

Boughton Surgery

Quality Report

Chapel Road
Boughton
Kings Lynn
Norfolk
PE33 9AG

Tel: 01366 500331

Website: www.boughtonsurgery-norfolk.nhs.uk

Date of inspection visit: 7 December 2016

Date of publication: 16/02/2017

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Boughton Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Boughton Surgery on 7 December 2016. This inspection was a follow up to our previous comprehensive inspections at the practice in January 2015 and May 2016 where breaches of regulation had been identified. The overall rating of the practice following the May 2016 inspection was Inadequate and the practice was placed into special measures for a period of six months.

Following our inspection in May 2016 we issued a warning notice to the provider requiring improvements in relation to good governance. A visit was undertaken on 12 August 2016 to ensure that the specific improvements had been made.

At our inspection on 7 December 2016 we found that the practice had improved. The ratings for the practice have been updated to reflect our recent findings. The practice is rated as good for providing safe, effective, caring, responsive and well led services.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- The practice had implemented new systems and processes to ensure that risks to patients were assessed and well managed. For example, comprehensive recruitment checks were now in place for new members of staff.
- The practice was proactive in safeguarding children, and had implemented a protocol for the monitoring of children who did not attend hospital appointments.
- Extensive work had been undertaken to ensure that there was an effective system in place to support patients who were prescribed drugs that required monitoring. Furthermore, a protocol had been developed to ensure that reviews of safety updates from the Medicines and Healthcare Products Regulatory Agency (MHRA) were undertaken.
- 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.

Summary of findings

- Feedback from patients about their care was positive. Patients said they were treated with compassion, dignity and respect and that 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.
- The practice had analysed patient feedback and made changes to the appointment system to ensure that patients had improved access to appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- There was a clear leadership structure in place and staff felt well supported by the GP partners.
- Policies and procedures had been reviewed and updated to the requirements of the practice.
- The provider was aware of and complied with the requirements of the duty of candour.

I confirm that this practice has improved sufficiently to be rated good overall. This practice will be removed from special measures.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had an effective system in place for identifying and managing risks to patients and staff. For example, health and safety risk assessments had been completed and staff had been provided with relevant training.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The practice was proactive in safeguarding children, and had implemented a protocol for the monitoring of children who did not attend hospital appointments.
- Extensive work had been undertaken to ensure that there was an effective system in place to support patients who were prescribed medicines that required monitoring. Furthermore, a protocol had been developed to ensure that reviews of safety updates from the Medicines and Healthcare Products Regulatory Agency (MHRA) were undertaken.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were carried out and contributed to quality improvement at the practice. The practice also participated in research which resulted in improved outcomes for patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. A training programme had been developed to ensure that staff received training relevant to their job roles. Furthermore, a clear induction process had been implemented for new staff and locums.

Good



Summary of findings

- A schedule of appraisals had been commenced and written evidence of these had been retained in personnel files.
- The process for obtaining consent prior to minor surgery being undertaken at the practice had improved to ensure consistency. This had been audited to ensure that the process was embedded.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Improvements had been made to the record keeping of minutes from multidisciplinary team meetings.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice in line with local and national averages for most aspects of care.
- Feedback from patients about their care was positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice was proactive in identifying patients with caring responsibilities. The practice had identified 32 patients as carers (1% of the practice list) and were working on recognising previously registered patients who may have not identified themselves as carers. A monthly carers drop-in clinic was held in the practice. Written information was available to direct carers to the various avenues of support available to them. The practice carers co-ordinator had worked with young carers to arrange local one to one support services.
- 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.

Good



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 to secure improvements to services where these were identified. For example, the practice offered pre-school readiness checks to patients aged between four and five.

Good



Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice had analysed patient feedback and made changes to the appointment system to ensure that patients had improved access to appointments.
- Data from the National GP Patient Survey published in July 2016 showed that 93% of patients surveyed found it easy to get through to the practice by phone, compared to the CCG average of 81% and the national average of 73%.
- The practice had good facilities and was well equipped to treat patients and meet their needs. A hearing loop had been installed in reception for patients who had a hearing impairment.
- 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.

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.
- Governance arrangements had been successfully implemented and embedded into practice to ensure that the issues identified at the previous inspections had been resolved.
- Staff at the practice were engaged with local healthcare services and worked within the wider health community. For example, the lead GP regularly engaged with the West Norfolk Clinical Commissioning Group.
- There was a clear leadership structure in place and staff felt well supported by the GP partners.
- Policies and procedures had been updated to become reflective of the requirements of the practice.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient reference group was active.
- An ethos of learning and improvement was present amongst all staff.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice 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 contacted all patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- 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.
- The practice offered a prescription delivery service for housebound patients.

Good



People with long term conditions

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

- Both GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2015/2016 showed that performance for diabetes related indicators was 95%, which was above the local average of 93% and the national average of 90%. Exception reporting for diabetes related indicators was 8%, which was lower than the local and national averages of 11% (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).
- Longer appointments and home visits were available when needed.
- Patients with complex needs had a named GP and a structured annual review to check their health and medicines needs were being met. There was a robust recall system in place to ensure that patients were invited and attended annual reviews.

Good



Summary of findings

- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were 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.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 82%, which was in line with the local average of 84% and the national average of 82%.
- The practice worked with a local residential school for children with additional needs. A GP from the practice supported the school in reviewing a planned home remedies policy.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a full range of contraception services and chlamydia screening.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice offered pre-school readiness checks to patients aged between four and five.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care where possible.
- 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.

Good



Summary of findings

- Although the practice did not offer extended hours appointments, there were appointments available from 8am to 6pm daily. The practice was in the process of adding additional appointments in the early evenings for patients returning from work.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years. The practice was able to refer patients to a health trainer to encourage lifestyle changes.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, and held regular multidisciplinary team meetings.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice was engaged with the local carers support group, which provided guidance, support and respite for carers. A monthly carers drop-in clinic was held in the practice. Written information was available to direct carers to the various avenues of support available to them. The practice carers co-ordinator had worked with young carers to arrange local one to one support services.
- 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.

Good



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).

- 82% of patients diagnosed with dementia had received a face to face care review in the last 12 months, which was in line with the local and national averages of 84%.
- 100% of patients experiencing poor mental health had a comprehensive care plan, which was above the local average of 91% and the national average of 88%.

Good



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 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 local Wellbeing Service held a weekly clinic at the practice.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had provided training on dementia awareness and the Mental Capacity Act 2005 to all members of staff to ensure that mental health and psychological wellbeing was considered at every contact.

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 in some areas. 212 survey forms were distributed and 123 were returned. This represented a 58% completion rate.

- 95% found it easy to get through to this surgery by phone compared to a local average of 80% and a national average of 73%.
- 95% said that the last appointment they got was convenient (local average 94%, national average 92%).
- 86% were able to get an appointment to see or speak to someone the last time they tried (local average 87%, national average 85%).
- 84% described the overall experience of their GP surgery as fairly good or very good (local average 88%, national average 85%).
- 75% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (local average 82%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 57 comment cards which were all extremely positive about the standard of care received. Patients felt that the practice provided a friendly, efficient and supportive service, praising both individual members of staff and the practice as a whole. One patient commented that they were 'always treated with dignity and privacy'. Another patient commented that 'practice staff went out of their way to help with any issues they were given'.

We spoke with six patients during the inspection, two of whom had been registered at the practice for 70 years. All six patients said the care they received was of a high standard, and that staff were kind, friendly, caring and approachable. Patients told us that staff took their time to listen to patients concerns, and that the premises were always clean and comfortable. Furthermore, three of the patients we spoke with felt that the recent changes to the appointment system had been positive and that there was a 'calmer' atmosphere in the waiting area.

Boughton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC lead inspector, a GP specialist adviser and a practice manager specialist adviser.

Background to Boughton Surgery

Boughton Surgery is a purpose built practice situated in Boughton, Kings Lynn. The practice provides services for approximately 3,013 patients. It holds a general medical services contract with West Norfolk Clinical Commissioning Group.

According to information taken from Public Health England, the patient population has a higher than average number of patients aged over 50 years old in comparison to the practice average across England. There is a lower than average number of patients aged between 0 and 49 years. The practice is in a rural area with mixed levels of socio-economic deprivation.

The practice clinical team consists of two GP partners, two regular locum GPs, a practice nurse and a healthcare assistant. They are supported by a practice manager, an IT facilitator and teams of multiskilled reception, administration and dispensary staff.

Boughton Surgery is open between 8am and 6.30pm on Mondays, Tuesdays and Thursdays, and between 8am and 5pm on Wednesdays and Fridays. The practice does not provide extended hours appointments. Out-of-hours care is provided by Integrated Care 24 via the NHS 111 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 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.

This inspection was a follow up to our previous comprehensive inspections at the practice in January 2015 and May 2016 where breaches of regulation had been identified. The overall rating of the practice following the May 2016 inspection was Inadequate and the practice was placed into special measures for a period of six months.

We also issued a warning notice to the practice to inform them where improvements were needed in relation to good governance. A visit was undertaken on 12 August 2016 to ensure that the specific improvements had been made.

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 7 December 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

Detailed findings

- 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

At our previous inspection on 31 May 2016, we rated the practice as inadequate for providing safe services as arrangements for identifying and managing risks to patients and staff needed to be implemented. These arrangements had improved when we undertook this inspection on 7 December 2016. The practice is now rated as good for providing safe services.

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Significant events were discussed at monthly significant event meetings, where outcomes were reviewed and put into practice.
- We saw evidence of action plans to facilitate change following significant events. For example, following a significant event the practice had devised a list of patients at risk of self-harm who were to be reviewed at quarterly multidisciplinary team meetings.

We reviewed safety records, incident reports, patient safety alerts, including those from the Medicines and Healthcare Products Regulatory Authority (MHRA) and Central Alerting System (CAS) and minutes of meetings where these were discussed. There was a lead member of staff responsible for cascading patient safety alerts, such as those from the MHRA. A protocol had been developed to ensure that reviews of safety updates from the MHRA were undertaken.

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. The practice had implemented a protocol for the monitoring of children who did not attend hospital appointments. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.
- On our previous inspections we found that not all staff working as chaperones 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 might have contact with children or adults who might be vulnerable). We found that this issue had been fully addressed and DBS checks had been undertaken for all members of staff.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. A healthcare assistant was the infection control clinical lead who 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 of audit. There were hand washing signs next to all sinks and alcohol hand gel was available for use. There was a sharps injury procedure available. Clinical waste was stored, and disposed of, in line with guidance.
- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken

Are services safe?

prior to staff's employment. For example, proof of their identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Medicines management

There were clear operating procedures in place for the dispensary that accurately reflected practice. Dispensary staff recorded significant events and described a comprehensive system for their analysis and review. Dispensary staff used an error log to record near-miss or picking errors that allowed trends to be identified.

All repeat prescriptions were signed before the medicines were given to patients. Dispensary staff could identify when a medicine review was due and explained that they would alert the relevant GP before issuing the prescription if the review was out of date. On our previous inspection we found that the practice did not have robust medication review systems in place to monitor drugs that require monitoring. During this inspection we ran data searches which provided evidence of the extensive work that had been undertaken to ensure that there was an effective system in place to support patients who were prescribed medicines that required monitoring.

The practice no longer offered a service for patients to pick up their dispensed prescriptions at two external locations as was the case at our last inspections. Instead they offered a home delivery service to patients who were housebound. There was an effective system in place to ensure the safety and security of the medicines being delivered to patients' homes. This allowed for better access for patients who would otherwise be unable to obtain their medication due to the rural practice location.

All dispensary staff had received appropriate training and held qualifications in line with the requirements of the Dispensary Services Quality Scheme (DSQS), a national scheme that rewards practices for providing high quality services to patients of their dispensary. Dispensary staff had annual appraisals leading to production of development plans as well as annual competency checks.

The practice held stocks of controlled drugs (CDs) (medicines that require extra checks and special storage requirements because of their potential for misuse) and had in place suitable arrangements for the storage, recording and destruction of CDs. For example, access to the CD cupboard was restricted and keys held securely.

There were appropriate arrangements in place for the destruction and recording of both patient returned and out of date CDs. Dispensary staff told us they understood how to investigate a CD discrepancy and were aware of how to contact the regional CD accountable officer.

Medicines were stored securely in the dispensary and access was restricted to relevant staff.

Dispensary staff checked stock to ensure medicines were within their expiry date on a monthly basis. All of the medicines we checked were within their expiry date. Staff checked the temperatures in the dispensary fridges daily which ensured medicines were stored at the appropriate temperature. Dispensary staff knew what to do in the event of a fridge failure.

Blank prescription forms were held securely upon arrival in the practice and records were held for tracking prescription stationery through the surgery.

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 direction from a GP.

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. Health and safety risk assessments had been completed and staff had been provided with relevant training.
- 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).

Are services safe?

- Arrangements were in place for planning and monitoring the number 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 emergency medicines were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date.
- 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.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 31 May 2016, we rated the practice as requires improvement for providing effective services as there was scope to improve induction and training processes, and there was an inconsistent approach to recording consent prior to minor surgical procedures being carried out. These arrangements had improved when we undertook this inspection on 7 December 2016. The practice is now rated as good for providing effective services.

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 showed that the practice had achieved 97% of the total number of points available, which was in line with the local average of 98% and the national average of 95%. The exception reporting rate for the practice was 8%, which was slightly below the local average of 11% and the national average of 10% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was 95%, which was in line with the local average of 93% and the national average of 90%. Exception reporting for diabetes related indicators was 8%, which was in line with the local and national averages of 11%.
- Performance for asthma related indicators was 100%, which was in line with the local average of 100% and the national average of 97%. Exception reporting for these indicators was 5%, which was in line with the local average of 9% and the national average of 7%.
- Performance for mental health related indicators was 100%, which was in line with the local average of 98% and the national average of 93%. Exception reporting for these indicators was 4%, which was lower than the local average and national averages of 11%.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Clinical audits were carried out as part of the practice's approach to quality improvement. Clinical audits had been completed in the last year, two of these were completed audits where the improvements made were implemented and monitored. For example, the practice had undertaken an audit to examine the diagnostic accuracy in skin lesions removed by minor procedures carried out on the premises. Another audit analysed the prescribing of glyceryl trinitrate (GTN) spray (a medicine used for the treatment of angina pain).

The practice had made use of the Gold Standards Framework for end of life care. It had a palliative care register and had regular meetings to discuss the care and support needs of patients and their families with all services involved.

Effective staffing

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

- The practice had developed an induction programme for all newly appointed staff. This covered topics including 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, extra training was provided for staff who reviewed patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

Are services effective?

(for example, treatment is effective)

training which had included an assessment of their competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. A schedule of appraisals had been commenced and written evidence of these had been retained in personnel files.

Coordinating patient care and information sharing

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

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

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 regular basis to discuss patients with complex needs. Improvements had been made to the record keeping of minutes from multidisciplinary team meetings.

Consent to care and treatment

On our previous inspection we found that there was no consistent approach to recording patients' consent to care and treatment in line with legislation and guidance. We found that not all GPs regularly recorded patients' written consent prior to minor surgical procedures being undertaken.

During this inspection, we saw evidence to confirm that the process for obtaining consent prior to minor surgery being undertaken at the practice had improved. This had been audited to check that the process was embedded.

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

Supporting patients to live healthier lives

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

The practice's uptake for the cervical screening programme was 82%, which was in line with the local average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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 breast and bowel cancer screening. The breast cancer screening rate for the past 36 months was 75% of the target population, which was in line with the CCG average of 77% and the national average of 72%. 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 60% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were above CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds in 2015/2016 ranged from 73% to 100%, which was above the CCG average of 64% to 96%

Are services effective? (for example, treatment is effective)

and the national average of 73% to 95%. Childhood immunisation rates for the vaccinations given to five year olds ranged from 86% to 100%, which was above with the CCG average of 69% to 95% and the national average of 83% to 95%.

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.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff could offer them a private room to discuss their needs.

We spoke with six patients, all of whom told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients told us 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 patient satisfaction scores were in line with local and national averages. For example:

- 86% of patients said the GP was good at listening to them compared to the local average of 91% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the local average of 90% and the national average of 87%.
- 96% 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%.
- 86% 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%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 94% and the national average of 91%.
- 93% of patients said the nurse gave them enough time compared to the local average of 95% and the national average of 92%.
- 94% of patients said they found the receptionists at the practice helpful compared to the local average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey published in July 2016 showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were positive. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the local average of 89% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 85% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 90% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. 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 was proactive in identifying patients with caring responsibilities. The practice had identified 32 patients as carers (1% of the practice list) and were working on recognising previously registered patients who may have not identified themselves as carers. A monthly carers drop-in clinic was held in the practice. Written information

Are services caring?

was available to direct carers to the various avenues of support available to them. The practice carers co-ordinator had worked with young carers to arrange local one to one support services.

Staff told us that families who had suffered bereavement were contacted by their usual GP. This call was followed by 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. For example, the practice offered pre-school readiness checks to patients aged between four and five.

- Although the practice did not offer extended hours appointments, there were a variety of appointments available from 8am to 6pm daily. The practice was in the process of adding additional appointments in the early evenings for patients returning from work.
- There were longer appointments available for patients who required one.
- 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 accessible facilities, a hearing loop and translation services available.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, services for carers and promotion of mental health awareness. There were displays providing information on cancer warning signs.
- The practice provided a range of nurse-led services such as management of asthma, weight management, diabetes and coronary heart disease, wound management, smoking cessation clinics and minor illness advice.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as blood pressure machines, electrocardiogram tests, spirometry checks, blood taking, health screening, minor injuries and minor surgery.
- The practice identified and visited the isolated, frail and housebound regularly. Chronic disease management

was provided for vulnerable patients at home and the practice was active in developing care plans and admission avoidance strategies for frail and vulnerable patients.

Access to the service

The practice offered appointments between 8am and 6.30pm on Mondays, Tuesdays and Thursdays, and between 8am and 5pm on Wednesdays and Fridays. Out of hours care was provided by Integrated Care 24 via the 111 service.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was in line with or above local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the local average of 78% and the national average of 76%.
- 95% of patients said they could get through easily to the practice by phone compared to the local average of 80% and the national average of 73%.

The practice had analysed patient feedback and made changes to the appointment system to ensure that patients had improved access to appointments. For example, the previous open surgery clinics had been changed to an appointment system.

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 on the practice's website and in their information leaflet. Information about how to make a complaint was also displayed on the wall in the waiting area. Reception staff showed a good understanding of the complaints' procedure.

Are services responsive to people's needs? (for example, to feedback?)

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner. Complaints were shared with staff to encourage learning and development.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 31 May 2016, we rated the practice as inadequate for providing well led services as there were no overarching governance arrangements in place to support the delivery of safe care or make improvements to identified issues. These arrangements had significantly improved when we undertook this inspection on 7 December 2016. The practice is now rated as good for providing well led services.

Vision and strategy

The practice's mission statement was 'to treat others as they would like to be treated'. This was recorded into the Practice Charter, which was available to all patients. The practice felt that they knew their population group well and were committed to providing local medical care to the villages it served.

Practice staff we spoke with were clearly committed to aiming to provide a good quality service and felt that there had been a greater emphasis on trying to improve the service since the previous inspections in January 2015 and May 2016. We recognised that the practice had met some unforeseen and difficult challenges whilst addressing the required improvements identified in our report from May 2016. Despite these challenges the practice had made significant improvements to ensure that patients were kept safe.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had invested a significant amount of time in ensuring that effective policies and procedures were in place. We saw that they had been updated and that there was an effective system in place to share these with staff.

There was a clear leadership structure with named members of both clinical and administration staff in lead roles. Staff we spoke with were all clear about their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness.

We reviewed the minutes of structured clinical meetings and multidisciplinary team meetings. Record keeping had improved so that sufficient detail and action points were made clear to all members of staff.

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. Governance arrangements had been successfully implemented and embedded into practice to ensure that the issues identified at the previous inspections had been resolved. Staff told us the partners were approachable, friendly and supportive, and that they were made to feel respected and valued in their roles.

There was a clear leadership structure in place and staff felt supported by management. 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 were involved in discussions about how to run and develop the practice, and the partners and practice manager 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. We saw that the practice and Patient Reference Group (PRG) had developed an action plan to address any issues identified in the National GP Patient Survey results. For example, the action plan listed online appointment booking facilities to be improved upon. This action had been met by the practice and was due to be reviewed again following the next publication of survey results. The practice took part in the Friends and Family Test and had received positive feedback in the past six months, with the vast majority of patients stating they were very likely to recommend the practice.

The PRG had five active members who met quarterly. We spoke with the chairman of the PRG who spoke extremely highly of the practice team. The PRG provided practice information to the local village magazine to keep patients up to date with changes to practice.

Are services well-led?

Good 

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

The practice had also gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt there had been positive changes made in the previous six months following the last inspection, and that there was a calmer, more organised atmosphere in the building.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Staff were provided with regular training opportunities and support to complete courses relevant to their roles, such as further spirometry and wound care training for the health care assistant.