

Dr Gordon McAnsh

Quality Report

Wells Health Centre
Bolt Close
Wells next the Sea
NR23 1JP
Tel: 01328710741
Website: wellshealthcentre.nhs.uk

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12
Outstanding practice	12

Detailed findings from this inspection

Our inspection team	13
Background to Dr Gordon McAnsh	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Gordon McAnsh on 16 August 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 an effective system in place for reporting and recording significant events.
- The practice used a range of assessments to manage the risks to patients; these were assessed and generally well managed. However, there was scope to improve the management of safety alerts.
- The practice demonstrated that they used a team approach that assessed patients' needs and delivered care in line with current evidence based guidance. Practice staff had been trained to provide them with the skills, knowledge, and experience to deliver effective care and treatment.
- Wells next the Sea is a dementia friendly town, the practice staff and members of the patient participation group work together with the dementia hub, to continue to improve care for their patients.
- 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 they found it easy to make an appointment with a named GP and urgent appointments were 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.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

We saw an area of outstanding practice:

- The town of Wells next the Sea experienced widespread flooding through the town, the practice staff liaised with the local flood warden, and made direct contact with their patients who had chosen to remain in their own homes. The practice was aware

of those who may have become vulnerable due to adverse weather conditions. They were able to ensure that they had adequate supplies of provisions and medicines.

However there were areas of practice where the provider should make improvements:

- Improve the system to manage safety alerts to ensure action is taken in a timely way.

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 generally well managed. There was scope to improve the system to manage safety alerts received by the practice.

Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes for 2014-2015 were above average when compared with the local and national averages. The practice achieved 100% of the points available; this was higher when compared with the CCG average of 97.3% and the national average of 94.8%. The practice
- Practice staff used a team approach that assessed patient's needs and delivered care in line with current evidence based guidance.
- The GP and clinical staff delivered talks to local groups and in the local library promoting healthy lifestyle and information on specific conditions.
- A comprehensive programme of clinical audits was used and encouraged quality improvement.
- Practice staff had the skills, knowledge, and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff including a health care assistant undertaking their nursing diploma.

Summary of findings

- Practice staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice was proactive in their management of patients who were at the end of their lives. The principal GP and the salaried GP regularly gave patients, carers/relatives, and community staff their contact numbers to ensure patients had continuity of care at this difficult time. The practice told us that 67% of patients had died in their preferred place of care. A standing item on the practice clinical was a review of any patient deaths. The remaining 33% had died in hospital, the team reviewed the reasons for admission, and in these cases the admission was appropriate for the patient. For patients who were admitted to the local care home for palliative care, the practice ensured that they met with the patient, carers and relatives as soon as possible after admission to ensure that they were aware of and would be able to meet the preferred choices the patient wished.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed results that were above the CCG and national results when patients rated the practice for aspects of care.
- 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 practice staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice carried out wound care in the practice giving patients the ability to be seen timely and treated closer to home.
- Travel advice was given to patients ensuring that patients had access to immunisations that were covered under the NHS.

Good



Summary of findings

- The practice recognised that during the summer months they had a large population of tourists who often needed to be seen on a temporary basis. The practice structured their appointment system ensuring that there were appointments later in the day when the demand was higher. The practice had emergency equipment ready that could be taken to the local beaches if required.
- Patients said they found it easy to make an appointment with a named GP and urgent appointments were available the same day.
- 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.
- The town of Wells next the Sea experienced widespread flooding through the town, the practice staff liaised with the local flood warden, and made direct contact with their patients who had chosen to remain in their own homes. The practice was aware of those who may have become vulnerable due to adverse weather conditions. They were able to ensure that they had adequate supplies of provisions and medicines.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for

Good



Summary of findings

notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. Regular reports were produced and shared with all the practice staff.

- The practice proactively sought feedback from staff and patients, which it acted on. The virtual patient participation group was active. The practice manager sent regular information and questionnaires and received email feedback.
- There was a strong focus on continuous learning and improvement at all levels. The practice demonstrated that they valued all staff development and not solely GP training.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those that needed them.
- The practice looked after patients who lived in care homes; they offered proactive care for these patients and undertook regularly visits to the homes. For patients admitted to the care home on a temporary basis, the practice was proactive to meet them and their relatives as soon as possible to ensure they met the patients' needs and wishes.
- Home visits were available for patients who needed them.
- The practice nursing team had extended training in complex wound care, this enabled patients who were less mobile or had difficulty in traveling to be seen in the practice rather than travelling to the community clinic some miles away.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed this included for patients with a learning disability.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The nursing staff undertook home visits for those patients that were unable to attend the practice for their reviews.
- The practice worked closely with a local health trainer to encourage patients to make lifestyle changes to promote healthy living.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were in line with the national average for the standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice did not restrict patients to specific clinics for sexual health advice but offered appointments as patients requested them.
- We saw positive examples of joint working with midwives, health visitors, and school nurses.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired, and students had been identified. The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered telephone consultations for those patients that wished to seek advice in this way. The GP regular stayed beyond practice closing time to see patients if there was a clinical need following a telephone call.
- 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 offered early appointments with health care assistants, nurses, and GPs.

People whose circumstances may make them vulnerable

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

Outstanding



- The principle GP lead and the practice held a register of patients living in vulnerable circumstances including homeless people, travellers, and those with a learning disability.

Summary of findings

- 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. The town of Wells next the Sea is a dementia friendly town, the practice staff and members of the patient participation group are involved in the dementia hub.
- 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. All staff had received additional training in dealing with patients who had encountered domestic violence.
- The practice was proactive in their management of patients who were at the end of their lives. The principal GP and the salaried GP regularly gave patients, carers/relatives, and community staff their contact numbers to ensure patients had continuity of care at this difficult time. The practice told us that 67% of patients had died in their preferred place of care. A standing item on the practice clinical was a review of any patient deaths. The remaining 33% had died in hospital, the team reviewed the reasons for admission, and in these cases the admission was appropriate for the patient. For patients who were admitted to the local care home for palliative care, the practice ensured that they met with the patient, carers and relatives as soon as possible after admission to ensure that they were aware of and would be able to meet the preferred choices the patient wished.
- The town of Wells next the Sea experienced widespread flooding through the town, the practice staff liaised with the local flood warden, and made direct contact with their patients who had chosen to remain in their own homes. The practice was aware of those who may have become vulnerable due to adverse weather conditions. They were able to ensure that they had adequate supplies of provisions and medicines.

People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- The practice had 38 patients diagnosed with dementia on the register. 36 of these patients had received an annual review, which included advance care planning. Of the remaining two, one had declined and the other was not appropriate at this time.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health. They undertook reviews of patients who had died and had a history of experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing above the local and national averages. 212 survey forms were distributed and 113 were returned. This represented 53% response rate.

- 100% of patients found it easy to get through to this practice by phone compared to the national average of 73%.

90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.

- 92% of patients described the overall experience of this GP practice as good compared to 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 national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received.

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

Areas for improvement

Action the service **SHOULD** take to improve

- Improve the system to manage safety alerts to ensure action is taken in a timely way.

Outstanding practice

- The town of Wells next the Sea experienced widespread flooding through the town, the practice staff liaised with the local flood warden, and made direct contact with their patients who had chosen to remain in their own homes. The practice was aware

of those who may have become vulnerable due to adverse weather conditions. They were able to ensure that they had adequate supplies of provisions and medicines.

Dr Gordon McAnsh

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 remote support from a medicine optimisation inspector.

Background to Dr Gordon McAnsh

The practice is situated in Wells next the Sea, Norfolk. The practice area extends into the outlying villages and the practice dispenses medicines to patients who live in these villages. The practice offers health care services to approx. 3000 patients and consultation space for GPs and nurses as well as extended attached professionals including midwives and a health trainer.

The practice holds a General Medical Service (GMS) contract and dispenses medicines to those patients who live in the surrounding villages. We visited the dispensary as part of our inspection.

- There is a principal GP who holds managerial responsibilities for the practice. There is one salaried male GP at the practice. There are two female practice nurses and two healthcare assistants; the practice is supporting one health care assistant to undertake their nursing diploma. A team of three dispensary trained staff support the principal GP in the dispensing of medicines. We discussed with patients and staff the unavailability of a female GP; they all told us that they had not found this a problem, as there was always a female chaperone available if needed.

- A team of four administration and reception staff support the practice manager.
- The practice is open between 8am and 6.30pm Monday to Friday.
- If the practice is closed, patients are asked to call the NHS111 service or to dial 999 in the event of a life threatening emergency.
- The practice has a lower number of patients aged 0 to 50 years and a higher number of patients aged over 60 years than the practice average across England. The deprivation score is in line with the England average. Unemployment in the practice population is lower than the England average, the percentage of patients who provide unpaid care is in line with the national average.
- Male and female life expectancy in this area is in line with the England average at 82 years for men and 87 years for women.

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.

Detailed findings

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 16 August 2016. During our visit we:

- Spoke with a range of staff (the principal GP, the practice manager, nurses, administrators, receptionists, healthcare assistants, and dispensers) 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

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 protection or child safeguarding level three.
- There was scope to improve the practice system for managing patient safety alerts. The practice received the alerts and updates and usually took any action needed. However we saw no evidence that the practice kept a record of actions taken following any safety alerts or updates. We found that the practice had not taken action on a recent alert regarding patients who had heart failure and who were on a particular combination of medicines. The practice undertook a search during the inspection and two patients were identified within the criteria. On the day of our inspection, we reviewed these patients and were found to be receiving appropriate treatment. The practice manager informed us that the practice has put a process in place to run searches weekly going forward.
- 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. An infection control clinical lead had

been appointed and they liaised with the local infection prevention and control 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 carried out; actions identified in an audit undertaken in September 2015 indicated the practice reviewed the use of a blanket. The practice recognised that this would be needed in some emergencies (they are a seaside town and accidents in water are a likely risk to happen). The practice wrote a cleaning policy, including the bagging and storage of the blanket to ensure it was kept clean.

- 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 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. Dispensary staffing levels were in line with DSQS guidance. Dispensing staff were appropriately qualified and had their competency annually reviewed. The practice had conducted audits of the quality of their dispensing service to ensure high dispensing accuracy. Patients we spoke with told us members of dispensary staff were friendly and helpful and medicines were supplied to them promptly and without delay.
- The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed to reflect current practice. There was a variety of ways available for patients to order their repeat prescriptions. Prescriptions were reviewed and signed by the GPs before they were given to the patient to ensure safety. There were arrangements in place to provide medicines in compliance aids for some patients to assist them in taking their medicines safely.
- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff.

Are services safe?

- Records showed medicine refrigerator temperature checks were carried out in the dispensary, which ensured medicines and vaccines were stored at appropriate temperatures.
- The practice had processes to check and record that medicines were within their expiry date and suitable for use. Medicines we checked during the inspection were within their expiry dates. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.
- 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. The practice staff were following these. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted, and the keys held securely. There were arrangements in place for the destruction of controlled drugs and for raising concerns around controlled drugs with the controlled drugs accountable officer in their area.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged and then reviewed. This helped 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 and the 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. The GPs covered each other's during absence ensuring that there was continuity of care for patients.

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 was 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 guidelines and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. The overall exception reporting rate was 6.3% which was 4.1% below the CCG average and 2.9% 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).

- Performance for diabetes related indicators in 2014/2015 was 100% this was 11% above the national average and 6% above the CCG average. The exception reporting rate was 7% and this was in line with the national (11%) and CCG (12%) exception reporting rates.
- Performance for mental health related indicators was above the national average. The percentage of patients with dementia who had had a face to face review was 91% which was above the national average of 84%. The exception reporting rate was 12% which was lower than the CCG average (19%) and the national average (11%).

Data provided by the North Norfolk CCG showed that the practice consistently performed better when compared with other local practices. For example, the practice rate for avoidable admissions was the fourth lowest in the North Norfolk CCG.

The practice had a comprehensive programme of audits, 41 audits were regularly performed. These included completed audits on high risk medicines monitoring, repeat medicine reviews and monitoring of patients at risk of /with prostate cancer (PSA levels).

In November 2014 the practice undertook an audit to improve the accuracy of the practice dementia register; this was repeated in December 2015. The practice register increased by five patients. The learning points that the practice shared from the audit were:

- The process identified coding issues of the dementia diagnosis; this could be attributed to a lack of responsibility, as usually it was specialist teams who made the diagnosis.
- The system of disease registers encouraged and facilitated assessment to improve patient care. New approaches to dementia were required as the number of people with the condition increased.

Changes the practice put into place included:

- Systems to increase the read coding from hospital discharge letter onto the patients' medical records,
- GPs reviewed patients, made a diagnosis, and started treatment, if appropriate, earlier.
- Engaged all GPs and nurses to be alert to identify patients that may be showing signs of dementia or those that need follow up.

The practice was proactive in their management of patients who were at the end of their lives. The principal GP and the salaried GP regularly gave patients, carers/relatives, and community staff their contact numbers to ensure patients had continuity of care at this difficult time. The practice told us that 67% of patients had died in their preferred place of care. A standing item on the practice clinical was a review of any patient deaths. The remaining 33% had died in hospital, the team reviewed the reasons for admission, and in these cases the admission was appropriate for the patient. For patients who were admitted to the local care home for palliative care, the practice ensured that they met



Are services effective?

(for example, treatment is effective)

with the patient, carers and relatives as soon as possible after admission to ensure that they were aware of and would be able to meet the preferred choices the patient wished.

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 such topics as safeguarding, 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 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. Practice 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. Practice staff had received an appraisal within the last 12 months. Practice staff told us that the practice was supportive for their further development. For example, following a staff member's application to undertake a nursing diploma, the practice had provided clinical supervision and mentorship to help them achieve this.
- The practice had robust oversight and staff received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

- The GP and clinical staff delivered talks to local groups and in the local library promoting healthy lifestyle and information on specific conditions.

The practice identified patients who may be in need of extra support for example:



Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation and dietary advice was available to patients using the practice.
- The practice's uptake for the cervical screening programme was 91%, which was above the CCG average and the national average of 82%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Figures published by Public Health England show that 67% of the practice's target population were screened for bowel cancer in 2014/2015 which above the national average of 58.3%. The same dataset shows that 76% of the practice's target population were screened for breast cancer in the same period, compared with the national screening rate of 72%.
- Childhood immunisation rates for the vaccinations given were higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100%, compared to the nation average of 96% to 98% and five year olds from 94% to 100% compared to the nation average of 92% to 98%. Practice staff told us that they actively tried to improve uptake, both clinical and non-clinical staff telephoned the parents or guardian of children to discuss and encourage attendance.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Screens 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.
- The reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described their experience as 'excellent' and 'very good'.

We spoke with members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said that they felt included, consulted and valued by the practice.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity, and respect. The practice performed above average for its satisfaction scores on consultations with GPs and nurses and helpfulness of reception staff. 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 9% and the national average of 97%.
- 98% of patients said they had confidence in the last nurse they saw or spoke compared to the CCG average of 98% and the national average of 97%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 87% of patients said the last GP they spoke to was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 94% and the national average of 92%.

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.

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 43 patients as carers (1.5% of the practice list). 33% of these carers had received an annual review. The practice explained to us that they did not always undertake formal reviews, but reviewed carers who attended the practice more frequently at every opportunity. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

- Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.
- The town of Wells next the Sea experienced widespread flooding through the town, the practice staff liaised with

the local flood warden, and made direct contact with their patients that had chosen to remain in their own homes. The practice was aware of those who may have become vulnerable due to adverse weather conditions. They were able to ensure that they had adequate supplies of provisions and medicines.

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.

- Appointments were available outside school and core business hours to accommodate the needs of children and working people.
- Appointments for the patients that were tourists were available and rotas adjusted to increase the number of afternoon appointments to meet the demand.
- 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.
- There were facilities for patients with disabilities and translation services were available.
- The practice worked closely with community midwives, health visitors, and voluntary agencies.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. 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.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were mixed when compared with the local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 100% 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%.

- 89% of patients with a preferred GP usually got to see or speak with that GP compared to the CCG average of 58% and the national average of 59%.

Comment cards we reviewed and patients we spoke with told us on the day of the inspection that they were able to get appointments when they needed them. Although, most stated that to see a specific GP there was usually a longer wait.

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, both in the waiting area and on the web site.
- The practice produced a comprehensive report and action plan which was regularly shared with the staff. This action plan detailed the complaints and compliments that had been received, the actions taken, the learning shared and the changes that had been made.

Five complaints had been received in the past 12 months, one written, and four verbal. Each complaint had been fully detailed and lessons were learnt. For example, in December 2015, a patient complained that they had waited too long in the practice for emergency treatment. The practice reviewed the event and in a meeting, held 24

Are services responsive to people's needs?

(for example, to feedback?)

December 2015, discussed with staff how they could have managed the situation better. The practice implemented a new procedure to ensure that nursing staff were aware of any patient awaiting urgent care.

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 a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plan which reflected the vision and values and this was regularly monitored. The practice reviewed their strategic plan every year to ensure they were meeting their objectives.

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.
- The management team had a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions. We noted that the system to manage safety alerts had scope to be improved.

Leadership and culture

On the day of inspection the management team 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 principal GP and practice manager were approachable and always took the time to listen to all members of staff.

The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information 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.

- The practice told us that they valued a team approach to the care of their patients, ensuring that they received continuity of care from all staff and not just the GPs. They held a clinical meeting monthly; GPs and nurses attended this. Standard items for discussion at this meeting included, significant events, complaints, accident, and emergency admissions, including those from the care home they looked after. It also included any safeguarding concerns, new cancer diagnosis, new palliative care patients' recent deaths, and any dispensary queries. There was an opportunity for any other clinical issues to be discussed, for example at a meeting held 14 July 2016 the practice discussed the practice policy for patients requesting blood tests for cholesterol checks without having seen a GP first.
- 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. For example, the dispensary staff had to leave the dispensary and go into the waiting area to give patients their medicines; they suggested that a secure window be put in, allowing them to have direct contact with the patients in the waiting area. The management team agreed; this reduced the security risks as staff no longer needed to continually lock and unlock the dispensary between patients.
- Staff said they felt respected, valued and supported, by the GP and practice manager. All staff were involved in discussions about how to run and develop the practice, and were encouraged to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

- The principal GP and the staff recognised that they were an integral part of the community. The lead GP was a responder to the local life boat association and staff regularly held events, such as coffee mornings. These events raised money for local charities and awareness for health promotion, for example Dementia UK and Prostate cancer whilst giving patients and visitors an opportunity to meet and socialise.
- The town of Wells next the Sea experienced widespread flooding through the town, the practice staff liaised with the local flood warden, and made direct contact with their patients that had chosen to remain in their own homes. The practice was aware of those who may have become vulnerable due to adverse weather conditions. They were able to ensure that they had adequate supplies of provisions and medicines.

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 surveys and complaints received. The practice manager sent information, updates, and surveys to the

PPG members on a regular basis. For example, The PPG engaged with the practice staff on the coffee morning events, raising awareness and gathering feedback from other patients.

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

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 to improve outcomes for and bring services closer to the patients in the area. For example, they were involved in discussion relating to providing community beds in a local setting, allowing the GPs to admit patients who need additional short term care but did not need to be admitted to the local hospital.

They recognised that the area will be part of a significant growth expansion in the near future and that they need to ensure that they have the resources and skills to meet the increased demands. The practice team are keen to continue their work within the community and will continue to give talks and demonstrations to local groups encouraging health, and wellbeing.