG average of 77% and the national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 99% which was comparable to the CCG average of 93% to 97%, and five year olds from 88% to 97% which was comparable to the CCG average of 89% to 96%.

The practice had identified 16 patients with a learning disability on the practice register, 12 of these patients had received a health check with invitations sent to the remaining patients. The percentage of patients experiencing poor mental health who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 90%. This was comparable to the CCG average of 91% and the national average of 88%. Of the 36 patients identified as experiencing poor mental health on the practice register 35 had received a health check in the past twelve months with one patient excepted. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 84% this was comparable to the CCG and national average of 84%. At the time of our inspection there were 47 patients identified as having dementia, with 36 having had a review since April 2016. The practice referred patients to various support services as required.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We spoke with two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

All of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. However, four cards expressed concerns regarding appointment availability and GP continuity. Results from the national GP survey published in July 2016 reflected these comments with;

- 55% of patients said they could see a preferred GP compared to the CCG average of 64% and the national average of 59%.
- 67% of patients said they could see a preferred GP compared to the CCG average of 79% and the national average of 73%.

The practice told us they continued to review and monitor their appointment system.

Patients we spoke with said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to CCG average of 85% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 90% and the national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 58 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff were all registered as Dementia Friends. Dementia Friends learn about what it's like to live with dementia, this understanding is then used to assist people with dementia in their daily lives. This could be anything from helping someone find the right bus or supporting them as a patient when they arrive at the practice. Vida Healthcare provided a team of customer care staff with representatives at each practice, the aim of this was to ensure patients were provided with the care and support to access services. The Carole Brown Health Centre had been nominated and received the Kings Lynn Mayors Award for customer care in 2016.

Staff told us that if families had suffered bereavement, the practice secretary would contact them with advice on bereavement services; their usual GP also contacted them. This call was followed by the offer of a patient consultation at a flexible time and location to meet the family's needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered an extended hour's appointment on Tuesday mornings and one evening a week until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There were longer appointments available for reviews of patients with a learning disability, long term conditions and for patients aged over 75.
- The practice offered online appointment booking for phlebotomy, healthcare assistant, nurses and GP appointments and online repeat prescription requests, complete questionnaires and access patient summary care records.
- A telephone appointment was available to patients if required.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice provided a range of nurse-led services including minor illness clinics, dressings, phlebotomy services, audiology services, immunisations, shingles, flu and pneumococcal vaccinations and family planning. Nurses also offered specialist services such as; diabetes, well-woman, dietary, cardiovascular and respiratory services

- The practice could refer patients to a range of services including physiotherapy and the community mental health team. The practice had voiced concerns at the lack of services supporting mental health in the area.
- The practice provided rooms at the practice for specialist consultations where possible to prevent patients travelling to local hospitals and clinics. These included a weekly podiatry service, twice weekly physiotherapy services and monthly dietician clinic.
- We saw positive examples of joint working with midwives. The midwife provided antenatal clinics fortnightly from the practice. Reception staff routinely arranged appointments for patients who were newly pregnant with the midwives and one member of staff monitored children and liaised closely with the midwife.
- The practice had introduced a red card scheme for vulnerable patients, this was a system which ensured vulnerable patients were identified by reception staff and given quick and priority access to medical services.

Access to the service

The practice was open between 8.15am and 6pm Monday to Friday. Extended hours appointments were offered from 7am Tuesday mornings for phlebotomy and well woman clinics and to 7.30pm on varied evenings weekly. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Where patients requested an appointment on the day, the practice provided a triage team, which consisted of a triage nurse or a triage practitioner and two triage GPs, one GP acted as the on call GP taking urgent telephone calls and undertaking home visits and a base GP who triaged calls and saw patients who needed on the day appointments. Patients were referred to the appropriate clinical contact, were contacted that morning and where required an appointment was allocated with the most appropriate clinician. Telephone consultations were available for patients that wished to use this service.

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

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

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

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Complaints forms were available at reception and the procedure was published in the practice leaflet and on the practice website.
- The system included cascading the learning to staff at practice meetings. All the staff we spoke with were aware of the complaints procedure and were provided with a guide that helped them support patients and advise them of the procedures to follow.

We looked at five complaints received in the last 12 months and found that these were satisfactorily handled, and dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example following a breakdown of communication issue resulted in a home visit being missed the practice reviewed their procedure and offered an apology.

Are services well-led?

Good 

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

Our findings

Vision and strategy

Carole Brown Health Centre was part of Vida Healthcare Group; this was a NHS partnership which provided primary care services for over 37,000 patients across six Norfolk health centres. Vida and the practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement to provide top quality healthcare to patients in a cheerful, relaxed, low stress environment by an efficient, amenable and accessible practice team who are well motivated, with a commitment to personal development, this was displayed on the practice website and staff we spoke with knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The practice was led by the management team of Vida Healthcare. They had dedicated GP and managerial leads responsible for governance. In addition, there were clearly identified lead roles for areas such as complaints, safeguarding, education and information governance. There were structures and procedures in place which ensured that:

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

Leadership and culture

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

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

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

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

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met every three months, with an average of 20 patients attending per meeting; however one meeting recorded 220 patients attending where concerns were raised regarding a loss of medical services locally. PPG members had participated in patient surveys such as

Are services well-led?

Good 

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

the 'do you feel listened to' project and submitted proposals for improvements to the practice management team. For example, PPG members discussed the appointment system with the practice team and patients and were in the process of publishing the appointment system through a local village magazine to publicise and inform the patient population on the services and the type of appointments available. PPG members were also involved in the design and architecture of the practice building and worked with the practice to raise funds for a new entrance door and air conditioning throughout the practice. We were told the annual Christmas draw usually raised over £1,000 for the benefit of patients at the practice.

- The Vida Healthcare customer care team produced quarterly patient newsletters. These included practice news, health education and current NHS matters.
- The practice placed 'Friends and Family' comments cards in the reception area and prompted patients to state whether they were likely to recommend the practice to their own friends and family. 92% of patients who provided a response stated that they were likely or extremely likely to recommend the practice in this way.

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- Staff said they felt respected, valued and supported, particularly by the GPs and management in the practice. All staff were involved in discussions about how to run and develop the practice, and all members of staff were encouraged to identify opportunities to improve the service delivered by the practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example; Vida Healthcare and the practice team had worked in partnership with the Queen Elizabeth Hospital to produce a Vida Healthcare 'Practice Passport'. This was designed as a communication tool to identify patients who were vulnerable and provide them with an easier access across local NHS services.