

Dr H I Lazarus and Partners

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 Dr Lazarus and Partners on 3 January 2017. The overall rating for the practice was good but with breaches identified in regulation 12. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for Dr Lazarus and Partners on our website at www.cqc.org.uk.

This inspection was carried out to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 3 January 2017. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

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

- The practice had recently taken over responsibility for another practice within the area; this second practice, The Woottons is now a branch site of Dr Lazarus and Partners.
- To ensure that patient's records and care was integrated, in February 2017, the main practice changed its computer operating system to the same one used at the branch site.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The systems and processes in place to ensure and record that all staff were safely employed had been improved.
- Systems and processes had been implemented to record the immunisation status of staff appropriate to their role.
- The practice had implemented systems and processes to identify and mitigate risks relating to fire safety and legionella.

Summary of findings

- The practice training log had been significantly improved; accurate records were kept and there was effective oversight to ensure staff received the training appropriate to their role and responsibilities.
- The practice system to ensure all prescription stationary was safely monitored needed to be improved.
- Practice 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.
- The practice had ensured that information about how to complain was easily available.
- 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.

We saw an area of outstanding practice;

- The practice had over 5000 patients who did not speak English as a first language. The practice had identified that Russian and Lithuanian were the two most common languages spoken, and in addition to the translation services available they had employed three staff members who were able to translate these languages for patients ensuring they had easy access to healthcare.

There was one area where the provider should make improvements:

Review and improve the process to ensure blank prescriptions are tracked and recorded.

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.

- The practice had implemented comprehensive systems and processes to identify and mitigate risk.
- The practice system to ensure that prescription stationary was safely monitored needed to be improved.
- There was an effective system in place for reporting and recording significant events. Comprehensive minutes of meetings where learning was shared were available for all practice staff.
- Where learning was identified, this was shared with staff and action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a detailed written apology. They were told about any actions to improve processes to prevent the same thing from happening again.
- The practice had clearly defined and embedded systems, processes, and practices in place to keep patients safe and safeguarded from abuse.

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 for 2015-2016 for both sites were in line with the local and national averages. The practice exception reporting rate was 11%; this was in line with the CCG and national average.
- Practice staff assessed patient's needs and delivered care in line with current evidence based guidance.
- Clinical audits were routinely used to encourage quality improvement.
- Practice 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.
- Practice staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with, or above, other practices both locally and nationally for all aspects of care.
- Patients said they were treated with compassion, dignity, and respect, were listened to, and were involved in decisions about their care and treatment.
- Information for patients about the services available was generally easy to understand and accessible. The practice had a population of over 5000 patients that had not listed English as their first language; additional measures had been put in place to improve care for these patients.
- We saw staff treat patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 251 patients as carers at the main site (approximately 1.5% of the practice list).

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. The practice offered to host clinics to bring services closer to the patient, for example a continence nurse, specialist team for drug and alcohol dependency and a midwife attended the practice.
- The practice had over 5000 patients who did not speak English as a first language. The practice employed staff who could speak the highest identified languages of Russian and Lithuanian. The practice had letters, leaflets and useful templates translated to ensure these patients were managed safely. For example the practice had translated versions of a screening tool used to help identify patients who may be of low mood.
- Travel advice was given to patients ensuring they had access to immunisations that were covered under the NHS and those that the patient paid privately for.
- Patients said they found it more difficult to make an appointment with a named GP, however, they were always able to see a GP if needed.
- Information about how to complain was available. When complaints were received evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

- The practice employed two specialist nurses (matrons) to ensure the vulnerable housebound patients were well managed.

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.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity. They held regular governance meetings with comprehensive minutes taken to ensure that all actions were managed and reviewed.
- An overarching governance framework 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 partners 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. Regular reports were produced and shared with all the practice staff.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous improvement.

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 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 that needed them.
- The practice employed two specialist nurses (matrons) who predominantly worked with older patients ensuring holistic assessment in the patients preferred place of care.
- The practice looked after patients who lived in eight different care homes, including an end of life care unit. They offered proactive care for these patients and undertook regular visits to the homes.

The practice referred to voluntary and third sector agencies, for example West Norfolk Befrienders and West Norfolk Carers. This ensured that patients who may be marginalised or isolated had access to support and advice.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice worked closely with the diabetic specialist nurse, ensuring that patients were treated and supported without the need to travel to the hospital.
- Longer appointments and home visits were available when needed this included for patients with a learning disability.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- 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 in line with the national average for the 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered six week postnatal and baby checks with a GP.
- A full range of contraceptive care was offered, including long acting contraceptives. These services were available at both sites.
- We saw positive examples of joint working with midwives, health visitors, and school nurses.

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. For example, the practice provided appointments on a Wednesday evening and on one Saturday morning each month.
- Telephone appointments were available for those patients who wished to access advice this way.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Smoking cessation and NHS health checks were encouraged.
- The practice was flexible with appointments; patients were able to make appointments at times that were convenient to them for routine and annual follow ups.

Good



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 told us they were aware of the patients who were vulnerable, and worked cohesively as a team to ensure their needs were met.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability. The practice undertook regular reviews of these patients.
- 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 were aware of their responsibilities regarding information sharing, and the documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice held drug dependency clinics in shared care arrangements with the Norfolk Recovery Partnership on a regular basis. This ensured that this group of patients who may be marginalised had access to specialist care and general healthcare closer to home.

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).

- The practice had 114 patients diagnosed with dementia on the register. 70% of these patients had received an annual review. The reviews included advance care planning. Most of the remaining 30% lived in the care homes and received reviews on a regular basis rather than annually.
- One GP partner had additional experience in mental health care and had held a section 12 approved (some decisions under the Mental Health Act, such as deciding on your medication or giving you permission to leave the ward or hospital, can only be taken by approved clinicians). The practice told us that this enabled them to manage patients who may be experiencing poor mental health within the practice setting, in particular the patients who did not speak English as a first language. The GP shared this additional knowledge with the practice team.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- Appointments were available with GPs on the day to ensure that any urgent conditions or deterioration of situations were managed in a timely manner.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2017. The results showed the practice was performing in line with, or above, local and national averages. 270 survey forms were distributed and 103 were returned. This represented a 38% response rate.

- 79% of patients found it easy to get through to this practice by phone compared to the CCG average of 78% and the national average of 71%.
- 84% 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 84%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.

- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and the national average of 77%.

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, all of these were positive about the standard of care received. Four cards gave negative feedback in relation to getting appointments with their preferred GP.

We spoke with three patients during the inspection who said they were satisfied with the care they received and thought staff were approachable, committed, and caring.

Areas for improvement

Action the service SHOULD take to improve

- Review and improve the process to ensure blank prescriptions are tracked and recorded.

Outstanding practice

- The practice had over 5000 patients who did not speak English as a first language. The practice had identified that Russian and Lithuanian were the two most common languages spoken, and in addition to the

translation services available they had employed three staff members who were able to translate these languages for patients ensuring they had easy access to healthcare.

Dr H I Lazarus and Partners

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, a practice manager specialist adviser, and a CQC pharmacist specialist.

Background to Dr H I Lazarus and Partners

Dr H I Lazarus and Partners is situated in Kings Lynn, Norfolk. The practice area extends into the outlying villages and dispenses medicines to patients who live in these villages. There is a branch site nearby and patients can be seen at either site. We noted that the partners hold two contracts with the local CCG; they hold a Personal Medical services (PMS) contract for their main site at Southgates Medical centre and a General Medical Services (GMS) contract for their branch site known as The Woottons. There is a dispensary at the Southgates site where medicines are dispensed to those who are entitled to use this service. We visited the dispensary as part of this inspection.

The partners and some of the staff work at both practices. There is also a surgical centre which is registered for providing acute services without overnight beds / listed acute services with or without overnight beds. This was inspected on the same day by the CQC hospital directorate and has a separate report. This report can be found by selecting the 'all reports' link for Dr Lazarus and Partners on our website at www.cqc.org.uk.

The practice offers health care services to 22,000 patients and has continuous population growth. They have consultation space for GPs and nurses as well as extended attached professionals, including midwives and specialist teams such as the Norfolk Recovery Partnership.

The practice is a training practice and has GP registrars (trainee GPs) working in the practice; a GP registrar is a qualified doctor who is undertaking further training to become a GP. A trainer is a GP who is qualified to teach, support, and assess trainee GPs.

There are 10 GP partners and three salaried GPs at the practice (nine female and four male GPs). There are 19 members of the nursing team including nurse practitioners, practice nurses, specialist nurses (matrons), and health care assistants. A team of five trained dispensary staff support the dispensary manager. The practice employs cleaners, gardeners and a delivery driver. There are also three interpreters employed by the practice. A team of 40 administration and reception staff support the general manager.

The practice is open between 8am and 6.30pm Monday to Friday; extended hours are available on Wednesday evenings. Appointments are available on one Saturday morning each month. If the practice is closed, patients are asked to call the NHS111 service, provided by Integrated Care 24 (IC24), or to dial 999 in the event of a life threatening emergency.

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

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 3 August 2017. During our visit we:

- Spoke with a range of staff including GPs, nurses, general manager and department managers and a range of reception and administration staff. We 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

At our previous inspection on 3 January 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of ensuring that all staff were safely employed required improvement:

- The practice did not have evidence that staff requiring a disclosure and barring (DBS) check (or written risk assessment) had undergone one. (DBS)
- The practice did not have a record of the immunisation status of staff appropriate to their role.
- The systems and processes in place to identify and mitigate risks relating to fire safety and legionella needed to be improved.

These arrangements had significantly improved when we undertook a follow up inspection on 3 August 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Practice staff told us they would inform the management team 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 reviewed two of the documented events that had been recorded. We found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable. They received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, minutes from a clinical governance meeting held in January 2017 evidenced a discussion had taken place and actions were agreed following a delayed referral. All GPs and nurses were reminded that the referral should go via the secretaries for electronic referral and not through the internal mail.
- We reviewed patient safety alerts and minutes of meetings where these were discussed. We reviewed four

alerts that had been received and saw evidence that action was taken and the alert was logged for future monitoring. Due to the change in clinical system at the main site, the practice was in the process of rebuilding the patient searches within the clinical system to ensure they were routinely run.

Overview of safety systems and process

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 GP for safeguarding and the Mental Capacity Act (2005). 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 and nurses to level two.
- A notice in the waiting room advised patients that chaperones were available if required. Practice staff who acted as chaperone had been trained for the role, all staff that acted as chaperones had received a DBS check or had a written risk assessment undertaken
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A member of the nursing team was the infection control clinical lead and they 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. A comprehensive audit of all the locations had been completed and actions noted.
- We reviewed four personnel files and found all appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and registration with the appropriate professional body.

Are services safe?

There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice to minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security, and disposal).

- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained. Dispensing staff had completed appropriate training and had their competency reviewed annually. The practice had audited their dispensing service; this audit demonstrated that patients received an effective service and there was an intention to undertake further audits.
- The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed. There was a variety of ways available to patients to order their repeat prescriptions. All prescriptions were reviewed and signed by a GP before they were given to the patient.
- There was a system in place for the management of high risk medicines such as warfarin, methotrexate, and other disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results. We checked anonymised patient records which confirmed that the procedure was being followed.
- Medicines were stored securely within the dispensary area and were only accessible to authorised staff. Records showed medicine refrigerator temperature checks were carried out to ensure medicines and vaccines requiring refrigeration were stored at appropriate temperatures. Processes were in place to check medicines following alerts and recalls of medicines and to check medicines for expiry to ensure they were safe for use.
- Emergency medicines we checked were within their expiry date. Blank prescription forms were kept securely; however, improvements were needed to record logs to ensure they were tracked through the practice and handled in accordance with national guidance.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and

had in place standard procedures that set out how they were managed. For example, controlled drugs were stored in a controlled drugs safe, access to them was restricted, and the keys held securely. There were arrangements in place for the destruction of controlled drugs and the practice carried out regular audits of controlled drugs.

- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Significant event dispensing errors were logged and then reviewed within the practice. Near-miss errors were also recorded to monitor for trends to help make sure appropriate actions were taken to minimise the chance of errors occurring again.

Monitoring risks to patients

There were procedures for assessing, monitoring, and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. Action identified from the risk assessment had been carried out. All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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). Identified actions from the assessment had been carried out.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with 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.

Are services safe?

- At each site, the practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- At each site, 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of this plan was stored at an alternative location.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 3 January 2017, we rated the practice as good for providing effective services. The practice remains 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 guidelines and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results 2015 to 2016 indicated the practice had achieved 95% of the total number of points available. The overall exception reporting rate was 11% which was in line with the CCG and the national average (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).

- Performance for diabetes related indicators was 81%; this was 12% below the CCG average and 9% below the national average and CCG average. The exception reporting rate for all indicators was 12%, and this was in line with the CCG average of 13% and the national average of 12%. We saw unverified data for 2016 to 2017 which showed the practice performance had improved to 92%.

- Performance for mental health related indicators was 100%; this was 2% above the CCG average and 7% above the national average. The exception reporting for this indicator was 14%; this was in line with the CCG average of 13% and the national average of 11%.
- Performance for asthma related indicators was 100%; this was 1% above the CCG and 3% above the national average. Exception reporting for all these indicators was 3%; this was 10% below the CCG and 7% below the national averages.
- Performance for indicators relating to Osteoporosis was 100%; this was 10% above the CCG and 13% above the national average. Exception reporting for these indicators was 0%; this was significantly below the CCG average of 14% and national average of 15%.

We saw that the practice regularly used clinical and non-clinical audits to identify and encourage improvements. These included audits on high risk medicines, cervical screening, access, appointment demand and an audit on numbers of patients that did not attend their appointment. We reviewed an audit undertaken in relation to the patients taking a non-steroid anti-inflammatory medicine and whether they had received appropriate follow up within an appropriate time scale. The results showed there had been improvement in the number of patients that received the appropriate follow up in a timely manner made but that the practice recognised they could improve this further by having a more consistent approach and recall of patients. Learning was shared and a further audit was planned.

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 topics such as safeguarding, fire safety, health and safety and confidentiality.
- The practice demonstrated 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

Are services effective?

(for example, treatment is effective)

demonstrated how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings, and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Practice staff had received an appraisal within the last 12 months.
- The practice staff received training that included safeguarding, fire safety awareness, and basic life support and information governance. Since our previous inspection the practice had significantly improved their system to have clear oversight of all training that staff had undertaken. Practice staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records, 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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- 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.
- 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 service. The practice had been recognised by the CCG for their work in the increased number of patients who had stopped smoking.

The practice had a comprehensive cervical screening programme. The practice's uptake for the cervical screening programme was 70%, which was in line with the CCG average and the national average of 73%. Patients that had not attended for a screening appointment were followed up with letters and telephone calls. 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 encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Figures published by Public Health England showed that 51% of the practice's target population were screened for bowel cancer which was below the national average of 58%. The same data set shows that 69% of the practice's target population were screened for breast cancer in the same period, compared with the national screening rate of 72%. Following our last inspection all

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

clinical staff had been made aware of the lower results and actively encouraged patients to attend the screening appointments. Those that had not attended their appointments were called by the practice.

Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice had met the national standard for providing the immunisations in all indicators. The practice performance ranged from 98% to 100%.

Practice staff told us that they actively tried to improve uptake in childhood immunisation. The practice told us that challenges they faced were in relation to the patients who did not speak English as a first language and the

different vaccination programmes the children may have had in their home country. Both clinical and non-clinical staff telephoned the parents or guardian of children to discuss and encourage attendance.

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 if abnormalities or risk factors were identified. The practice interpreters would contact the patients who did not speak English as a first language to encourage them to attend these appointments.

Are services caring?

Our findings

At our previous inspection on 3 January 2017, we rated the practice as good for providing caring services.

The practice is still rated as good for providing caring services.

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. Patients were also informed that they could discuss the reason for their visit in private if this was requested.

Patients told us they were very satisfied with the care provided by the practice and staff were helpful, caring and treated them with dignity and respect. All 57 Care Quality Commission patient comment cards we received were positive about the caring nature of the service experienced. We spoke with two members of the patient participation group (PPG). They also highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey, published in July 2017, showed the practice was in line with, or above, average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average 90% and national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 89% and national average of 86%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 86%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 100% of patients said they had confidence and trust in the last nurse they saw or spoke to compared with the CCG average of 98% and the national average of 97%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey, published in July 2017, showed results were in line with, or above, the local and national averages for how patients responded to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided facilities to help patients to 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. The practice had three in house translators, who were also receptionists and spoke Lithuanian and Russian. For those patients that spoke a different language, a translation service was available. Translated leaflets were also available.
- Patients requiring translation services were given longer appointments.
- Patients with poor mental health or learning disabilities were also offered longer appointments.
- A chaperone service was offered to patients and was clearly advertised in the practices in the waiting area, as well as on the website.

Patient and carer support to cope emotionally with care and treatment

A patient information notice was available in the patient waiting area which told patients how to access the West Norfolk Carers group. 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 251 patients as carers (1.5% of the practice list). A representative from Stonham Support visited the practice monthly to support carers and offered home visits and phone calls. Written information was available to direct carers called a carers information pack which included local support group information, a carers allowance form and an emergency pot with a medicines list in. All carers were offered a flu vaccination.

Staff told us that if families had suffered bereavement, the appropriate person contacted them; this was either a GP or matron. They were then sent a personalised letter with details of support agencies, if this was felt appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 3 January 2017, we rated the practice as good for providing responsive services.

The practice is still rated as good for providing caring services.

Responding to and meeting people's needs

- The practice employed two specialist nurses (matrons) to ensure their vulnerable, housebound patients were well supported and received holistic care. Both nurses held a prescribing qualification which enabled them to ensure that patients received timely, appropriate care. These nurses also visited the local care homes supporting the GPs and care staff to ensure patients were cared for in the place of their choice.
- Appointments were available outside school and core business hours to accommodate the needs of children and working people.
- There were longer appointments available for patients with a learning disability or those that needed them.
- 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.
- There were facilities for patients with disabilities and in house translators or translation services were available.
- The practice worked closely with community midwives, mental health link workers, and diabetic specialist nurses and promoted provision of these services from the surgery premises where possible.
- One GP partner had additional experience in mental health care and had held a section 12 approved (some decisions under the Mental Health Act, such as deciding on your medication or giving you permission to leave the ward or hospital, can only be taken by approved clinicians). The practice told us that this enabled them to manage patients who may be experiencing poor mental health within the practice setting, in particular the patients who did not speak English as a first language. The GP shared this additional knowledge with the practice team.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours were offered on Wednesday evenings, and one Saturday morning each month. 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. If the practice was closed, patients were asked to call the NHS111 service, provided by Integrated Care 24 (IC24), or to dial 999 in the event of a life threatening emergency.

Results from the national GP patient survey, published in July 2017, showed that patient's satisfaction with how they could access care and treatment were comparable to the local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 76%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 71%.
- 57% of patients with a preferred GP usually got to see or speak with that GP compared to the CCG average of 60% and the national average of 56%.

Comment cards we reviewed and patients we spoke with told us on the day of the inspection that they were able to get appointments when they needed them. A few commented that there was sometimes a delay in getting an appointment with their preferred GP.

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

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

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

- 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, both in the waiting area and on the web site.
- The practice produced comprehensive minutes from meetings with actions and learning clearly identified. Actions were prioritised to ensure they were completed.

The practice recorded verbal and written feedback; 23 complaints (a mixture of written and verbal) had been received since January 2017. Each complaint had been investigated and lessons were learnt. For example, a patient was unhappy with the care that her child had received. The practice discussed the concerns raised and agreed that baby weighing scales would be made available in the 'on call' rooms.

Are services well-led?

Good 

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

Our findings

Our findings

At our previous inspection on 3 January 2017, we rated the practice as good for providing responsive services.

The practice is still rated as good for providing caring services.

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values. This mission statement described the practice as being patient centred, working together as a team, being innovative, continuing to learn, and working with integrity.
- The practice had a strategy and supporting business plan which reflected the vision and values and this was regularly monitored. The practice reviewed their strategic plan every year to ensure that they were meeting their objectives. The partners held meetings at the weekends ensure that they were able to make decisions in an environment that had allowed full discussion and consideration.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care; the management team had ensured the improvements identified in our previous report from 3 January 2017 had been made.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The management team had a comprehensive understanding of the performance of the practice. They used weekly and monthly system searches to ensure all targets were met and monitoring was completed.

- A programme of continuous clinical and non-clinical audit was used to monitor quality and to make improvements. Minutes of meetings were comprehensive and actions clearly identified and reviewed.
- There were arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions, these had been improved since our previous inspection.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity, and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The practice 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 training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Practice staff told us the practice held some regular team meetings to ensure that any improvements were made in a timely manner. We saw the practice had plans to further increase the team meetings to ensure that staff from all sites were given the opportunity to meet. Minutes were comprehensive and shared by the staff members.
- Practice staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported, particularly by the partners and management team in the practice. Practice 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 practice used a SMS text facility for patients to give feedback. Feedback had been received from patients saying that they were not always kept aware of any delays in the appointment times. New posters were added to each waiting areas advising patients that if they have been waiting more than 20 minutes to contact reception. The practice produced regular newsletter to keep patients up to date with changes and events at the practice. For

example an issue dated June 2017, detailed a forthcoming event for patients to attend where a speaker was to attend and give a talk on effects of alcohol.

- The practice had gathered feedback from staff through one to ones and general feedback at meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and willing to work with the CCG and other agencies to take part in local pilot schemes to improve outcomes and bring services closer to patients in the area.

The practice management team told us that the whole practice team would continue to develop their management structure to ensure that they were able to meet future challenges. For example, the practice list size was continuing to grow, as a result the practice was in discussion with the CCG regarding their premises. The practice had recently changed the clinical system at the main site, this had given them the opportunity to merge patient and practice data and make best use of shared administration functions.