

# Litcham Health Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Outstanding



Are services safe?

Good



Are services effective?

Outstanding



Are services caring?

Outstanding



Are services responsive to people's needs?

Outstanding



Are services well-led?

Outstanding



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Litcham Health Centre on 9 November 2016. We had previously inspected Litcham Health Centre on 21 January 2015 and rated the practice as requires improvement. The practice has now been rated as outstanding.

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 used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- Risks to patients were assessed and well managed.
- We received 187 patient comment cards, which represented feedback from 5% of the patient list. Comments were consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and that they were involved in their care and decisions about their treatment.

- Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice higher than others for most areas of care. For example, 97% of patients surveyed said that the last GP they saw or spoke to was good at treating them with care and concern, in comparison to the local average of 89% and the national average of 85%.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and that there was continuity of care. Urgent appointments were available on the same day.
- 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 well 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 several areas of outstanding practice:

# Summary of findings

- A specialist community support team had been directly employed by the practice to ensure that housebound patients and patients unable to attend the surgery could be appropriately assessed and have support in the community. The community support team used both the clinical system and 'priority boards' in their office to keep up to date with changes in the care provided to patients on different registers. This had led to a reduction in accident and emergency admissions and inappropriate hospital referrals. Data showed that the practice's rate of emergency admissions was one of the lowest in the region.
- There was an overarching use of a risk stratification tool to monitor patient health outcomes. The lead GP at the practice had lead on the implementation of this tool within the CCG and provided ongoing support with information technology. Benchmarking data showed that the practice were high achievers in all clinical areas in listed within the system. For example, the practice was ranked third out of 1152 participating practices for the overall monitoring of the eight key care processes for patients with diabetes. Furthermore, the practice hospital admission referral rates were significantly lower than all other local practices.
- Data held on the risk stratification tool was linked with a Patient Passport tool, an encrypted smartcard that allowed healthcare information to be seen by authorised personnel. The Patient Passport alerted staff if there were any outstanding tests due or additional clinical input required. The Patient Passports were directly linked with local hospital data and allowed the extended healthcare team to access the patient's key medical information outside of the practice. We received positive patient feedback about the tool.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



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

### Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- 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.
- 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.
- There was an overarching use of a risk stratification tool to monitor patient health outcomes. This included 1200 care pathways and had been approved by the Health and Social Care Information Centre (the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care). The lead GP at the practice had led on the implementation of this tool within the CCG and provided support with information technology. Benchmarking data showed that the practice were high achievers in all clinical areas in listed within the system.
- The practice had recognised the growing need for integrated care services in the local area and had employed its own in-house community support team of nursing staff. The community support team worked to ensure that housebound

# Summary of findings

patients and patients unable to attend the surgery could be appropriately assessed and have support in the community. Data showed that this had led to a reduction in accident and emergency admissions and inappropriate hospital referrals.

- There were innovative approaches to providing integrated patient-centred care. For example, the practice had developed encrypted Patient Passports which included information relating to clinical conditions, medications and allergies, blood results and investigations undertaken, and health plans.
- 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.

## Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice higher than others for all aspects of care. For example, 91% of patients surveyed said the last GP they saw or spoke to was good at involving them in decisions about their care, compared to the local average of 85% and the national average of 82%.
- Feedback from patients about their care was consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We received 187 Care Quality Commission comment cards, which represented 5% of the patient population. 185 of the cards were extremely positive about the standard of care received. Two comment cards stated that there was often a long wait for an appointment once they had arrived at the practice. Patients felt that the practice provided a friendly, efficient and supportive service, praising both individual members of staff and the practice as a whole. One patient commented that the support given to their family had been 'exceptional, and I could not have received better support as a carer'.
- The practice was proactive in identifying patients with caring responsibilities, and had identified 3% of the patient population as carers.
- Feedback from outside health professionals was consistently positive.
- Information for patients about the services available was easy to understand and accessible.

**Outstanding**



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- Patients said they found it easy to make an appointment with a GP and that there was continuity of care. Urgent appointments were available on the same day.
- Data from the National GP Patient Survey published in July 2016 showed that 98% of patients surveyed found it easy to get through to the practice on the phone, compared to the local average of 80% and the national average of 73%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

**Outstanding**



## Are services well-led?

The practice is rated as outstanding 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.
- Staff at the practice were engaged with local healthcare services and worked within the wider health community. For example, the lead GP was involved with the West Norfolk CCG.
- 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

**Outstanding**



# Summary of findings

- 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.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice proactively sought feedback from patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. All home visits were triaged by the community support team to prioritise visits and ensure appropriate and timely intervention.
- The practice contacted all patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- The GPs carried out weekly visits to a local care home to provide regular review of patients living in the home.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were above local and national averages.
- Older adults, including those aged over 90 or those living in a nursing home, were continually reviewed by the in house community support team. Both an IT system and visual priority boards were utilised to ensure that patients in these cohorts had their care plans reviewed three monthly, or as and when required due to changes in condition. Data showed that the practice's rate of emergency admissions was lower than all other local practices.

Outstanding



### People with long term conditions

The practice is rated as outstanding 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 used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2015/2016 showed that performance for diabetes related indicators was 100%, which was above the local average of 93% and the national average of 90%. Despite the clinical prevalence of diabetes being higher than local and national averages, exception reporting rates for diabetes related indicators were

Outstanding





# Summary of findings

significantly low (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).

- Benchmarking data for the clinical system used showed that the practice was ranked third out of 1152 participating practices for the overall monitoring of the eight key care processes for patients with diabetes.
- Longer appointments and home visits were available when needed.
- Patients with complex needs had a named GP and a structured annual review to check their health and medicines needs were being met. There was a robust recall system in place to ensure that patients were invited and attended annual reviews.
- 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.
- The practice encouraged patients with long term conditions to be empowered to look after their health with close supervision from the practice team. This was evidenced in self-management plans, patient passports and ease of access (such as via text or email) to ensure safe and effective management.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a full range of contraception services and chlamydia screening.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



# Summary of findings

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care where possible.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 81%, which was slightly below the local average of 84% and the national average of 82%.
- GPs at the practice offered telephone and text message support to working age people when required, such as a following a new diagnosis of a long term condition.
- Extended hours appointments were available between 5.30pm and 7.30pm on Thursdays.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years. The practice was able to refer patients to a health trainer to encourage lifestyle changes.
- The practice offered many NHS services in house, reducing the need for outpatient referral and therefore improving patient convenience.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, and held regular multidisciplinary team meetings.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had identified 3% of the patient population as carers. The practice was engaged with the local carers support group, which provided guidance, support and respite for carers. Written information was available to direct carers to the various avenues of support available to them.

Outstanding



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Vulnerable adults and children were continually reviewed by the in house community support team. Both an IT system and visual priority boards were utilised to ensure that patients in these cohorts had their care plans reviewed three monthly, or as and when required due to changes in circumstances. Data showed that the practice's rate of emergency admissions was lower than all other local practices.

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

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

- 76% of patients diagnosed with dementia had received a face to face care review in the last 12 months, which was below the local average of 81% and the national average of 84%. Exception reporting for this clinical domain was nil, which was lower than the local rate of 8% and the national rate of 7%.
- 100% of patients experiencing poor mental health had a comprehensive care plan, which was above the local average of 93% and the national average of 89%. Exception reporting for this clinical domain was nil, which was lower than the local rate of 18% and the national rate of 13%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- In the past twelve months the practice had introduced complementary therapy services, such as reflexology, physiotherapy, acupuncture, counselling and psychological support.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Outstanding



## Summary of findings

- Patients with additional mental health needs, including dementia, were continually reviewed by the in house community support team. Both an IT system and visual priority boards were utilised to ensure that patients in these cohorts had their care plans reviewed every three months or as and when required due to changes in condition. Data showed that the practice's rate of emergency admissions was lower than all other local practices.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was performing above local and national averages in most areas. 213 survey forms were distributed and 135 were returned. This represented a 63% completion rate.

- 98% found it easy to get through to this surgery by phone compared to a local average of 80% and a national average of 73%.
- 99% said that the last appointment they got was convenient (local average 94%, national average 92%).
- 95% were able to get an appointment to see or speak to someone the last time they tried (local average 87%, national average 85%).
- 95% described the overall experience of their GP surgery as fairly good or very good (local average 88%, national average 85%).
- 91% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (local average 82%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 187 comment cards, which represented 5% of the patient population. 185 of the cards were extremely positive about the standard of care received. Two comment cards stated that there was often a long wait for an appointment once they had arrived at the practice. Patients felt that the practice provided a friendly, efficient and supportive service, praising both individual members of staff and the practice as a whole. One patient commented that the support given to their family had been 'exceptional, and I could not have received better support as a carer'.

We spoke with five patients during the inspection. All five patients said the care they received was 'excellent', and that staff were kind, friendly, caring and approachable. Two patients told us that they found the Patient Passport scheme very useful for providing joined up care.

# Litcham Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Litcham Health Centre

Litcham Health Centre is a purpose built practice situated in Litcham, Kings Lynn. The practice provides services for approximately 3,500 patients. It holds a General Medical Services contract with West Norfolk Clinical Commissioning Group.

According to information taken from Public Health England, the practice population has a larger percentage of adults aged over 55 years old in comparison to the national average for practices in England. The practice is in a rural area with a mixed level of deprivation.

The practice clinical team consists of one male and three female GPs, five practice nurses and five healthcare assistants. They are supported by a practice manager, an assistant practice manager and teams of reception and administration staff. The practice is able to dispense medicines to patients on their list who live more than one mile away from a pharmacy. The practice employs six dispensers.

Litcham Health Centre is open from Monday to Friday. It offers appointments from 8am to 6.30pm on Mondays, Tuesdays, Thursdays and Fridays, and between 8am and

5pm on Wednesdays. Extended hours appointments are available between 5.30pm and 7.30pm on Thursdays. Out of hours care is provided by Integrated Care 24 via the 111 service.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 November 2016. During our visit we:

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

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

# Detailed findings

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events to identify trends and make changes when necessary. A significant events matrix was maintained to ensure that incidents were reviewed in a timely manner.
- Significant events were discussed at both regular clinical and whole team meetings.

We reviewed safety records, incident reports, patient safety alerts, including those from the Medicines and Healthcare Products Regulatory Authority (MHRA) and Central Alerting System (CAS) and minutes of meetings where these were discussed. There was a lead member of staff responsible for cascading and actioning patient safety alerts, such as those from the MHRA.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nursing staff were trained to child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result of audit.
- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken prior to staff's employment. For example, proof of their identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Medicines management

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

All repeat prescriptions were signed before the medicines were given to patients. Dispensary staff could identify when a medicine review was due and explained that they would alert the relevant GP before issuing the prescription if the review was out of date. There was a comprehensive programme of medicine audits at the practice and there were systems in place to ensure people received the



## Are services safe?

appropriate monitoring required with high risk medicines. We carried out data searches and found that patients taking high risk medications were receiving reviews in line with prescribing guidance.

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

The practice held stocks of controlled drugs (CDs) (medicines that require extra checks and special storage requirements because of their potential for misuse) and had in place suitable arrangements for the storage, recording and destruction of CDs. For example, access to the CD cupboard was restricted and keys held securely, and there were appropriate arrangements in place for the destruction and recording of both patient returned and out of date CDs. Dispensary staff told us they understood how to investigate a CD discrepancy and were aware of how to contact the regional CD accountable officer.

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

Blank prescription forms were held securely on arrival in the practice and records were held of the serial numbers of the forms received. Staff had a process for tracking prescription stationery through the surgery.

The nurse practitioner had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received appropriate mentoring and supervision for this role. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific direction from a GP.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and emergency medicines were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 99% of the total number of points available, which was above the local average of 98% and the national average of 95%. The exception reporting rate for the practice was 7%, which was lower than the local average of 11% and the national average of 10% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was 100%, which was above the local average of 93% and the national average of 90%. Despite the clinical prevalence of diabetes being higher than local and national averages, exception reporting rates for diabetes related indicators were significantly lower.
- Performance for asthma related indicators was 100%, which was in line with the local average and above the national average of 97%. Exception reporting rates for asthma related indicators were low.

- Performance for mental health related indicators was 100%, which was above the local average of 98% and the national average of 93%. Exception reporting rates for mental health related indicators were significantly low.

There was an overarching use of a risk stratification tool to monitor patient health outcomes. This included 1200 care pathways and had been approved by the Health and Social Care Information Centre (the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care). The lead GP at the practice was the lead on the implementation of this tool within the CCG and provided support with information technology. Benchmarking data showed that the practice were high achievers in all clinical areas in listed within the system. For example, the practice was ranked third out of 1152 participating practices for the overall monitoring of the eight key care processes for patients with diabetes.

This was linked with the Patient Passport tool, an encrypted smartcard that allowed healthcare information to be seen by authorised personnel, including reception and dispensary staff. The Patient Passport alerted staff if there were any outstanding tests due or additional clinical input required. For example, if a patient required a blood pressure reading, a duty healthcare assistant could undertake this procedure before the patient's GP or practice nurse appointment. The Patient Passports had recently been linked with the local hospital and local out of hours provider, providing further consistency of care and strong clinical oversight. We received positive patient feedback about the Patient Passports.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Clinical audits demonstrated quality improvement. Clinical audits had been completed in the last year, two of these were completed audits where the improvements made were implemented and monitored. For example, the practice had undertaken an audit of how diabetes was monitored in patients who attended the surgery and were visited in the community. Patient data had been analysed on a daily basis, which allowed the lead GP to create a contemporary treatment plan and service monitoring when necessary. Once the data had been interpreted, this was shared with the community support team to design the



# Are services effective?

## (for example, treatment is effective)

care pathways used to ensure optimal care provision for patients with diabetes. Results from the second cycle of the audit showed that the practice had made a significant improvement in the management of these patients.

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

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered topics including safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, 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 their competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal in the past 12 months.

### 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 Patient Passport system.

- Patient Passports included information relating to clinical conditions, medications and allergies, blood results and investigations undertaken, and health plans.
- 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. The practice had recognised the growing need for integrated care services in the local area and had developed its own in-house community support team of nursing staff. This team acted as a link between the multidisciplinary team and the practice, and weekly meetings were held in house to discuss patients with complex needs.

The community support team was implemented to ensure that housebound patients and patients unable to attend the surgery could be appropriately assessed and have support in the community. The community support team used both the clinical system and confidential 'priority boards' in their office to keep up to date with changes in the care provided to patients on different registers, such as dementia, mental health, palliative care, those with long term conditions, vulnerable patients, patients aged over 90 and those who were living in a nursing home. The priority boards encouraged the team to have a continuous oversight of these patients and ensure that their care plans were reviewed three monthly, or as and when required due to changes in condition. Data showed that the practice's rate of emergency admissions was lower than all other local practices.

### Consent to care and treatment

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

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



# Are services effective?

## (for example, treatment is effective)

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

### Supporting patients to live healthier lives

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

The practice's uptake for the cervical screening programme was 81%, which was slightly below the local average of 85% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

cancer screening. The breast cancer screening rate for the past 36 months was 76% of the target population, which was slightly below the CCG average of 77% and above the national average of 72%. Furthermore, the bowel cancer screening rate for the past 30 months was 62% of the target population, which was above the CCG average of 60% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds in 2015/2016 ranged from 64% to 100%, which was above the CCG average of 64% to 96% and the national average of 73% to 95%. Childhood immunisation rates for the vaccinations given to five year olds ranged from 83% to 100%, which was above the CCG average of 69% to 95% and the national average of 81% to 95%.

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

185 out of the 187 patient Care Quality Commission comment cards we received (representing 5% of the patient population) were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were conscientious, caring and treated them with dignity and respect. Two comment cards stated that there was often a long wait for an appointment once they had arrived at the practice.

We spoke with five patients, all who told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Two patients told us that they found the Patient Passport scheme very useful for providing joined up care. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Comments from outside health professionals were positive, noting that the practice was innovative, caring and patient focused.

Results from the National GP Patient Survey published in July 2016 were in line with local and national averages for patient satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the local average of 91% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the local average of 90% and the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the local average of 97% and the national average of 95%.
- 97% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 89% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 94% and the national average of 91%.
- 99% of patients said they found the receptionists at the practice helpful compared to the local average of 90% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the local average of 89% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 85% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 90% and the national average of 85%.

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

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



## Are services caring?

- Information leaflets were available in easy read format.

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 115 patients as carers (3% of the practice list). Carers were identified by both clinicians and reception staff and actively encouraged to register as a carer. The practice maintained a register of carers and this role was clearly identified on patient records (both as a read code and as a reminder on the front page of the SystemOne patient record). Carers' health and holistic needs were reviewed opportunistically during their own appointments and when seen with the patient they were caring for, both in the surgery and at home visits. Where

appropriate, the needs of carers were discussed at MDT meetings. With the MDT coordinator, the practice discussed patients who maybe in difficulties should their carer need a break or be unable to fulfil their role. The practice sought to forward plan for these eventualities to avoid detriment to the patient's care or stress to the carer. This planning involved district nurses, social services, local residential homes and patient transport.

The practice was engaged with the local carers support group, which provided support, guidance and respite to carers. Furthermore, a West Norfolk Carers drop in support clinic was held at the practice every month. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that families who had suffered bereavement were contacted by their usual GP. This call was followed by a patient consultation at a flexible time and location to meet the family's needs.





# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had commenced pre-school readiness checks to patients aged between four and five. A GP partner also attended CCG locality meetings.

- Extended hours appointments were available at the main site between 5.30pm and 7.30pm on Thursdays.
- There were longer appointments available for patients who required one.
- Same day appointments were available for children and those patients with medical problems that required same day consultations.
- In the past twelve months the practice had introduced outside therapy services, such as reflexology, physiotherapy, acupuncture, counselling and psychological support.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, services for carers and promotion of mental health awareness. There were displays providing information on cancer warning signs.
- The practice provided a range of nurse-led services such as management of asthma, weight management, diabetes and coronary heart disease, wound management, smoking cessation clinics and minor illness advice.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as blood pressure machines, electrocardiogram tests, spirometry checks, blood taking, health screening, minor injuries and minor surgery.
- The practice identified and visited the isolated, frail and housebound regularly. Chronic disease management was provided for vulnerable patients at home and the practice was active in developing care plans and admission avoidance strategies for frail and vulnerable patients.

### Access to the service

The practice was open from Monday to Friday. It offered appointments from 8am to 6.30pm on Mondays, Tuesdays, Thursdays and Fridays, and between 8am and 5pm on Wednesdays. Extended hours appointments were available between 5.30pm and 7.30pm on Thursdays. Patients could book appointments both on the day and up to four weeks in advance. Out of hours care was provided by Integrated Care 24 via the 111 service.

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

- 90% of patients were satisfied with the practice's opening hours compared to the local average of 78% and the national average of 76%.
- 98% of patients said they could get through easily to the practice by phone compared to the local average of 80% and the national average of 73%.

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

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints' policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

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

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

# Are services well-led?

Outstanding



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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice's mission statement was 'to care for all of our patients through the provision of excellent healthcare provision, ease of accessibility, enhanced support for the vulnerable and by ensuring that we empower our patients through education and innovation.' It was displayed in the practice waiting area, patient booklet and practice website, and staff knew and understood the values. The practice had a robust strategy and supporting business plans, which reflected the vision and values and were reviewed annually by the partners.

There was a proactive approach to succession planning in the practice. The practice had clearly identified potential and actual changes to practice, and made in depth consideration to how they would be managed. Staff at the practice were engaged with local healthcare services and worked within the wider health community. For example, the lead GP was engaged with the West Norfolk CCG.

### Governance arrangements

The practice had a strong and effective governance framework which enabled them to assess and monitor the quality of care, plan for future developments and identify and mitigate any potential risks.

The practice had a comprehensive list of policies and procedures in place to govern its activity, which were readily available to all members of staff. We looked at a number of policies and procedures and found that they were up to date and had been reviewed regularly.

There was a clear leadership structure with named members of both clinical and administration staff in lead roles. Staff we spoke with were all clear about their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness. The practice manager was keen to empower the practice staff, and staff we spoke with told us that they appreciated this.

Communication across the practice was structured around weekly clinical meetings, which were held weekly, and clinical governance meetings, which were held quarterly. Multidisciplinary team meetings were also held monthly.

We found that the quality of record keeping within the practice was good, minutes and records required by regulation for the safety of patients were detailed, maintained, up to date and accurate.

There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, patient-centred and high quality care. Staff told us the partners were approachable, friendly and supportive.

There was a clear leadership structure in place and staff felt supported by management. A new management team had recently been established to support clinical and non-clinical staff. 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. We noted the team also held regular social events. 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. For example, a water dispenser had been placed in the reception area following feedback from a patient. The practice engaged with Friends and Family Test results to analyse trends in feedback and identify areas for development. Audits were undertaken to review the feedback from the National GP Patient Survey.

The practice provided patients with a quarterly magazine, which detailed news, changes to practice, and the services offered to different population groups. For example, the most recent publication had details of the seasonal flu campaign, information on patients accessing their health records and new starters at the practice. It also encouraged patients to provide feedback on their views of the practice,



# Are services well-led?

Outstanding



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

and gave details of the Patient Participation Group (PPG), who met quarterly. The PPG had seven active members and they discussed potential improvements to made within the practice.

The practice had gathered feedback from staff through staff meetings, appraisals, discussion and away days. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt empowered by management to make suggestions or recommendations for practice.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking, and had developed and implemented pilot schemes to improve outcomes for patients in the area. For example, the Patient Passport scheme had promoted safe, joined-up care and had received high praise from a local MP alongside excellent patient feedback. Furthermore, the use of the in-house community support team had led to positive outcomes for patients who struggled to access the practice.

There was a strong culture of charity work within the staff at the practice. For example, one GP was engaged with a healthcare clinic in Northern Tanzania. The practice had recently held a coffee morning with featuring an educational presentation from the GP. Over 100 patients attended this to donate money for the charitable cause.