

Dr Shaun Conway

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Shaun Conway also known as Hingham Surgery on 27 October 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.
- Risks to patients were assessed and well managed. However the practice had not risk assessed access to the dispensary.
- 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 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 there was continuity of care, with 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.

We saw one area of outstanding practice;

Summary of findings

- The practice was proactive in identifying patients with caring responsibilities. A member of the patient participation group (PPG) provided monthly carer support group meetings at the practice to offer support and guidance

The areas where the provider should make improvement are:

- The practice should review aspects of the management of the dispensary, including formally risk assess the practice's decision not to limit access to the

dispensary to those who are involved in the dispensing process, recording of checks taken to ensure medicine are within the expiry date and to identify errors that should be raised as significant events.

- There was scope to improve the processes in place to check medicines following alerts and recalls of medicines, to ensure systems were robust and all alerts were logged and acted upon.

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 requires improvement 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 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 cleaning company 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 conducted patient surveys and auditing of their dispensing service showing high levels of satisfaction and good outcomes for patients. We checked medicines stored in the dispensary, treatment rooms and medicine refrigerators. The dispensary was adjacent to the reception area. It could not be secured separately and was accessible to all members of staff and the practice had not assessed the risks related to this. However we could not evidence risks to patients as the dispensary was situated in a secured staff only area. We found that staff were not vigilant to recurring fridge temperature readings above range, were not resetting the fridge temperature monitoring device and were not fully aware of the accepted temperature range for the safe refrigeration of medicines. We discussed this with the practice and were confident that the practice took immediate action on this. Processes were in place to check medicines stored within the dispensary area for expiry, however, the practice did not keep records of the checks. Processes were also in place to check medicines following alerts and recalls of medicines, however,

Summary of findings

we noted that the practice had not logged and acted upon a recent medicine recall. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Dispensing errors were logged and reviewed to minimise the chance of similar errors occurring again, however, records did not clearly show which errors identified by staff were of a significant nature needing to be raised within the practice.

- The practice had a legionella policy, water temperatures were checked regularly and taps were run when they were in limited use.
- There was scope to improve the recording of patient safety alerts undertaken to ensure that initial searches were completed and the changes effected.
- 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 good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally higher than the clinical commissioning group (CCG) and national averages.
- 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.

Good



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 higher than others for aspects of care. For example, 99% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%. 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%. 98% of patients said the last nurse they spoke to was good at treating them with care

Good



Summary of findings

and concern compared to the CCG and national average of 91%. 100% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

- Feedback from patients about their care was consistently 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.
- The practice was proactive in identifying patients with caring responsibilities. A member of the patient participation group (PPG) provided monthly carer support group meetings at the practice to offer support and guidance.

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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Data from the National GP Patient Survey published in July 2016 showed that 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 78% and 99% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- 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.
- 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 care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those 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 78% of patients aged over 65 years old during the 2015 to 2016 flu vaccination clinics.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2014/2015 showed that the performance for diabetes related indicators was better than the local and national averages with the practice achieving 96%; this was 6 percentage points above both the local and national averages. The rate of exception reporting was in line with the local and national averages
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- 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 60% of patients who were deemed at risk during the 2015 to 2016 flu vaccination clinics.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Childhood immunisation rates for the vaccinations given were high when compared to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 100% which was comparable to the CCG average of 68% to 97% and five year olds from 74% to 100% which is comparable to the CCG average of 71% to 97%.
- 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 87%, which was above the CCG average of 84% and the national average of 82%. There was a policy to offer written and 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. The practice nurses had undergone training to support the local contract for School Readiness Health Checks for children under five prior to attending school. These were undertaken at the time of the child's pre-school vaccinations to identify any potential health concerns.

Good



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



Summary of findings

- 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 66% of the target population, which was above the CCG average of 65% and above the national average of 58%. The breast cancer screening rate for the past 36 months was 81% of the target population, which was also above the CCG average of 80% and 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 had achieved a 46% uptake for NHS health checks for the year 2014/2015 and an increased 69% uptake for the year 2015/2016.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had identified 16 patients with a learning disability on the practice register. 14 of these patients had received a health check with invitations sent to the remaining two patients. The practice provided these patients with an easy read pre-health review document. This used words and pictures in an easy read format to help patients with a learning disability to better understand and respond to questions about their health, illness, lifestyle and treatments. This ensured GPs had the basic and necessary information about the patient and their symptoms prior to their health review.
- 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.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- One member of the patient participation group (PPG) provided carer meetings at the practice once a month. These provided support and guidance to carers.

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).

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally higher than the clinical commissioning group (CCG) and national averages.
- 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 94%; this was above the CCG average of 86% and the national average of 84%. At the time of our inspection the practice had invited 46 patients identified as having dementia for a health check, of these 41 had a care plan in place and had undergone a review. The practice referred patients to various support services as required.
- 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 89% this was below the CCG average of 90% and the national average of 88%. Of the 30 patients identified as experiencing poor mental health on the practice register, 27 has received a health check in the past twelve months with appointments scheduled for the remaining patients.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- 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 July 2016. The results showed the practice was performing above local and national averages. 215 survey forms were distributed and 135 were returned. This represented 63% response rate.

- 99% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and the national average of 73%.
- 98% 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 86% and the national average of 85%.
- 98% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.

- 99% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and 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 28 comment cards which were very positive about the standard of care received. Patients felt that practice staff treated them very well and were friendly, kind and caring. Patients commented that they were treated with dignity and respect.

We spoke with seven patients during the inspection. All seven patients said they were very satisfied with the care they received and thought staff were approachable, professional, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- The practice should review aspects of the management of the dispensary, including formally risk assess the practice's decision not to limit access to the dispensary to those who are involved in the dispensing process, recording of checks taken to ensure medicine are within the expiry date and to identify errors that should be raised as significant events.
- There was scope to improve the processes in place to check medicines following alerts and recalls of medicines, to ensure systems were robust and all alerts were logged and acted upon.

Outstanding practice

- The practice was proactive in identifying patients with caring responsibilities. A member of the patient participation group (PPG) provided monthly carer support group meetings at the practice to offer support and guidance.

Dr Shaun Conway

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 CQC pharmacist inspector.

Background to Dr Shaun Conway

Dr Shaun Conway also known as Hingham Surgery is located in Hingham, Norfolk. The practice is run by one full time male GP. The practice employs one full time male salaried GP and three female and one male part time salaried GP, two female practice nurses and two female health care assistants. The clinical team is supported by a practice manager and a team of administrative, secretarial and reception/dispensing staff. The practice dispenses to approximately 52% of its patient population.

According to Public Health England information, the practice age profile has higher percentages of patients over 45 years compared to the practice average across England. It has lower percentages of patients aged 0 to 5 and 15 to 44 years.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.10am to 12midday every morning and 1.40pm to 6pm daily. Nurse appointments are available from 8am to 6pm Monday to Friday. Extended hours appointments are offered with GPs from 7.30 to 8am Monday to Friday, with appointments at 7.40am and 7.50 am daily. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that need

them. Patients are able to speak to a GP before and after each surgery. Patients are not restricted to booking into designated clinics and the practice endeavours to accommodate patients' needs at other times.

The practice holds a General Medical Service (GMS) contract to provide GP services to approximately 5,829 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 offers a range of enhanced services commissioned by their local CCG: facilitating timely diagnosis and support for people with dementia and extended hours access.

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 27 October 2016. During our visit we:

Detailed findings

- 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 and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events to identify trends and make changes when necessary. A significant events matrix was maintained to ensure that incidents were reviewed in a timely manner. Nevertheless there was scope to ensure that dispensary errors were investigated as significant events where this was appropriate.
- Practice staff were encouraged to reflect upon their involvement within a significant event, and we saw evidence of this within staff personal development plans and appraisals. This embedded learning from significant events. For example as a result of a significant event analysis the practice had amended the policy on blood pressure readings and where appropriate undertook ankle blood pressure readings.
- Significant events were discussed at clinical and whole team meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. However there was scope to improve the recording of safety alerts to ensure all clinicians had reviewed the alert and actions had been 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 and nurses were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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 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. The practice had conducted patient surveys and auditing of their dispensing service showing high levels of satisfaction and good outcomes for patients.

Are services safe?

The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed. There were a variety of ways available for patients to order their repeat prescriptions. Prescriptions were reviewed and signed by GPs before they were given to the patient to ensure safety. There was a system in place for the management of high risk medicines which included regular monitoring in accordance with national guidance.

We checked medicines stored in the dispensary, treatment rooms and medicine refrigerators. The dispensary was adjacent to the reception area. It could not be secured separately and was accessible to all members of staff and the practice had not assessed the risks related to this. However we could not evidence risks to patients as the dispensary was situated in a staff only area. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. Records showed medicine refrigerator temperature checks were carried out which ensured medicines and vaccines requiring refrigeration were stored at appropriate temperatures, We found that staff were not vigilant to recurring fridge temperature readings above range, were not resetting the fridge temperature monitoring device and were not fully aware of the accepted temperature range for the safe refrigeration of medicines. We discussed this with the practice and were confident that the practice took immediate action on this. Emergency medicines were within their expiry date and suitable for use. Processes were in place to check medicines stored within the dispensary area for expiry, however, the practice did not keep records of the checks. Processes were also in place to check medicines following alerts and recalls of medicines, however, we noted that the practice had not logged and acted upon a recent medicine recall.

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. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. There were arrangements in place for the destruction of

controlled drugs. The practice carried out regular audits 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.

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Dispensing errors were logged and reviewed to minimise the chance of similar errors occurring again, however, records did not clearly show which errors identified by staff were of a significant nature needing to be raised within the practice.

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 with staff covering each other's roles across the reception administration and dispensary teams.

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.

Are services safe?

- 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 processes in place to ensure the practice monitored that these guidelines were followed.

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 for 2014/2015 were 99% of the total number of points available with a 6% exception reporting rate which was 4.2 percentage points below the CCG average and 3.5 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). The most recent results published 28 October 2016 showed the practice had achieved 97% of the total points available for 2015 to 2016. At the time of our inspection the practice reported an achievement for the year 2016/2017 so far of 420 of the 545 points available.

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

- Performance for diabetes related indicators was better in comparison to the CCG and national average, with the practice achieving 92% across all indicators. This was one percentage points above the CCG average and three percentage points above the national average. Exception reporting was in line with CCG and national averages.
- Performance for mental health related indicators was also better in comparison to the CCG and the national averages. With the practice achieving 99% across each

indicator, this was five percentage points above the CCG average and four percentage points above the national average. Exception reporting was below local and national averages.

- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, dementia, depression, epilepsy, heart failure, hypertension, learning disability, osteoporosis, palliative care, rheumatoid arthritis and stroke and transient ischaemic attack were all above or in-line with CCG and national averages with the practice achieving 100% across each indicator. Exception reporting was below local and national averages.

The practice regularly monitored clinical data using a reflective review process and discussed and disseminated findings with clinical staff and relevant organisations.

High risk medications were monitored regularly by doing a search on the clinical computer system. The practice described and showed us how their recall system worked for various drug monitoring. There were recalls in place and the practice checked that patients had been in for their blood tests.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Clinical audits demonstrated quality improvement. Clinical audits had been completed in the last year; we looked at one cycle audit where the improvements made were implemented and monitored. For example, the practice had undertaken three, six monthly audits, from 1 January 2015 to 30 June 2016 of patients with a read code on their records of dementia. The aim of the audit was to improve the identification, assessment and coding of patients with dementia. The number of patients newly diagnosed with dementia in the 6 month audit period was seven. This compared with five in the previous six months. At the latest audit in June 2016 the number of patients on the dementia register at the time of the audit was 43. This was the same number as the previous audit, however the practice noted that seven patients had passed away since the previous audit and seven patients had received a new diagnosis of dementia. Other audits included anti-coagulant patients, minor surgery, and chronic obstructive pulmonary disease, patient satisfaction with dispensing services, alcohol assessments, medication usage, dose optimisation and stock levels for dispensary.

Are services effective?

(for example, treatment is effective)

The practice participated in non-clinical audits including data quality, patient feedback, and infection control, cleaning standards, minor surgery outcomes and appointment schedules. The practice also took part in local audits, national benchmarking, accreditation, peer review and research

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, 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 competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, 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.

Supporting patients to live healthier lives

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

The practice's uptake for the cervical screening programme was 87%, which was above the CCG average of 84% and the national average of 82%. There was a policy to offer written and 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.

Are services effective?

(for example, treatment is effective)

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 66% of the target population, which was above the CCG average of 65% and above the national average of 58%. The breast cancer screening rate for the past 36 months was 81% of the target population, which was also above the CCG average of 80% and the national average of 72%.

The practice had identified 16 patients with a learning disability on the practice register. 14 of these patients had received a health check with invitations sent to the remaining two patients. The practice provided these patients with an easy read pre-health review document. This used words and pictures in an easy read format to help patients with a learning disability to better understand and respond to questions about their health, illness, lifestyle and treatments. This ensured GPs had the basic and necessary information about the patient and their symptoms prior to their health review. 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 89% this was below the CCG average of 90% and above the national average of 88%. Of the 30 patients identified as experiencing poor mental health on the practice register, 27 has received a health check in the past twelve months with appointments scheduled for the remaining patients. 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 94%; this was above the CCG average of 86% and the national average of 84%. At the time of our inspection the practice had invited 46 patients identified as having dementia for a health check, of these 41 had a care plan in place and had undergone a review. The practice referred patients to various support services as required.

The practice had administered flu vaccinations to 78% of patients aged over 65 years old and 60% of patients on the practice at risk register during the 2015 to 2016 flu vaccination clinics.

Childhood immunisation rates for the vaccinations given were high when compared to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 100% which was comparable to the CCG average of 68% to 97% and five year olds from 74% to 100% which is comparable to the CCG average of 71% to 97%.

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 had a 46% uptake for NHS health checks for the year 2014/2015 and 69% uptake for the year 2015/2016. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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 of 28 comment cards were very positive about the standard of care received. Patients felt that practice staff treated them very well and were friendly, kind and caring. Patients commented that they were treated with dignity and respect.

We spoke with seven patients during the inspection including three members of the patient participation group (PPG). All seven patients said they were very satisfied with the care they received and thought staff were approachable, professional, committed and caring.

The three members of the PPG told us their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 99% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 97% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 100% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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 July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were also above local and national averages. For example:

- 99% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 99% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

Staff told us that translation services were available for patients who did not have English as a first language. However we were told there was little demand for this service at the practice. We saw information was available on the practice's website in other languages. We saw a number of information leaflets were available in the practice in addition to leaflets in easy read format.

Are services caring?

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 67 patients as carers (1.2% of the practice list). 42 patients had received a health check or had their blood pressure monitored in the last 12 months. Written information was available to direct carers to the various avenues of support available to them. One member of the patient participation group (PPG) provided carer meetings at the practice once a month. These provided support and guidance to carers

Staff told us that if families had suffered bereavement, their usual GP contacted them and undertook a bereavement visit. 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 practice had made use of the Gold Standards Framework for end of life care. It had a palliative care register and had regular meetings to discuss the care and support needs of patients and their families with all services involved. The practice reported that of the 15 patients on the palliative care register, in the previous year 14 patients were on the pro-active care register, with nine patients passing away in their preferred place of death.

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.

- The practice offered early morning GP appointments at 7.40am and 7.50am daily for working patients who could not attend during normal opening hours.
- 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.
- There were disabled facilities, a hearing loop and translation services available.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, services for carers and promotion of mental health awareness. There were displays providing information on cancer warning signs.
- The practice provided a range of nurse-led services such as management of asthma, weight management, diabetes and coronary heart disease, wound management, smoking cessation clinics and minor illness advice. Chronic disease appointments were available at a time that was convenient to patients and not set clinics.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as blood pressure machines, electrocardiogram tests, spirometry checks, blood taking, health screening, minor injuries and minor surgery.
- The practice provided a blood pressure monitor in the nurses' waiting room to encourage patients to take their own readings, the practice also had a number of home loan monitors in order to improve the care of patients.
- The practice supported the management of anti-coagulation monitoring, minor injuries, post-operative wound care, learning disability health checks.
- The practice offered minor surgery on site.
- 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.
- 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.
- The practice provided general medical services to a 46 bed nursing home in Hingham. There was a named GP who undertook a ward round at the home weekly. This GP also dealt with the bulk of queries or urgent visits between ward rounds to ensure continuity.
- 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, sexual health advice and, smoking and drug misuse guidance.
- The practice nurses had undergone training to support the local contract for School Readiness Health Checks for children under five prior to attending school. These were undertaken at the time of the child's pre-school vaccinations to identify any potential health concerns.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.10am to 12 midday every morning and 1.40pm to 6pm daily. Nurse appointments were available from 8am to 6pm Monday to Friday. Extended hours appointments were offered with GPs from 7.30 to 8am Monday to Friday, with appointments at 7.40am and 7.50 am daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Patients were able to speak to a

Are services responsive to people's needs?

(for example, to feedback?)

GP before and after each surgery. Patients are not restricted to booking into designated clinics and the practice endeavours to accommodate patients' needs at other times.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 78%.
- 99% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.

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

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 on the wall in the waiting area. Reception staff showed a good understanding of the complaints' procedure.

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

Are services well-led?

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 to provide a caring, friendly and efficient service and to be approachable and accessible; this was detailed in the statement of purpose with their aims and objectives. Staff we spoke with were aware and understood these values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The GP registered manager and practice manager were aware of the challenges for succession planning in the practice. The practice had clearly identified potential and actual changes to practice, and made 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
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We discussed the practice performance for two cycle clinical audits and the practice recognised that there was scope to improve this.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GP registered manager 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 GP registered manager, practice manager and salaried GPs were approachable and always took the time to listen to all members of staff.

The provider 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 support training for all staff on communicating with patients about notifiable safety incidents. The management team 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, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

The practice had undergone a period of change in 2014 with the addition of 300 patients to the practice list overnight. The practice manager described how staff had really all 'pulled together', a retired member of staff had returned to assist with patient records and the increased demand, with the result that all 300 patients had been seen and safely registered in an appropriate time.

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

- The practice had a meeting schedule which ran from January to December. This was planned at the beginning of each year and included weekly meetings between the GP registered manager and practice manager, weekly GP meetings, monthly meetings for all administration staff, fortnightly nurses meetings and quarterly all staff meetings.
- 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.
- Staff said they felt respected, valued and supported, particularly by the management team in the practice. All staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff 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)

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 were comments books in both waiting rooms for patients to add their views, compliments and concerns. The practice manager told us these were regularly reviewed, however there were no comments in the book to indicate the practice had noted or responded to patient views.

- The PPG was formed in October 2011. The PPG met with the practice team bi-monthly and often communicated on a weekly basis. The PPG had carried out three patient surveys in the past, reporting very positive feedback from patients and where appropriate had submitted proposals for improvements to the practice management team. For example, the practice along with the PPG held an open afternoon where GPs and nurses were available to explain to patients what services they offered. In addition there were representatives from the smoking cessation team and a dietician. The PPG also worked with the practice to facilitate health walks during summer months and in September 2016 provided a dementia awareness evening with a speaker from the Alzheimer's Society. We were told this was very well received with over 50 attendees. The PPG raised funds through book sales in the practice lobby and in addition to donations received from patients and families, the practice and PPG had purchased a number of items for the benefit of patients. These included a blood pressure monitor in the nurses' waiting room to encourage patients to take their own readings, a water cooler in the reception area for patients use and a TV monitor and sound system in the practice waiting areas which provided health information and guidance for patients.

- The PPG worked with the practice to produce a newsletter for patients. This included important health information such as flu clinic dates, practice news and links to local organisations.

- Friends and Family survey results over the previous twelve months showed that 100% of patients, who responded, were likely or extremely likely to recommend the practice to friends or family.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussions. 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 the 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 to improve outcomes for patients in the area. For example; the practice took part in NHS supported research studies.

Practice staff were encouraged to attend training courses and events to develop their knowledge further. For example, one health care assistant was completing a foundation degree in health studies, had completed a Dementia Friendly Surgery course and disseminated their learning to all staff at the practice. The practice also recruited apprentices from a local college. We were told the latest apprentice would be completing their time with the practice at the end of November 2016 and would then be joining the practice as a member of the reception team, with the practice sponsoring them to undertake the national vocational qualification (NVQ) level three.

The practice provided weekly ward rounds to a 46 bed nursing home in Hingham and were due to provide a second scheduled GP visit on a Friday, with the aim to further anticipate and prevent health problems over the weekends for patients who were residents.