The Market Surgery

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?	Outstanding
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Market Surgery on 15 April 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised. The practice was proactive in ensuring that all staff had the opportunity to join meetings and had ownership of changes that resulted.
- Feedback from patients about their care was consistently positive. Patient feedback scores from the NHS GP Survey, the Friends, and Family Test (FFT) and from our own comments cards was extremely positive about the practice. Patients expressed high satisfaction levels with the service citing attentive and caring staff. 95% of patients using the FFT would recommend the practice.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the practice provided care to several local residential and nursing home. Some of these homes were for specific groups of patients, (for patients with learning disabilities or who were experiencing poor mental health), the practice was proactive when working with the staff, and carers to ensure those patients' needs were met.
- The practice actively reviewed complaints and how they were managed and responded to, and made improvements as a result.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw an area of outstanding practice including:

Summary of findings

- The practice team worked in a well-co-ordinated manner to enable end-of-life care to take place at home. This was evidenced by the fact that 27% of the practice's patients died in hospital compared to a national average of 50%. Involvement in end-of-life care had provided very valuable training for all the GPs including the trainee GPs and had enabled them to gain confidence in managing complex cases.

However there was an area of practice where the provider could and should make an improvement:

- Request that the patient or their representative sign for the collection of controlled drugs.

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?

Good

The practice is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. In addition the practice reported difficult events that were particular well managed ensuring that staff were reminded that systems and process, when used had positive outcomes.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation. The practice would engage with the patient to enhance the learning further.
- Information about safety was highly valued and was used to promote learning and improvement. We saw evidence that the health and safety of staff was well managed.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- Non-clinical staff were given additional training in safeguarding including deprivation of liberty safeguard(DOLS).

Are services effective?

Outstanding

- The practice is rated as outstanding for providing effective services.
- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. In addition the GPs hosted regular journal clubs, attended by other local GPs and locum GPs. We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices nationally.

  For indicators relating to diabetes the practice performance was 100%, this was 6.3% above the CCG average and 10.8% above the national average. Exception reporting for this indicator was in line with the CCG and national average.

  For indicators relating to rheumatoid arthritis the practice performance was 100% this was 7.9% above the CCG average and 4.6% above the national average. Exception reporting for this indicator 4.8%, this was below the CCG average of 12.5% and the national average of 7.4%.

Summary of findings

- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice. The practice had a robust and effective palliative care team. Through co-ordinated team work only 27% of patients died in hospital (this may have been the preferred choice for some patients), the national average was 50%.
- Clinical audits demonstrated quality improvement. The practice undertook a wide range of audits, these included audits by the nursing and administrative teams.
- 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. Administration and reception staff were encouraged to undertake NVQ qualification.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs which included mental health care. The practice looked after a number of young patients who had been admitted to secure units. The GPs worked closely with the staff to ensure that the young people's health needs were addressed.

Are services caring?

Good

The practice is rated as good for providing caring services.

Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. Data from the patient survey dated January 2016 showed that:

- 91% of patients said the last GP they saw or spoke to was good at giving them enough time. (Local (CCG) average 88%: National average 87%.
- 100% of patients had confidence and trust in the last nurse they saw or spoke to. (Local (CCG) average 98%: National average 97%.
- 95% of patients completing the Friends and Family test said that they would recommend the practice.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Reception staff undertook additional training for example, safeguarding issues relating to deprivation of liberty and enhanced customer care which was embedded in the practice as patient comments reflected that they were always treating kindly and that staff looked after them.

Summary of findings

- Views of external stakeholders were very positive and aligned with our findings. We spoke with staff of care homes where the GPs cared for patients. The staff all reported positive feedback about the practice, they were particularly positive about the GPs and staff involving them in the palliative care meetings.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- There were innovative approaches to providing integrated patient-centred care. The practice provided a GP to undertake home visits throughout the whole day, ensuring that patients received timely care.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example patients identified that they did not have sufficient privacy when speaking with dispensary staff about their medicines. A ticket system for patients was introduced and rather than queue at the dispensary desk, patients sat in the waiting area until called. Patients commented that they found this an excellent improvement.
- Patients could access appointments and services in a way, and at a time that suited them. The practice offered a GP clinic each week at the nearby village of Cawston. This enabled patients who had difficulty with public transport to access health care more easily. Appointments were available online and 20% of patients had registered to use this service. To ensure easier telephone access for patients, the practice did not close the phone lines or building during the lunch period.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with patients, staff, and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been discussed and was regularly reviewed with staff.

Summary of findings

- High standards were promoted and owned by all practice staff, and teams worked together across all roles. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice gathered feedback from patients, and had an engaged patient participation group and surgery support group which influenced practice development. The group worked with the practice to promote preventive health and held awareness days. The events were attended by community services such as a carers support group, health trainers and smoking cessation advisors.
- The practice 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.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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 proactive in care planning, not only for those patients that were on the vulnerable registers. To ensure that patients were cared for in the place they wished to remain, the practice was proactive in identifying and recording this information. We saw evidence that the practice had worked to the Gold Standards Framework for those patients with end of life care needs.

Continuity of care was maintained for older people through a stable GP workforce and personalised patient centred care. The practice provided visits to local care homes.

The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. A GP was available throughout the day to visit those patients that needed it. A GP held a weekly clinic in a nearby village to accommodate those patients that had difficulty with transport.

There was a delivery service for patients who were unable to collect their medicines from the pharmacy or dispensary.

People with long term conditions

Good

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

Nursing staff had roles in chronic disease management; data showed that patient outcomes were in line when compared with other practices in the locality. Patients that had attended appointments had a structured annual review to check that their health and medication needs were being met. The practice held weekly meetings attended by GP, nurse and administration staff to ensure that patients received appropriate re-calls and follow up.

Home visits were available to those patients who could not attend the surgery.

Longer appointments were available if required. Practice staff followed up patients who did not attend their appointments by telephone.

Patients taking long term medicines were routinely followed up to ensure safe prescribing and compliance.

Summary of findings

Families, children and young people

Good

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 patients who had a high number of A&E attendances. Immunisation rates were in line with local averages for all standard childhood immunisations. Young children were given priority appointments for urgent needs.

The practice was part of the C-Card scheme; this scheme enabled young patients to access free condoms. Any children identified by the school nurse were given priority appointments. All staff were aware and applied appropriate use of the Gillick competency framework.

Appointments were available outside of school hours and the premises were suitable for children and babies. We saw examples of joint working with midwives, health visitors, and school nurses.

Young patients being care for in specialist units were given personalised care if they attended the practice. Joint working with the staff ensured that medical records were shared for example; medicines and care plans.

Working age people (including those recently retired and students)

Good

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, including 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.

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.

The practice did not restrict patients to certain appointment times to attend for their annual reviews; patients who worked were able to book at times that were convenient to them. Telephone consultations were available for those patients who wished to seek advice from a GP.

NHS health checks were available.

People whose circumstances may make them vulnerable

Good

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

Summary of findings

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It offered longer appointments and carried out annual health checks.

The practice had 96 patients on the register of patients with learning disabilities, living both in their own home and residential care, all of these patients had received a review.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. We saw the practice provided vulnerable patients with information about how to access various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse or neglect 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.

Practice staff were intuitive to the needs of this group of patients and demonstrated that they had a personalised approach to helping them.

People experiencing poor mental health (including people with dementia)

Good

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

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

The practice looked after a large number of patients living in care homes; all of these patients received an annual review undertaken by a GP.

Staff told us that all patients with dementia had received advance care planning and had received an appropriate review. The patients that lived in care homes had advance care planning and had regular reviews with GPs as well as an annual review. All patients with dementia had a named GP and continuity of care was prioritised for them.

Same day appointments and telephone triage with a GP was offered to ensure that any health needs were quickly assessed for this group of patients.

The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Staff had knowledge on how to care for patients with mental health needs and dementia.

Summary of findings

The practice supported a local initiative which ensured the town of Aylsham was dementia friendly and several staff members were dementia friends. The practice had advised on a dementia friendly leaflet, this leaflet was circulated to all shops in Aylsham. The practice had received advice from a dementia specialist on appropriate signage for the practice. All staff at the practice had received training in dementia awareness.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing above average when compared with local and national averages. 239 survey forms were distributed and 125 were returned. This represented a 52% completion rate.

- 92% 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 73%.
- 92% 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 90% and the national average of 85%.
- 97% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% 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 83% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. In particular patients commented that they felt they had received excellent care and that the staff were always helpful.

We spoke with five patients during the inspection who said they were satisfied with the care they received and thought staff were approachable, committed, and caring. 95% of patients who completed the family and friends test said that they would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

Request that the patient or their representative sign for the collection of controlled drugs.

Outstanding practice

- The practice team worked in a well-co-ordinated manner to enable end-of-life care to take place at home. This was evidenced by the fact that 27% of the practice's patients died in hospital compared to a national average of 50%. Involvement in end-of-life care had provided very valuable training for all the GPs including the trainee GPs and had enabled them to gain confidence in managing complex cases.

The Market Surgery

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 advisor, and a practice manager specialist advisor.

Background to The Market Surgery

The Market Surgery provides a range of medical services to approximately 8900 patients; the practice catchment area covers the town of Aylsham and extends to a radius of approximately eight miles. The practice has access to a suitable room within a sheltered housing unit and offers limited services, for all patients, in the village of Cawston on Friday mornings.

The practice holds a General Medical Services (GMS) contract to provide GP services, is a research and training practice. There are currently two trainee GPs working in the practice and the practice takes medical students throughout the year. A training practice has trainee GP's working in the practice; a trainee GP 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.The practice has a dispensary and this was included in this inspection.

Data from Public Health England shows the practice serves an area where income deprivation affecting children and older people is lower than the England average. People living in more deprived areas tend to have a greater need for health care services. The practice has a higher number of patients aged 60 years and over than national average.

The practice provides medical services to patients living in eight care homes for older people. In addition, they serve three care homes for patients of any age with severe learning disabilities; there is also a secure unit for those patients with severe learning disabilities. They look after the health and wellbeing of young people who are experiencing poor mental health and have been admitted to a local secure unit. These secure units are for patients who maybe held under the Mental Health Act.

The practice has a team of six GPs meeting patients' needs. Four GPs (three male and one female) are partners and they hold managerial and financial responsibility for the practice. There are two female salaried GPs and a nurse practitioner. In addition there are four practice nurses and two healthcare assistants/phlebotomists. One nurse acts as the nurse manager.

An assistant practice manager, accounts, and operations managers support the practice manager. A team of 11 receptionist and administrators support the management team. A team of nine dispensers and assistant dispensers support the dispensary manager. A housekeeper, who is responsible for the cleaning is also employed.

Patients using the practice have access to a range of services and visiting healthcare professionals. These include health visitors, midwives, and community staff including smoking cessation advisors. In addition the practice holds additional contracts with the CCG such as D-dimer testing. D-dimer tests are used to help rule out the presence of any blood clot that may harm the patient.

The practice is open from Monday to Thursday 7.30am to 6.30pm and Friday 8am to 6.30pm. The practice opens a limited service on Friday mornings in the nearby village of Cawston.

Detailed findings

Outside of practice opening hours Integrated Care 24 (IC24) provides urgent health services. Details of how to access emergency and non-emergency treatment and advice is available within the practice and on its website.

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.

How we carried out this inspection

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.

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 15 April 2016. During our inspection we spoke with a range of staff including GPs, nursing, reception and administration team staff. We spoke with staff at local care homes and at a secure facility. We spoke with five patients who used the service and members of the patient participation group. We observed how patients were being cared for and reviewed 14 comment cards where patients shared their views and experiences of the service

Good

Are services safe?

Our findings

Safe track record and learning

The practice used a wide range of information to identify risks and improve patient safety. For example, reported incidents, comments, and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

Specifically designed forms, available electronically or in paper form were available to staff to report incidents and near misses. These were reported to the practice manager or GP partners.

Significant events were discussed at meetings held each Friday morning at 8am. Learning was shared and cascaded to the staff via the managers, at staff meetings and weekly written briefing papers.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed since 2012. This showed the practice had managed these consistently over time and could evidence a safe track record. Sixty events had been recorded in the past 12 months, these included events that originated outside of the practice, significant positive events and those where the practice was able to share learning and change practice.

We reviewed a sample and found that they were well documented; evidence of actions and shared learning was noted. For example, the staff reflected on the management of a patient with complex needs, this included difficulties that presented in the reception area. The teams managed the situation, keeping the patient and staff safe, and the patient received the medical attention they required.

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:

- Robust arrangements in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. The policies, available to staff, clearly outlined who to contact for further guidance. Each year since 2012, the practice had completed a practice self-evaluation workbook; this had been reviewed and updated in August 2015 and April 2016 with staff changes. This workbook included a section for staff to complete a self-assessment of their safeguarding knowledge, and identified any training needs. 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 an appropriate higher level in child protection or child safeguarding.

  Multi-disciplinary team meetings were held six weekly and attended by other professionals such a health visitors. Minutes of these meetings were taken and available to staff. Further discussions, if needed, were held at the weekly clinical meeting.

Vulnerable patients were highlighted on the practice's electronic system. This included children and other members of the household where a child is subject to child protection plans and patients with a diagnosis of dementia.

- A notice was displayed in the waiting room, advising patients that nurses or staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. It was practice policy that all staff undertook a DSB check.
- Appropriate standards of cleanliness and hygiene were followed, and cleaning schedules were completed. The practice employed a housekeeper/cleaner and used agency staff to cover any leave. Staff had received infection prevention training. We observed the premises to be visibly clean and tidy. In addition to robust daily cleaning schedules the practice undertook deep cleaning of all rooms on a regular basis for example, a deep clean was performed in the room used for minor surgery before each minor surgery clinic was held.

The practice nurse was the infection control clinical lead and had received training appropriate to their role. They had liaised with the local infection prevention teams to keep up to date with best practice.

A comprehensive infection control audit was undertaken 16 February 2016 by infection prevention and control nurse specialist from Norfolk Community Health and Care. Identified actions had been completed for example; the

practice replaced tubes of lubricate gel with sachets. The practice staff undertook hand washing training and reviews. To ensure that standards were met, keeping patients and staff safe, the practice had purchased an ultra violet light machine. This is an effective training method as it involved practice staff using a specialist product on their hands, washing them and then placing them under the ultraviolet light. If the staff had not cleaned their hands thoroughly the product that they had not removed glowed, clearly showing the areas on their hands that they had not cleaned properly.

A sharps injury policy was in place and staff were aware of the actions to take. All clinical waste was well managed.

- The practice held records of staff immunisation status. All staff were offered vaccination against Hepatitis B, staff who were likely to come into contact with blood products, or were at increased risk of needle stick injuries, should be immunised. During an outbreak of measles in 2014, all staff were risked assessed and if appropriate were provided with the Mumps Measles and Rubella (MMR) vaccine.
- The practice had a robust system to manage safety alerts. The practice manager and assistant practice manager received safety alerts such as those from Medicines and Healthcare products Regulatory Agency (MHRA). These were cascaded to appropriate staff. Each alert was filed with a management sheet which detailed actions taken. The practice was proactive in managing health and safety in the practice. The assistant practice manager received safety alerts from the Health and Safety Executive. We saw that as a result of an alert received, (an incident in hospital where a patient was harmed because the fire doors closed too quickly) a contractor was booked to assess their fire doors; as a result the closure mechanisms were altered.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security, and disposal).

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice performed weekly searches for patients on medicines such as methotrexate, an appointment was sent to the patient for a blood test if needed. Medical records shown to us confirmed that patients were well managed.

A nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. A partner provided mentorship and all GPs gave support for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that these were signed and dated.

We visited the practice dispensary and reviewed medicines that were stored and available for use within the practice treatment rooms. There was a lead GP and a dispensary manager for the management of the dispensary within the practice. The practice delivered medicines to patients who were unable to attend the practice. All members of staff involved in dispensing medicines had received appropriate training.

Medicines were stored safely and records of fridge temperatures were reviewed.

Stock levels and expiry dates of medicines were checked monthly. Controlled medicines were stored correctly and the dispensary staff demonstrated understanding and a consistent approach towards the storage, recording, and destruction of controlled medicines. All medicines we checked were within their expiry date.

Significant events or near misses were well managed. Within the dispensary, a log book was available for staff to record any incident, however, minor. Staff we spoke with were confident to do this. Any reported incidents were sent to the practice manager to be logged on the master spreadsheet and added to the appropriate meeting to ensure learning was shared. In addition to meetings and verbal feedback, the dispensary manager sent electronic notifications to all staff. Staff we spoke with told us that they found this valuable.

Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).These were well presented and had been reviewed in March 2016.

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

Good

Are services safe?

Regular medicines audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines.

There was a repeat prescription policy for non-clinical staff to follow. New medicines or alterations to existing medicines were not actioned by non-clinical staff. We noted that the practice was proactive in adding medicines that were prescribed and issued by secondary care colleagues onto the patient records. This ensured that they had a complete record of all patients' medication and would ensure safe prescribing for vulnerable patients and keep them safe.

Uncollected prescriptions were highlighted to the GPs to ensure patient safety. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. We noted that the identity of persons collecting controlled drugs was checked but they were not asked to sign to confirm receipt.

- Robust recruitment process were in place, we reviewed three personnel files, these were well presented, and appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. All staff had received a Disclosure and Barring Service (DBS) check.

Monitoring risks to patients

Risks to patients and staff were assessed and well managed.

- The practice used local occupational health services to ascertain that staff were fit to work and should any staff member identify health problems they were referred. Records shown to us showed that staff were supported in maintaining their health and wellbeing, including managing work related stress. Managers had received training in identifying problems and supporting staff. Staff we spoke with told us that they felt supported and well looked after.

The practice recognised that they valued continuity of care, to meet this demand they discussed and agreed their holidays and used regular locum GPs (these were usually trainee GPs who had completed their training at the practice) to cover if needed. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe.

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. The practice identified that staff may not have access to a computer, therefore to ensure safety and a timely response they had installed an alarm that could be activated easily on the telephone. Staff told us that this was useful and had been used.
- All staff received annual basic life support training; there were emergency medicines and equipment available on designated trolleys. Staff confirmed that they were aware of their location. All 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 was available.
- The practice had a comprehensive business continuity plan in place for major incidents. The plan included emergency contact numbers for staff. Copies were available in senior staff's home and in the fire proof safe within the practice.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff were familiar with best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and locally produced quality standards. The practice held a weekly clinical meeting where guidelines were reviewed and best practice shared. The GPs, held a regular journal club meeting in the evenings, GPs from other local practices and locums working in the area were welcome to attend.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with 12% exception reporting. The exception reporting percentage was 1.6% above the CCG average and 2.8% above the national averages. (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). We were confident that this level of exception reporting was appropriate given the higher number of frail elderly patients the practice looked after.

- Performance for diabetes related indicators was 100%

  Exception reporting for this indicator was 14%; this was in line with the CCG average of 12% and national average of 10.8%.

- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 100% which was 0.8% above the CCG average and 2.2% above the national average. Exception reporting for this indicator was 5% this was in line with the CCG average of 4.1% and England average of 3.8%.

- Performance for mental health related indicators was 100% which was 3.8% above the CCG average and 7.2% above the national average. The exception reporting percentage for this indicator was 18.1% this was in line with the CCG average of 19.5% and above the national average of 11.1%.

Data showed that the practice performance for prescribing was in line with the national average, for example

- Prescribing of hypnotics & antibiotics was equivalent to national prescribing.

- The clinicians' choice of medicine when prescribing non-steroidal inflammatory medicines was in line with national prescribing guidance.

- Percentage of antibiotic items prescribed that were Cephalosporins or Quinolones, the practice performance was 4.98% this was comparable to the national percentage of 5.13%.

Clinical audits demonstrated quality improvement.

- The practice undertook a range of clinical audits; they had undertaken 21 clinical audits in the past 12 months. As a training practice they recognised that trainee GPs and medical students were required to perform an annual audit, the practice completed the second repeat cycle of these audits. Other audits performed included referrals to secondary care, inadequate cervical screening tests, and consent.

The dispensary manager repeated an audit regarding patients on anaphylactic shock (serious allergic reaction) treatment in February 2016. The audit was performed to ensure good medical practice for those patients on injectable anaphylaxis medicines. The reference for the audit came from an MHRA alert 2014. The conclusion showed that some patients needed new medicines, these were issued, and some patients reported that they no longer needed to carry these injections.

An audit to ensure that patients' consent to treatment was recorded was performed in March 2015 and March 2016. This included checking that written consent had been obtained for minor surgery, childhood vaccinations, consent from patients who agreed to be seen with medical students observing the consultation, and patients consent to having the consultation recorded for GP learning. Conclusion showed that consents were generally recorded well; however, improvements were identified for minor surgery procedures.

Data from the CCG showed that the practice was generally not an outlier for secondary care activity. The practice offered a specialist test called D-dimer, some of the

conditions that the D-dimer test is used to help rule out include deep vein thrombosis (DVT) Pulmonary embolism (PE), and this had reduced the number of patients that would otherwise have been referred to hospital.

With the CCG, the practice had identified that their referrals to Urology were higher than other local practices. They reviewed the data and identified that since they had adopted the pathway agreed with the CCG and secondary care, the practice referrals had increased. It was agreed that the practice were referring appropriately as patients had met the criteria for further investigation.

A nurse we spoke with told us that they had identified that they received a large number of urine samples daily and wanted to see if their protocol needed adjusting. The audit was carried out in December 2015. Ninety nine (99) samples were tested, the conclusion showed that the samples were appropriately brought in and the protocol did not need amending.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. Staff who had recently been employed told us that they had received monthly, three monthly and six monthly reviews to ensure that they were supported. They told us that they found this valuable.
- The learning needs of staff were identified through a system of appraisals, meetings, and reviews of practice development needs. Staff appraisals had been carried out in the past 12 months. The practice had a system to manage staff training needs and updates. This included safeguarding (additional training was included for 'looked after children'), and infection control. Staff we spoke with confirmed they were given protected time for training and any request for additional training was considered and usually granted. The practice was dedicated to the education of their staff members including non-clinical staff. Most of the dispensary staff had received NVQ training to a minimum of level two, and all reception and admin staff were offered and eight staff members had completed NVQ training. In addition 17 members of staff completed course in October 2015 on exceptional customer service. The management team had completed a course that gave them the skills to manage the teams effectively. Staff told us that they felt well managed, and supported by the management and partners.

Coordinating patient care and information sharing

- Referrals for patients to secondary care or other agencies were well managed. Routine referrals were sent within five days and urgent referrals within 24 hours. Most referrals (94%) went through the referral centre via the choose and book system (C&B). C&B is an electronic system between primary and secondary care and does not require any paper copies to be sent. This system increased the speed of referral receipt and reduced the risk of delay or confidentiality breaches.
- The practice staff worked with other services to meet patients' needs and manage those patients with more complex needs. This included community nursing teams and health visitors. The practice worked to the Gold Standards Framework when co-ordinating end of life care for patients. Regular meetings with the wider health team were held, to manage and plan patients care. The practice held a meeting each month were the clinical team reviewed all the deaths of patients, this included if the patients preferred place of care had been achieved, and this may have been in their own home or in hospital.

We noted outstanding care for patents at the end of their lives. One of the GP partners had additional training in Palliative Care and experience of developing these services in a global-health setting, developing palliative care services in Ethiopia. The practice team worked in a well-co-ordinated manner to enable end-of-life care to take place at home. This was evidenced by the fact that 27% of the practice's patients died in hospital compared to a national average of 50%. Involvement in end-of-life care had provided very valuable training for all the GPs including the GP Registrars and had enabled them to gain confidence in managing complex cases. The GPs explained to us that their willingness to undertake home visits (one GP undertook home visits all day, approx. 20 per day) and worked closely with community staff which gave patients, their carers, and family's confidence to manage at home.

The practice initiated a pilot service for the community integrated care co-ordinator. The care

co-ordinator was able to use a room and hold open surgeries to offer patients support and further information should they need. The practice told us that they hoped to be able to continue this service in the future.

Staff we spoke with at the local care homes told us that the GPs involved them and the patients in the care plans. Staff told us that they attended the palliative care multi-disciplinary team meeting if patients they cared for were being discussed. The staff reported that they and relatives found the care offered excellent. The staff also reported that they had valued the work the practice had undertaken with the coroner in discussing the process for patients that had died and had been subject to a deprivation of liberty safeguarding order.

The practice had 148 patients on the vulnerable patient register and all of these patients had comprehensive care plans written and held in their medical records.

Special patient notes were completed by the practice on the electronic system and this ensured that emergency services staff had up to date information of vulnerable patients.

- Patients' individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system, which collated all communications about the patient including clinical summaries, scanned copies of letters and test results from hospitals. All communication was sent to the GPs, who took any required actions. We reviewed this system and found this to be well managed to ensure that patients were safe.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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 patients, assessments of capacity to consent was also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

The practice cared for a large number of patients who had learning difficulties and those experiencing poor mental health. The staff were intuitive to the needs of these patents and would be flexible in their approach to ensure that all patients received the care they needed.

All staff were aware of Gillick competency and applied it in practice.

Supporting patients to live healthier lives

The practice's uptake for the cervical screening programme was 77.1%, which was comparable to the CCG average of 77.6% and the national average of 74.3%. Patients who did not attend for their cervical screening test were telephoned.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- The number of women screen for breast cancer was 80.1% this was similar when compared with the CCG average of 79.8% and higher than the national average of 72.2%.
- The number of patients screened for bowel cancer was 66.9% this was similar when compared with the CCG average of 66.3% and higher than the national average of 57.9%.

The practice reviewed their cancer rates on a regular basis; we reviewed minutes of meeting held in April 2015, June 2015, and February 2016. The minutes include action points, for example although bowel and breast screening results were good, the practice thought that they could be improved further and asked staff to raise awareness to patients and to encourage patients to attend.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given were;

- Immunisation rates for under two year olds ranged from 97.7% to 100% compared to with CCG range 95.5% to 98.5%
- Immunisation rates for five year olds ranged from 92.4% to 97.5% compared to the CCG range 92.3% to 98%

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Seventy six percent (76%) of patients aged over 65s received flu vaccinations and 57% for those in the at risk groups.

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

In the past 12 months the practice had offered 1124 health checks to patients, 50% of those patients had accepted the health checks. We spoke with the health care assistant (HCA) who undertook these checks, we were told that patients had found the check useful and had made lifestyle changes. A patient who had attended for a check was found to have high blood pressure, the HCA immediately contacted the GP for advice, the patient was sent to hospital and received emergency treatment.

The practice hosted smoking cessation clinics and was able to refer patients to a health trainer and to the Broadly Active Service (this is a service for motivation to increase physical activity). Other services such as the diabetic eye screening service attended the surgery.

Good

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.

All of the comments we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

The practice had two support groups, a patient participation group (PPG) and a surgery support group. These two groups have different roles, responsibilities, chairs, and committees.

- We spoke with the chair of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. In particular they highlighted that the practice listened to them and that they felt valued by the management team
- The Market Surgery Support group was set up in 1990 with the aim of raising and managing funds donated to the surgery for the benefit of the patients. Any monies that the practice received from donations were allocated to the group to approve any purchases. This ensures that all monies raised or donated were used to improve the experience for patients. The group had approved purchases of new equipment for the practice such as an electronic self-check in machine.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed then they could offer them a private room to discuss their needs.

All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey dated January 2016 showed patients felt they were treated with compassion, dignity, and respect. 239 survey forms were distributed with 125 returned this represented 52% response rate.

The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% 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 CCG average of 93% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.
- 97% of patients said that they would describe their experience of this surgery as good compared to the CCG average of 89% and the national average of 85%.

Care planning and involvement in decisions about care and treatment

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

Good

Are services caring?

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 83% 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 the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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.

The practice provided a room for NHS providers to attend the surgery and offer hearing tests and repair to hearing aids. The reception team held hearing aid batteries for patients who needed them. A hearing bus that was run by the Norfolk deaf association also parked near the surgery, staff were able to direct patients who had any queries or need for support.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 112 patients as carers (1.3% of the practice list) and 79% of these patients had received an annual health review. The practice identified carers through their registration process, clinical staff were proactive in discussing with patients during consultations. A carers pack was given to patients, this pack gave written information on agencies who could offer support.

Staff told us that if families had suffered bereavement, a bereavement visit was planned, and their usual GP contacted them.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Staff at the practice worked hard to understand the needs of their patients. Both clinical and non-clinical staff demonstrated a clear understanding of the concept of personalised care for the patients according to their individual needs. For example, the practice identified veterans and worked with the locality to ensure that their health needs, both physical and mental were met.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments or home visits available for patients with a learning disability or dementia. Each day a GP would act as the visiting doctor ensuring patients at home had a timely response to their needs. Palliative care patients and those needing routine follow up were usually seen by their own GP. Staff told us that the practice usually undertook around 20 home visits per day.
- Facilities for patients with disabilities were available. There were automatic doors, a mother and baby room and appropriate toilet facilities in place. There was a hearing loop available for patients who wore hearing aids.
- The practice offered smoking cessation advice and weight management advice.
- The practice served a population of older patients, and public transport to the practice was difficult. The Aylsham Care Trust provided transport to patients; practice staff were active in arranging this for patients and contacted the patients to inform the patients.
- Appointments were immediately available for children who were unwell. This easy access for children had proved beneficial in the wellbeing of a child who was admitted to hospital for further treatment.

Access to the service

Appointments at The Market Surgery were available Mondays to Thursdays 7.30am to 6.30pm, and Fridays from 8.00am to 6.30pm. The practice closed for staff training on the last Tuesday of each month1pm to 2pm. A message on the answer phones informed patients how to access emergency care during that time.

To help their patients who had transport difficulties reaching the main surgery, the practice had access to a room within a sheltered housing unit. A GP held a clinic there each Friday morning for any patient who wanted to be seen. There were limited services available there, however, if a patient needed to be examined, an appointment for them was made at that time and they attended the main site.

Pre-bookable appointments could be booked up to four weeks in advance; the practice was responsive to urgent appointments for people that needed them. GPs were flexible with their surgeries and patients were seen on the same day.

The practice offered telephone appointments; these could be booked for specific times, enabling patients who wished to use these to be available and in a convenient place.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment were above the local and national averages with the exception of the percentage of patients that usually waited 15 minutes or less after their appointment time. The practice were aware of this and reviewed the appointments. They had identified that most of the appointments that exceeded a 15 minute wait were the sit and wait appointments at the end of GPs routine surgeries. The practice told us that when patients accepted one of these appointments, the reception staff explained to the patient that there maybe a wait.

People told us they were able to get appointments when they needed them.

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 92% patients said they could get through easily to the surgery by phone compared to the CCG average 78%, national average 73%.
- 87% patients described their experience of making an appointment as good compared to the CCG average 78%, national average 73%.
- 63% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average 72%, national average 65%.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a 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. The practice manager was responsible for dealing with these.

We saw that information was available to help patients understand the complaints system. There were leaflets and posters displayed in the waiting area and information was available on the web site. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

There had been 11 complaints recorded in the past 12 months, we looked at two complaints and found these had been dealt with appropriately. For example a patient had complained about the clinical care he had received. The GP arranged to visit the patient at home and discussed the patient's complaint. The GP was able to explain that the care that had been given was appropriate and in line with the advice of secondary care colleagues. The practice shared learning from this event at a practice meeting in September 2015.

Are services well-led?

Good

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

Our findings

Vision and strategy

Staff exhibited an open, transparent attitude, described a consistent vision and ethos to offer good care and treatment to their patients. They told us that they were determined to meet their own mission statement, values, and principals.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice management team were proactive in key areas such as succession planning, and monitoring the effects of their list size growth. As a result the partners had decided to increase the GP capacity by employing another salaried GP from August 2016.

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology. We saw evidence that the patient was included in the investigation and management of significant events.
- The practice kept written records of verbal interactions as well as written correspondence.

Governance arrangements

The practice had robust overarching governance framework which supported the delivery of the strategy and good quality care;

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. The partners each had lead roles within the practice; these were both clinical and managerial. The management team maintained a comprehensive understanding of the performance of the practice.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous education, and clinical and internal audit were used to monitor quality and to make improvements. Meetings were held weekly with the management team involved. There was a robust system of mentor and supervision in place. Protected time was available each month for the practice team to meet and review performance, concerns and share learning. Staff we spoke with told us they valued this protected time.
- The practice hosted medical students ranging from first year to fifth year. Staff told us that they had been approached by the University of East Anglia and asked to write a handbook on how to run cohorts of students as the feedback given by students showed the practice offered high quality teaching with an interesting and relevant curriculum.
- There were robust and comprehensive arrangements for identifying, recording, managing risks, and issues, as well as implementing mitigating actions. These were consistently managed, clear documentation and showed that the safety of patients and staff were prioritised within the practice and the staff members.

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. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

At the beginning of each day a briefing was held where all staff attended. This short meeting was structured and ensured that everyone was aware of whom the duty doctor and nurse were for the day and important information could be shared. Staff told us that this meeting, along with the various notice boards (a list of patients who had recently died) were valuable to them.

The practice held regular meetings where complaints and significant events were discussed. Minutes were accessible for all staff. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings or speak directly to the GPs or the management team. They felt confident in doing so, supported, respected, and valued. All staff were encouraged to identify opportunities to improve the service delivered by the practice.

To ensure that all staff were kept up to date the practice produced a weekly, written briefing paper. In the briefing dated 29 February 2016, staff were reminded that first year medical students would be in the practice.

Are services well-led?

Good

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

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 them in the delivery of the service.

Feedback from patients had been gathered through surveys, the patient participation group (PPG), the surgery support group, and complaints received. An active PPG and support group met on a regular basis and held regular sessions in the waiting room to encourage feedback from patients. The patient survey report 2015/2016 identified three actions, for example that reception should keep patients informed of waiting times. During our inspection we witnessed staff members informing patients that a nurse was running late.

As a result of feed back from patients that there was often a long wait for the telephone to be answered, the practice increased the number of staff who were available to answer the telephone at peak times. The patient survey results showed that a positive result was achieved.

- 92% of patients said that they found it easy to get through to the practice by phone compared to the CCG average of 78% and the national average of 73%.

The practice had arranged for the PPG to undertake the survey for 2016/2017 jointly with Healthwatch Norfolk (Healthwatch Norfolk is the consumer champion for health and social care in the county). The PPG chair told us that they were pleased with this development.

Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. The practice sought the opinion of staff, for example it was unclear if staff wanted to receive their pay in December before the Christmas period, and the practice conducted a staff survey which showed staff preferred to be paid as usual at the end of the month.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and took part in local pilot schemes to improve outcomes for patients in the area. For example, continuing their work on ensuring vulnerable patients receive high quality care and end of life wishes are met.