

# Acle Medical Partnership

## 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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Acle Medical Partnership on 6 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and the practice had systems in place for reporting and recording significant events.
- Risks to patients who used services were assessed and well managed.
- The practice was proactive and responsive to patients' needs.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said it was not always easy to make an appointment with a named GP. However they were able to access urgent appointments available 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 supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider must make an improvement is:

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- The practice must ensure that patients who require reviews for long term conditions are systematically recalled to see a clinician at the appropriate time.

The area where the provider should make an improvement is:

- Maximise the functionality of the computer system in order that the practice can run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.
- There was scope to improve the recording of actions implemented as a result of national patient safety alerts and guidelines.
- The practice should improve the systems to assess, monitor and mitigate risks to patients who telephone order prescriptions and the systems in place to ensure medicines not collected by patients were notified to GPs.
- Ensure any actions and learning outcomes from quality improvement activities, such as clinical audits, are recorded and reviewed to ensure improvements have been achieved.
- Continue to develop methods used to proactively identify carers.
- The practice should ensure they continue to extend and prioritise work to ensure that patients (including working patients) can access appointments in a timely manner.
- Ensure there are systems in place to define which partner was responsible for which area within the practice.

**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.
- We saw evidence that medicines were managed safely including high risk medicines. However there was scope to improve the monitoring and risk assessment of telephoned repeat prescriptions and uncollected prescriptions.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Arrangements were in place to respond to emergencies and major incidents.
- We reviewed four personnel files and found that all of the appropriate recruitment checks had been undertaken for all staff 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 listed.
- Appropriate standards of cleanliness and hygiene were maintained. We saw evidence of staff cleaning checks and monitoring of the cleaners, and staff reported any issues raised. We saw evidence that actions were planned or taken to address any improvements identified in the audit.
- The practice had a legionella policy, water temperatures were checked regularly and taps were run when they were in limited use.
- The practice had 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.

### Are services effective?

The practice is rated as requires improvement for providing effective services.

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally in-line with clinical commissioning group (CCG) and national averages. However the practice overall achievement was below both CCG and

# Summary of findings

national averages. We saw that where administration staff oversaw the coding and recall of patients there was a lack of GP oversight and therefore there was a lack of clinical input into the QOF process of call and recall. The practice must ensure that patients who require reviews for long term conditions are systematically recalled to see a clinician at the appropriate time.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice generally in-line with others for many aspects of care. For example, 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%, 92% of patients said the GP gave them enough time compared to the CCG average of 89% 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%, 92% 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% and 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.
- Feedback from patients about their care was mostly positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

**Good**



# Summary of findings

- The practice had identified 77 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice and patient participation group (PPG) had identified the need to proactively identify carers.
- The practice offered a designated telephone line to bereaved families and a team of three staff who offered a point of contact for families at any point throughout the bereavement process.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Results from the National GP Patient Survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was below local and national averages. With 35% of respondents with a preferred GP usually get to see or speak to that GP. Local (CCG) average: 58% National average: 59% and 56% of respondents find it easy to get through to this surgery by phone. Local (CCG) average: 78% National average: 73%. We discussed these results with the practice and saw that the practice had already put actions and systems in place to improve access. The practice continued to monitor patient feedback.
- People told us on the day of the inspection that they were able to get urgent appointments on the same day when they needed them.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and

Good



# Summary of findings

procedures to govern activity and held regular governance meetings. However, there was scope to improve systems to define which partner was responsible for which area within the practice

- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the duty of candour. The GP and practice manager encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the safe, caring, responsive and well led care of older people and requires improvement for effective care. The concerns which led to this rating apply to everyone using the practice including this group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with the multi-disciplinary team, out-of-hours and the nursing team to ensure proactive palliative care planning.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were above local and national averages.
- The practice looked after patients living in local nursing homes. GPs undertook regular visits and visited patients as and when required.
- The practice had administered flu vaccinations to 71% of patients aged over 65 years old for the current 2016/2017 flu campaign at the time of the inspection. We were told the practice nurses provided flu vaccinations to 90% of housebound patients in the practice area, this included patients with dementia and carers.
- The practice also facilitated health checks for older patients who were not reviewed as part of other chronic disease checks. We saw that as of 1 April 2015, 11% of the 1003 patients over 75 years had received a health review, with 89% of patients over 75 years seen by a GP within the previous year for other health checks and reviews.

Good



### People with long term conditions

The practice is rated as good for the safe, caring, responsive and well led care of people with long term conditions and requires improvement for effective care. The concerns which led to this rating apply to everyone using the practice including this group.

Good





# Summary of findings

- 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). The most recent published results were 85% of the total number of points available with a 9% exception reporting rate which was two percentage points below the CCG average and one percentage point below the national average (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). We saw that exception reporting across all indicators was generally in line with local and national averages.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had administered flu vaccinations to 819 patients on the practice at risk register for the current 2016/2017 flu campaign at the time of the inspection. We were told the practice nurses provided flu vaccinations to 90% of housebound patients in the practice area, this included patients with long term conditions and carers.

## Families, children and young people

The practice is rated as good for the safe, caring, responsive and well led care of families, children and young people and requires improvement for effective care. The concerns which led to this rating apply to everyone using the practice including this group.

- 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. Childhood immunisation rates for the vaccinations given were in-line when compared to CCG/national averages. Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations

Good



# Summary of findings

given to under two year olds ranged from 77% to 100% which was above the CCG average of 70% to 99% and five year olds from 71% to 97% which is comparable to the CCG average of 70% to 98%.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 95%, which was above the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

The practice is rated as good for the safe, caring, responsive and well led care of working age people (including those recently retired and students) and requires improvement for effective care. The concerns which led to this rating apply to everyone using the practice including this group.

- 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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The bowel cancer screening rate for the past 30 months was 65% of the target population, which was in-line with the CCG average of 65% and above the national average of 58%. The breast cancer screening rate for the past 36 months was 80% of the target population, which was in-line with the CCG average of 80% and above the national average of 72%.
- 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. The practice uptake for NHS health checks for 2015/2016 had been 4720 patients

Good



# Summary of findings

invited with 52% undergoing a health check. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

## People whose circumstances may make them vulnerable

The practice is rated as good for the safe, caring, responsive and well led care of people whose circumstances may make them vulnerable and requires improvement for effective care. The concerns which led to this rating apply to everyone using the practice including this group.

- The practice had identified 61 patients with a learning disability on the practice register, 70% of these patients had been invited for a health care review. Of these 41% had attended with other patients declining. The practice continued to encourage the remaining patients to attend for review and told us they would often review patients opportunistically.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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

The practice is rated as good for the safe, caring, responsive and well led care of people experiencing poor mental health (including people with dementia) and requires improvement for effective care. The concerns which led to this rating apply to everyone using the practice including this group.

- The percentage of patients experiencing poor mental health who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 64%, which was below the CCG average of 89% and the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the

Good



# Summary of findings

preceding 12 months (01/04/2014 to 31/03/2015) was 76%, which was below the CCG average of 81% and the national average of 84%. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. During the inspection we found that the practice had identified 78 patients with a diagnosis of dementia. Since 1 April 2016 the practice had undertaken a care plan review with 47%, with 75% having had a recent blood test. The practice referred patients to various support services as required.

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Two members of the reception staff were registered dementia friends.

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## 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 generally in line with local and national averages. 220 survey forms were distributed and 118 were returned. This represented a 54% completion rate.

- 56% 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%.
- 77% 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%.
- 86% 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%.
- 80% 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 84% and the national average of 78%.

We found that 21 of the 25 patient Care Quality Commission comment cards we received were positive about the service experience; four cards contained negative feedback regarding access to appointments which we discussed with the practice. Patients said they felt the practice offered an excellent, caring and well organised service, staff were helpful, polite, caring and treated them with dignity. We were told they were given sufficient time with clinicians' who were professional and they were treated with consideration and respect. Comment cards highlighted that nothing was too much trouble and staff responded compassionately when they needed help and provided support when required.

We spoke with two members of the patient participation group (PPG) and six patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We were told the practice made every effort to ensure patients were seen.

## Areas for improvement

### Action the service **MUST** take to improve

- The practice must ensure that patients who require reviews for long term conditions are systematically recalled to see a clinician at the appropriate time.

### Action the service **SHOULD** take to improve

- Maximise the functionality of the computer system in order that the practice can run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.
- There was scope to improve the recording of actions implemented as a result of national patient safety alerts and guidelines.

- The practice should improve the systems to assess, monitor and mitigate risks to patients who telephone order prescriptions and the systems in place to ensure medicines not collected by patients were notified to GPs.
- Ensure any actions and learning outcomes from quality improvement activities, such as clinical audits, are recorded and reviewed to ensure improvements have been achieved.
- Continue to develop methods used to proactively identify carers.
- The practice should ensure they continue to extend and prioritise work to ensure that patients (including working patients) can access appointments in a timely manner.
- Ensure there are systems in place to define which partner was responsible for which area within the practice.

# Acle Medical Partnership

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to Acle Medical Partnership

Acle Medical Centre is located in Acle, Norfolk. There is a branch surgery situated seven miles from the main practice at Reedham. We did not visit the branch surgery during this inspection. The practice is run by four GP partners one female and three male. The practice employs one female salaried GP and one male GP under the GP retainer scheme (this is a scheme which ensures qualified GPs who may be thinking of leaving practice or those who can only undertake a small amount of paid professional work can keep in touch with general practice and retain their skills). The practice employs one female nurse practitioner, (with a second, male nurse practitioner recruited and due to join the practice in December 2016). There are five female practice nurses, including a nurse manager, and three health care assistants/phlebotomists.

The clinical team is supported by a practice manager, a deputy practice manager, a practice administration manager, three IT administrators, a teaching co-ordinator, two medical secretaries, a reception team leader and a team of seven receptionist staff.

Acle Medical Centre is a dispensing practice and dispenses to approximately two thirds of its practice population. The

dispensary is overseen by a senior dispenser and a team of six dispensers. The dispensary provides a free delivery service to patients for repeat and on occasion, urgent medications.

According to Public Health England information, the practice age profile has higher percentages of patients aged 40 to 85+ years compared to the practice average across England. It has lower percentages of patients aged 0 to 10 years and 15 to 40 years. Income deprivation affecting children and older people is below both the local area and national average.

The practice is open between 8am to 1pm and 2pm to 6.30pm Monday to Thursday and 8am to 6.30pm Friday. The branch surgery at Reedham is open from 8.30am to 12.30pm Monday, Tuesday and Friday and from 3.30 to 6pm Wednesday. The branch surgery is closed Thursday. The practice does not offer an extended hours service, however we were told patients are seen when required with additional appointments made available each day. In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments are also available for people that need them. The practice dispensary is open from 8.30am to 1pm and 2pm to 6pm Monday to Friday.

The practice runs a duty GP pre-appointment assessment offering telephone advice and where required appointments, nurse practitioner appointments, minor illness nurse appointments, on-line appointments, telephone appointments and face to face appointments. The practice provides 15 minute appointments with nurses and nurse practitioners.

The practice holds a General Medical Service (GMS) contract to provide GP services to approximately 9,167 registered patients, which is commissioned by NHS England. A GMS contract is a nationally negotiated contract to provide care to patients. In addition, the practice also

# Detailed findings

offers a range of enhanced services commissioned by their local CCG: facilitating timely diagnosis and support for people with dementia and childhood vaccinations and immunisations.

The practice catchment area covers over 158 square kilometres and includes 32 villages. The practice also provides temporary services to holiday makers in the area often holidaying on boats on the canals.

Out-of-hours care is provided by IC24 through the NHS111 service

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal 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 6 December 2016. During our visit we:

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

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

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

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

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

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



# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. 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, detailed information and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events to identify trends and make changes when necessary; incidents were reviewed in a timely manner. Significant events included a wide range of subjects, including cancer diagnoses, patient deaths, safeguarding concerns, changes to services, near misses, complaints and compliments. For example, following a significant event regarding the delivery of medicines from the practice dispensary. The dispensary had put a system in place to ensure that where patients were not responding to a medicine delivery; there was a follow up process in place. Where the patient continued to be absent when the delivery was made the clinical team and the patients GP was notified.

We reviewed safety records, incident reports, patient safety alerts, including those from the Medicines and Healthcare Products Regulatory Authority (MHRA) 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. However we found there was scope to improve the recording of actions completed from these alerts. While there was evidence that clinicians were made aware of alerts and discussed them at meetings, there were limited records of any actions taken or not to confirm closure in the practice for the alert. The practice informed us that they would review their processes for dealing with medicine updates and alerts and keep a record of actions taken.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.
- A notice advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice 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.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Medicines management.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording,



## Are services safe?

handling, and disposal). The practice dispensed to over two thirds of its patient population which covered a very rural area of 158 square kilometres and included 32 villages.

The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines. The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained. Dispensing staff were appropriately qualified, received regular training and had their competency annually reviewed.

There was a named GP responsible for the dispensary, and informal meetings took place with the dispensers to discuss issues relating to dispensing procedures, policies, concerns or incidents. Dispensing staff were appropriately qualified, received regular training and had their competency annually reviewed. The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed. Any medication changes, including those from discharge letters were made by GPs.

There was a variety of ways available to patients to order their repeat prescriptions which included telephone requests to dispensary staff for all patients. Completed prescriptions were checked by a GP before they were handed to the patient. However there was scope to improve the monitoring and risk assessment of telephoned repeat prescriptions and the systems in place to ensure medicines not collected by patients were notified to GPs and where appropriate patients were telephoned to check why medicines had not been collected.

The practice had developed a system for providing oversight for the management of high risk medicines such as warfarin and methotrexate, which included regular monitoring in accordance with national guidance. This ensured these medicines were dispensed only following appropriate monitoring tests.

General stock checks were carried out and as and when stock was used or replenished. Medicines were stored securely and in a clean and tidy manner and were within their expiry date. The dispensary was accessible to GPs and authorised personnel only and was locked in the evenings and at weekends.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. There were arrangements in place for the destruction of controlled drugs. Members of dispensing staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

Daily medicine refrigerator and dispensary room temperature checks were carried out which ensured medicines were stored at appropriate temperatures. Processes were in place to check medicines stored within the dispensary were within their expiry date and suitable for use. Blank prescription forms and pads were securely stored; however there was scope to improve the systems in place to monitor their use.

A standard operating policy was in place for the preparation of monitored dosage systems commonly known as dosette boxes and biodose boxes (these are boxes containing medications organised into compartments by day and time in order to simplify the taking of medications, biodose boxes contained measured liquid doses). The preparation of dosette boxes and biodose boxes was undertaken by the dispensers and checked by a second dispenser. Patients were required to sign when collecting these medicines. The practice prepared approximately 40 dossett boxes per week; these did not include the biodose boxes. Following discussion with local care homes in 2013, the practice had set up the biodose system and provided the necessary biodose trolleys and systems in the care homes to support the administration of these medicines.

Unwanted and expired medication was disposed of in line with waste regulations. There was a private area available where patients could privately discuss any areas of concern or queries if required.

Vaccines were administered by nurses using Patient Group Directions (PGDs) that had been produced in line with national guidance. PGDs were up to date and there were clear processes in place to ensure the staff who were named in the PGDs were competent to administer vaccines.

The practice provided a free delivery service from the practice dispensary. Delivering patient medicines to all patients irrespective of age, location or whether their

## Are services safe?

medication was repeat or urgent medication. Staff told us they were often alerted to vulnerable patients concerns following deliveries. The practice had conducted six monthly audit and quality assurance of their dispensing service to show good outcomes for patients and reported high levels of patient satisfaction with the dispensing service.

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Dispensing errors that were identified via checking processes were logged, then regularly reviewed, and robustly audited to help make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

### 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 there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# 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. However there was scope to improve the systems in place to monitor that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 85% of the total number of points available with a 9% exception reporting rate which was two percentage points below the CCG average and one percentage point below the national average (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed:

- Performance for diabetes related indicators was below both the CCG and national average, with the practice achieving 79% across all indicators. This was 15 percentage points below the CCG average and 11 percentage points below the national average. Exception reporting was in line with CCG and national averages.
- Performance for mental health related indicators was also below both the CCG and the national averages. With the practice achieving 72% across each indicator, this was 22 percentage points below the CCG average and 21 percentage points below the national average. Exception reporting was in-line with local and national averages.

- Performance for atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, epilepsy, learning disability and palliative care were all above or in-line with CCG and national averages with the practice achieving 100% across each indicator. Exception reporting was in-line with local and national averages.

We discussed the practice performance for QOF during the previous year, we were told the practice had experienced staffing issues in the past and therefore indicators such as mental health were below averages. In response to this the practice planned to provide further training for staff to support the review of patient care. For example the nurse practitioner was due to undertake further mental health training. However we found that there were areas such as hypertension and diabetes where the practice were unable to clarify why they had not achieved their targets. We saw that where administration staff oversaw the coding and recall of patients there was a lack of GP oversight and therefore there was a lack of clinical input into the QOF process of call and recall. For example we found that a third of patients on a medication for asthma had been seen by a clinician, but did not have a coded medication review and 6% of patients on a medication for an underactive thyroid did not have the appropriate code associated on their records. The practice should maintain for each patient an accurate, complete and contemporaneous record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. The practice did not provide clear clinical leadership to ensure they had a consistent approach to coding of medical records. The practice must ensure that patients who require reviews for long term conditions are systematically recalled to see a clinician at the appropriate time.

The practice participated in local audits, national benchmarking, accreditation and peer review. Clinical audits demonstrated quality improvement. Clinical audits had been completed in the last year. For example the practice had undertaken an audit of patient deaths and a review of two week cancer referrals. However we found there was no systematic approach to audit to monitor the quality of patient care. When audits were completed there was no clear outcome or plan to review if any changes, training or learning needs identified had produced the intended improvement and if this had been sustained.

# Are services effective?

## (for example, treatment is effective)

The practice participated in audits required by the CCG and had undertaken an audit under the DSQS scheme.

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

The practice participated in non-clinical audits including data quality, patient feedback, infection control, cleaning standards and appointment schedules.

### 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.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. However there was scope to improve the clinical oversight of coding of patient records to ensure the information to be shared was accurate and up to date.

This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. For those patients that were considered for hospital admission avoidance the practice worked closely with other services. They discussed these patients on a weekly basis with community services and we saw evidence of improved patient outcomes because of information sharing.

### Consent to care and treatment

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

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### 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 including diabetes and those requiring advice on their diet, drug and alcohol consumption, and smoking cessation. Patients were signposted to the relevant service. Once the practice was notified of a patients discharge from hospital, the reception team contacted all patients following their discharge to establish if further care was required. The practice admission rates were the lowest for north Norfolk.

The practice's uptake for the cervical screening programme was 95%, which was above the CCG average of 84% and the national average of 82%. There was a policy to offer

# Are services effective?

(for example, treatment is effective)

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

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The bowel cancer screening rate for the past 30 months was 65% of the target population, which was in-line with the CCG average of 65% and above the national average of 58%. The breast cancer screening rate for the past 36 months was 80% of the target population, which was in-line with the CCG average of 80% and above the national average of 72%.

The practice had identified 61 patients with a learning disability on the practice register, 70% of these patients had been invited for a health care review. Of these 41% had attended with other patients declining. The practice continued to encourage the remaining patients to attend for review and told us they would often review patients opportunistically.

The percentage of patients experiencing poor mental health who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 64% this was below the CCG average of 89% and the national average of 88%. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 76%, which was below the CCG average of 81% and the national average of 84%. During the inspection we found that the practice had identified 78 patients with a diagnosis of

dementia. Since 1 April 2016 the practice had undertaken a care plan review with 47%, with 75% having had a recent blood test. The practice referred patients to various support services as required.

The practice had administered flu vaccinations to 71% of patients aged over 65 years old and 819 patients on the practice at risk register for the current 2016/2017 flu campaign at the time of the inspection. We were told the practice nurses provided flu vaccinations to 90% of housebound patients in the practice area, this included patients with dementia and carers. The practice had recently made the decision to offer all dementia patients and their carers home visits for their flu vaccinations, with the aim to relieve unnecessary stress for patients with cognitive impairment who may struggle to attend the practice.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 77% to 100% which was above the CCG average of 70% to 99% and five year olds from 71% to 97% which is comparable to the CCG average of 70% to 98%.

Patients had access to health assessments and checks. These included NHS health checks for patients aged 40–74. The practice uptake for NHS health checks for 2015/2016 had been 4720 patients invited with 52% undergoing a health check. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice facilitated health checks for older patients who were not reviewed as part of other chronic disease checks. We saw that as of 1 April 2015, 11% of the 1003 patients over 75 years had received a health review, with 89% of patients over 75 years seen by a GP within the previous year for other health checks and reviews.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

We found that 21 of the 25 patient Care Quality Commission comment cards we received were positive about the service experience; four cards contained negative feedback regarding access to appointments which we discussed with the practice. Patients said they felt the practice offered an excellent, caring and well organised service, staff were helpful, polite, caring and treated them with dignity, we were told they were given sufficient time with clinicians' who were professional and they were treated with consideration and respect.

We spoke with two members of the patient participation group (PPG) and six patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We were told the practice made every effort to ensure patients were seen. Comment cards highlighted that nothing was too much trouble and staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in-line for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 89% 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%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 92% 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%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% 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 results were below local and national averages for questions about patient involvement in planning and making decisions about their care and treatment. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 84% 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%.

From feedback the practice had received from patient surveys, friends and family tests and the patient participation group, the practice confirmed they were aware of areas where they were not performing so well. The practice admitted they had struggled to meet the demand for pre-bookable appointments and offering the GP of choice. In response to this the practice had recruited

## Are services caring?

additional staff, for example a nurse practitioner who was due to join the practice in December 2016, and from February 2017 the appointment system would be modified to provide better access to appointments and the clinician of choice. We were told the practice planned to continually monitor the patient feedback in these areas.

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 information in the reception areas highlighting to patients this service was available.
- Information leaflets were available in easy read format.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 77 patients as carers (1% of the practice list). The practice told us that carers were supported at each opportunity and a referral for support organisations if required. The practice also ensured that appointments for carers were available at times when it was convenient for them to attend.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was followed by a patient consultation at a flexible time and location to meet the family's needs. The practice offered a designated telephone line to bereaved families and a team of three staff offering a point of contact for families at any point throughout the bereavement process. The staff were also responsible for providing bereaved families with an Acl surgery bereavement pack. This included information on coping with bereavement and grief, a guide on practical things that would need to be done following a death, including who should be contacted. For example; the bank, employers, pension plans and council tax. In addition an information directory was included which provided contact information for local support organisations, such as Cruse Bereavement Care, local registry offices, the Samaritans and the Citizens Advice Bureau. Two members of the reception staff were registered Dementia champions, providing support and advice to patients and their carers. Staff had access to dementia guidance through the practice electronic computer system. The practice reception area had been sympathetically decorated to support those partially sighted patients and patients with dementia.

# 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.

In addition:

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice provided a range of nurse-led services such as management of asthma, and spirometry clinics, weight management, diabetes and coronary heart disease, wound management, smoking cessation clinics and minor illness advice. Chronic disease appointments were available at a time that was convenient to patients. Phlebotomy services were available from Monday to Friday.
- 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.
- Hypertension clinics were available and the practice provided home loan blood pressure monitors in order to improve the care of patients.
- 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.
- The practice provided general medical services to local nursing and care homes. There were named GP and nurse practitioner who undertook ward rounds and maintained daily contact with the homes.
- Telephone appointments were available for patients if required. The practice used a text message appointment reminder service for those patients who had given their mobile telephone numbers.
- The practice hosted other services from the surgery including a weekly midwifery service and a physiotherapist three times a week. The mobile breast screening service also located close to the practice during its routine visits.
- The practice website provide links to on-line services such as; booking and cancelling appointments, prescription ordering, notifying changes to patients records, online access to records and electronic prescriptions.
- The practice also provided NHS Health Checks, emergency contraception, family planning, sexual health advice, weight management and smoking and drug misuse guidance.
- There were disabled facilities available.
- Nurse practitioners and nurses offered 15 minute appointments daily.
- A breastfeeding and quiet room was available for patients to use as required.
- A range of patient information leaflets was available in the waiting area including NHS health checks, services for carers and sexual health services. There were also displays providing information on the practice flu clinics.
- The practice was clean, well-furnished, and included appropriate seating for patients who had problems with mobility.

### Access to the service

The practice was open between 8am to 1pm and 2pm to 6.30pm Monday to Thursday and 8am to 6.30pm Friday. The branch surgery at Reedham was open from 8.30am to 12.30pm Monday, Tuesday and Friday and from 3.30 to 6pm Wednesday. The branch surgery was closed Thursday. The practice did not offer an extended hours service, however we were told patients were seen when required with additional appointments made available each day. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice dispensary was open from 8.30am to 1pm and 2pm to 6pm Monday to Friday.



# Are services responsive to people's needs?

(for example, to feedback?)

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

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 56% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.

People we spoke with on the day of the inspection told us that they were able to get appointments on the same day when they needed them, but there could be a wait to see a GP of their choice for non-urgent appointments on occasions. The practice admitted they had struggled to meet the demand for pre-bookable appointments and offering the GP of choice. In response to this the practice had recruited additional staff, for example a nurse practitioner who was due to join the practice in December 2016, and from February 2017 the appointment system would be modified to provide better access to appointments and the clinician of choice to suit all population groups.

The practice had a system in place to assess:

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

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

## Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints' policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. 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 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 including verbal complaints and found that they had been fully investigated and responded to in a timely and empathetic manner. Complaints were shared with staff to encourage learning and development.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

The practice had identified future challenges including local disinvestment, increased demand on its chronic disease services and local increased and wide spread population. 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.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

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

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. This included support training for all staff on

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

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

There was a clear leadership structure in place and staff felt supported by management. Staff told us 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. However there was scope to define which partner was responsible for which area within the practice. It was unclear which GP partner was responsible for clinical governance and maintaining standards of care.

We noted the team held regular social events, such as a Christmas party. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. It proactively sought patients' feedback and engaged patients in the delivery of the service. There was a patient suggestion box in the waiting area for patients to add their views, compliments and concerns. The practice manager told us these were regularly reviewed by the PPG.
- The PPG had a notice board in reception which provided patients with information on the PPG, this included photographs and names of the members, which ensured patients knew who they could refer to if they wished to approach a member of the PPG. The PPG oversaw a health promotion board in the practice entrance area; this provided a monthly health promotion with information and signposting to support

# Are services well-led?

Good 

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

services. During the inspection we saw the monthly topic provided information and guidance on sexual health. Members of the PPG told us they were planning to extend support for carers at the practice.

- The PPG worked with the practice and produced quarterly newsletters for patients. These were available on the practice website and included important information for patients such as flu clinic dates, health news and practice information.
- Members of the PPG attended practice flu clinics and provided tea and coffee for patients at the local village hall during flu campaigns.
- Friends and Family survey results showed that in February 2016; 93% of patients, who responded, were likely or extremely likely to recommend the practice to friends or family, and in September 2016; 86% of patients who responded, were likely or extremely likely to recommend the practice to friends or family. These responses were above and comparable with the national average of 88%.
- The practice had also 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 part of local pilot schemes and research to improve outcomes for patients in the area. For example; the practice was also a Royal College of General Practitioners research practice and took part in research activity such as asthma studies with results being published. GPs had special interest in chronic diseases such as dermatology, mental health and respiratory conditions.

The practice was a teaching and training practice for medical students and GP registrars (however at the time of the inspection the practice were not hosting any GP registrars), the practice sought feedback from them to improve their learning experience.

The partners were mindful of the potential ways that primary care services may need to adapt to meet future demand and the availability of resources. They were considering how this might impact on their practice and were working to prepare for this, to ensure they could address challenges and maximise opportunities to develop. For example, the practice had applied for a development grant to improve the practice building and were looking at refurbishing the building to provide further treatment rooms and expand services.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have appropriate systems in place to assess, monitor, mitigate risks and improve the quality of the service because;</p> <p>There was no systematic process to ensure patients with long term conditions or those who required health checks were recalled to see a clinician at an appropriate time.</p> <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	