

# Dr Barrie and Partners

## Quality Report

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

## Ratings

### Overall rating for this service

Outstanding



Are services safe?

Outstanding



Are services effective?

Outstanding



Are services caring?

Outstanding



Are services responsive to people's needs?

Outstanding



Are services well-led?

Outstanding



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Barrie and Partners on 25 July 2016. Due to unforeseen circumstances a change of lead Care Quality Commission inspector took place and a further focused inspection was undertaken on 14 December 2016.

Overall the practice is rated as Outstanding.

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 systems in place included reporting to external agencies such as the National Reporting and Learning System (NRLS).
- Risks to patients were assessed and well managed. The practice regularly reviewed their risk registers and took action appropriately. For example, learning from

a serious case review for general practice led the practice to implement a policy to ensure a risk assessment was undertaken, and actions taken for patients who had not attended their appointments.

- Practice staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Some GPs had specialist's skills and worked within secondary care for example, a diabetes specialist centre, and A+E department. Other GPs had specialist skills such as managing patients with eating disorders, advance pre hospital/trauma care, sexual health, and managing pain by using acupuncture. These skills were maximised by the practice to enhance the care to their patients.
- Patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment. Data from national GP Survey showed that 91% of patients said that the last GP they saw or spoke to was good at involving them decisions about their care compared to the CCG average of 84% and the national average of 82%.

# Summary of findings

- Information about services and how to complain was easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The patients had easy access to a variety of health leaflets and information and ensured that these were given to patients when appropriate.
- The practice worked proactively to ensure that patients on their learning disability register received their annual health reviews. The CCG recognised their high achievements, and requested the systems and processes were shared with other local practices.
- There was a clear strong leadership structure and staff felt engaged, supported and valued by management. The practice proactively sought feedback from staff and patients, which it acted on.
- New ideas were encouraged and several services had been integrated into the practice through the work of staff members, for example the dispensary staff had identified high amount of waste from stoma products. The management team approached the specialist stoma nurse who attended the practice and undertook face to face reviews with patients.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had a robust and comprehensive range of governance arrangements that were regularly reviewed to ensure their effectiveness.

## Outstanding elements;

- When designing their new premises the partners were forward thinking and demonstrated innovation. They ensured that opportunities to provide additional services were maximised, providing their patients with services closer to home. For example, they included the specialist power supply required to run the mobile breast screening units, and for patients that required input from the pulmonary rehab service, a room was designed, and fully equipped by the practice with various pieces of essential apparatus. The practice had specialist skills for managing diabetes within the practice team. The practice had invested in a Neurothesiometer, a diagnostic instrument that assessed vibration sensitivity thresholds; this enabled

the GP to access the risk of foot ulceration which patients with diabetes are at higher risk of developing. At the time of the inspection 25 additional clinics were provided, the practice team had been instrumental in approaching the providers, setting up and managing the day to day running of these services. The practice had implemented some of these services successfully for their patients and now extended this to include patients from other practices. The practice met the costs of providing or part funded most these services.

- In 2009 the practice invested in the specialist equipment required to provide microsuction to their patients to safely remove ear wax. The practice had been able to treat patients quicker and more effectively with this equipment with positive outcomes. Younger, older and patients with more complex needs had been treated in the practice rather than referred to the local hospitals. In 2014, the practice was contracted to offer this service to other practices. Three GP partners are trained to deliver this service and are supported by consultants from secondary care.
- The practice used proactive methods to improve patient outcomes and these methods were shared with other practices. For example, the practice had worked extensively on producing effective admission avoidance processes. Data on admission avoidance for the period 2015/16 provided by the local CCG showed that the practice was amongst the best performing practices against emergency admissions, accident and emergency attendances and outpatient attendances in the area. The practice worked proactively to ensure that patients on their learning disability register received their annual health reviews. The practice had been asked to share its processes surrounding learning disability reviews with the CCG so that other practices can use them to improve their review rates.

There were areas where the provider should make improvements are:

- Ensure that a clear audit trail for prescription stationery is embedded

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 Outstanding for providing safe services.

- The practice prioritised safety, an effective and robust system was in embedded for reporting and recording significant events, this included reporting to external agencies such as the National Reporting and Learning System (NRLS). The practice reviewed significant events that had happened in the practice and those that had happened in other settings and demonstrated shared learning.
- When things went wrong patients were engaged and received reasonable support, relevant 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. All staff including non-clinical staff were trained to safeguarding level 3 and some GPs were trained to level 4.
- Risks to patients were fully assessed and well managed. Where risks were found or identified through internal or external learning the practice quickly implemented procedures to reduce the level of risk. The management team produced a development plan and risk register annually to ensure that progress was monitored.
- The practice had clear protocols and guidelines to cover the dispensing of medicines; however prescription stationery was stored securely but not effectively tracked through the practice. The practice took immediate action and implemented systems to ensure safe management of prescription stationary.

**Outstanding**



### Are services effective?

The practice is rated as outstanding for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average for the year 2014/2015 and we noted that the practice performance for 2015/2016 was similar in all domains and the exception reporting for 2015/2016 was in line with the CCG and national average.

**Outstanding**



# Summary of findings

- Practice staff assessed needs and delivered care in line with current evidence based guidance. The practice GPs had several extended skills and experience for example three GPs undertook microsuction for removal of ear wax, enabling patients to have safer and quicker treatment.
- A comprehensive programme of clinical audits demonstrated quality improvement.
- The practice valued and encouraged education for all practice staff giving them the skills, knowledge, and experience to deliver effective care and treatment.
- Practice staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. We saw several examples of positive outcomes for patients, for example, we saw joint working of GPs, a mental health link worker and care home staff to ensure that a patient with complex needs was appropriately seen and their treatment managed.
- The practice used proactive methods to improve patient outcomes. For example, the practice had worked extensively on producing effective admission avoidance processes. These had been shared with other practices.
- The practice worked proactively to ensure that patients on their learning disability register received their annual health reviews. The practice had been asked to share its processes surrounding learning disability reviews with the CCG so that other practices can use them to improve their review rates.

## Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the national GP patient survey July 2016 showed patients rated the practice higher than others for several aspects of care. For example, 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- Patients said they were treated with compassion, dignity, and respect and they were involved in decisions about their care and treatment.
- The practice had been proactive and had initiated several services not usually available in primary to be offered from the practice.
- When funding for NHS podiatry services was removed, the practice recognised because of their rural position, older and less mobile patients, who relied on social foot care (nail clipping), may not have access to a service. This could lead to

**Outstanding**



# Summary of findings

more complex foot problems and have a negative on patient's mobility. The practice offered a room for private podiatrist to use enabling those patients, who wanted, access to foot care without the need to travel and in surroundings they were familiar with.

- Information for patients about the services available was easy to understand and accessible.
- We saw many examples of how practice staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice looked after patients in various care homes including those with complex needs. Regular visits were undertaken to ensure proactive as well as reactive care was provided.
- The practice had identified 166 patients as carers (2% of the practice list).
- The GPs ensured continuity of care for patients who were at the end of their lives or in complex situations, this included making their personal contact numbers available to the out of hours service.

The practice team were aware of carers and their time constraints. The practice told us that they ensured sufficient stocks of medicines and continence supplies were available in the dispensary to avoid carers making multi trips to the practice. Appointments were made at times convenient for them, either for their own needs or for those they cared for.

## Are services responsive to people's needs?

The practice is rated as outstanding 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 referred patients to Clinks Care Farm, an initiative that patients diagnosed with mild to moderate mental health problems can attend. The practice worked closely with the farm to ensure that information was shared, and GPs maximised the opportunity of learning from this project and regularly attended with GP trainees and medical students.
- Patients said they were able make an appointment with a named GP and there was continuity of care, with urgent

**Outstanding**



# Summary of findings

appointments available the same day. The practice ensured that the out of hours providers held the GP home contact numbers and could contact them if needed for patients at the end of their lives or in a crisis.

- Data from the National GP Patient Survey published in July 2016 showed that 93% 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%.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered Yellow Fever vaccination centre.
- Additional services such as anticoagulation (INR) monitoring were undertaken at the practice, ensuring that patients received easy access for safe monitoring of their high risk medicine.
- Health promotion was a priority for the practice, a health trainer regularly attended the practice to encourage and motivate patients to improve their lifestyle. The practice worked with the local community gym to encourage patients to increase their physical activities.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Practice staff had been engaged in the development of and were clear about the vision and their responsibilities in relation to it. The practice staff had written a motto which reflected their aims and ethos; this was displayed on the staff notice boards.
- There was a clear strong leadership structure and staff felt engaged, supported and valued by management.
- When designing their premises the partners were forward thinking and demonstrated innovation for the provision of health in the future.
- Services such as microsuction had been available in the practice for many years and now available to other practices.
- Robust clinically and management led governance arrangements had been embedded, proactively reviewed and took account of current models of best practice.
- The development of additional service provision was actively managed, enabling patients' easy access to services not usually provided in primary care.
- The GPs within the practice maximised the specialist skills and interest to the benefit of the patients.

**Outstanding**



# Summary of findings

- The practice was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action and learning took place.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice actively engaged with the patient participation group (PPG) to promote healthcare for the practice and wider population. The practice responded to suggestions made by the PPG and implemented improvements accordingly.
- There was a strong focus on continuous learning and improvement at all levels.



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice 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 was flexible with appointments and ensured that appointment times were allocated around carer availability where appropriate.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were in line or above local and national averages.
- The practice looked after patients living in several local care homes. Named GPs were allocated to each care home and the GP visited patients on a regular day as well as when requested.
- The practice provided the space and equipment for the pulmonary rehabilitation service to run courses at the practice. Patients attended a group session for eight weeks. This ensured that patients who were frail and unable to travel had access to this service.
- The practice worked with third sector and voluntary agencies to ensure support was available to older people. For example Age UK held weekly sessions in the practice.
- The practice performed ultrasound tests (Doppler's) for patients with complex leg wounds or who required medical support stockings ensuring that they were managed safely and if necessary referred to the specialist clinics such as the vascular clinic.
- The practice provided space for the community leg ulcer clinic enabling patients to be seen closer to home.
- Since 2009 the practice had offered microsuction for the removal of ear wax, this system enabled older people to access this service, we saw evidence that patient's outcomes were improved when they received this treatment without delay.
- Although not funded by the NHS, the practice enabled patients who required social foot care easy access to a private podiatrist.
- The practice team were aware of carers and their time constraints. The practice told us they ensured sufficient stocks

**Outstanding**



# Summary of findings

of medicines and continence supplies were available to avoid multi trips to the practice. Appointments were made at times convenient for them, either for their own needs or of those they cared for.

## People with long term conditions

The practice is rated as outstanding for people with long-term conditions.

- GPs and nursing staff had lead roles in chronic disease management and worked together to ensure cohesive patient care.
- A team consisting of a GP, nurse, and practice administration support was named for each lead area. This ensured patients received their reviews timely and all appropriate tests undertaken in the one review.
- 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 performance for diabetes related indicators was 100%, which was above the CCG average of 98% and the national average of 95%. Exception reporting for diabetes related indicators was 15%, which was in line with the CCG average of 12% and the national average of 11% (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). Results for 2015/2016 showed the practice performance was 95% this was 4% above the CCG average and 5% the national average. The exception reporting was 6%; this was in line with the CCG and national average.
- The practice team had specialist skills for managing diabetes and a specialist diabetic facilitator attended the practice to manage those patients with complex needs. The practice had invested in a Neurothesiometer, a diagnostic instrument that assessed vibration sensitivity thresholds; this enabled the GP to assess the risk of foot ulceration which patients with diabetes were at higher risk of developing.
- Longer appointments and home visits were available when needed.
- Patients with complex needs had a named GP and a structured review to check their health and medicines needs were being

Outstanding



# Summary of findings

met. Data from the national patient survey showed that 65% of patients said they usually got to see or speak with their preferred GP compared with the CCG average of 57% and the national average of 59%.

- The practice provided the space and equipment for the pulmonary rehab service to run courses at the practice. Patients attended a group session for eight weeks. This ensured patients who were frail and unable to travel had access to this service.

## Families, children and young people

The practice is rated as Outstanding 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.
- One GP regularly attended serious case review meetings for general practice, learning taken from one meeting resulted in the practice implementing a 'did not attend policy' to ensure that any risks identified were mitigated to keep children safe from harm. The policy was used for all patients.
- All practice staff including reception staff had been trained to safeguarding level 3 and some GPs were trained to level 4. The practice told us that this enabled their staff to understand and recognise concerns more effectively.
- Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice had two GPs with a special interest in managing young people with complex problems including eating disorders. The practice told us of examples where patients, who had not met the referral threshold to specialist services, were monitored and managed, preventing their condition deteriorating and reaching a crisis. The numbers of patients helped through this difficult time had increased; the practice told us that one of the reasons for this was the easy access to GPs who were able to identify the issue, even if it was not the presenting problem.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Outstanding



# Summary of findings

- We saw positive examples of joint working with midwives, health visitors, and school nurses. Access to GPs was immediately available to these professionals should they have any concerns.
- The practice offered a full range of contraceptive services including long acting reversible contraceptive services (LARC).The practice arranged appointments convenient to the patient.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 87%, which was above the CCG average of 84%
- The practice provided the facilities for the mobile breast screening unit to visit the site annually. The percentage of females aged 50-70 who had been screened for breast cancer in the last 36 months was 87% compared to a CCG average of 80% and England average of 72%.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years. The practice had undertaken these checks since 2009. We saw evidence where an early diagnosis of diabetes and another of hypertension had been made for patients giving them the opportunity to improve their long term outcomes.
- Extended hours pre-bookable appointments were available on a Thursday between 6:30pm to 8.30pm. In addition to this the practice offered flu clinic appointments on Saturdays and in the evening.
- Telephone consultations were available for those that wished to gain advice this way.
- The practice offered a full range of contraceptive services including long acting reversible contraceptive services (LARC).The practice arranged appointments convenient to the patient.

Outstanding



# Summary of findings

- Appointments for annual reviews were offered at times convenient to the patients. The practice re-call team ensured that the appointments for patients who had more than one condition were co-ordinated to avoid repeat attendances.

Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered Yellow Fever vaccination centre.

## People whose circumstances may make them vulnerable

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

- The practice 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. Some of these agencies provided support from within the practice.
- The practice proactively monitored those patients at risk of hospital admission and had developed a practice specific avoiding unplanned admissions programme. Patients at risk of hospital admission were identified as a priority. The practice provided alert notices for patients to display in their homes ensuring visiting professionals or emergency services were aware of the patient's needs.
- Patients who were carers were proactively identified and signposted to local carers' groups. The practice engaged with groups such as Norfolk Carers, Admiral Nurses, Macmillan, and Age UK. The practice had identified 166 patients (2%) as carers.
- The practice worked proactively to ensure that patients on their learning disability register received their annual health reviews. For example, the practice booked appointments for times which suited the specific needs of the patient, as well as conducting the reviews at the home of the patient if this was more appropriate. The practice had access to a variety of easy read health leaflets and ensured that these were given to patients when appropriate. The practice had been asked to share its processes surrounding learning disability reviews with the CCG so that other practices could use them to improve their review rates.
- The practice ensured continuity of care for patients who were at the end of their lives. GP would ensure that the out of hour's services held their personal telephone numbers and that they could be contacted if needed.
- Only one patient in the past 12 months had not died in their recorded preferred place, the practice had reviewed this; the patient had died in hospital.

Outstanding



# Summary of findings

- The practice team were aware of carers and their time constraints. The practice told us that they will ensure that sufficient stocks of medicines and continence supplies were available to avoid multi trips to the practice. Appointments were made at times convenient for them, either for their own needs or of those they cared for.

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

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

- A member of the practice staff was a 'dementia champion' and was proactive in increasing the awareness of information within the practice and ensuring they were dementia friendly.
- Regular meetings were held with the CCG dementia lead, community pharmacist and care home managers. The practice employed further pharmacist hours to fully meet the practice needs in managing medicines for this group of patients.
- 96% of patients experiencing poor mental health had a comprehensive care plan, which was above the CCG average of 90% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- A GP led and had completed external training in the Mental Capacity Act and undertook in-house training and education for all practice staff.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had two GPs with a special interest in managing young people with complex problems including eating disorders. The practice told us of examples where patients who had not met the referral threshold to specialist services were monitored and managed effectively in a timely manner and preventing a crisis.
- The practice referred patients with mild to moderate poor mental health to support organisations. For example, the practice was able to refer patients to Clinks Care Farm, a working farm that patients diagnosed with mild to moderate mental health problems can attend as part of a 12 week therapeutic programme. To ensure GP learning from this local project, the trainee GPs visited the farm with their trainer to

Outstanding



# Summary of findings

learn the impact of this project on patient's health and well-being. We saw evidence that patients had returned to their employment or found new employment following their time at the project.

# Summary of findings

## What people who use the service say

The national GP patient survey results available at the time of inspection were published in July 2016. The results showed the practice was performing above or in line with local and national averages. Further survey results had been published since the inspection. 216 survey forms were distributed and 126 were returned. This represented a 58% response rate.

- 93% of patients found it easy to get through to this practice by phone compared to the local Clinical Commissioning Group (CCG) average of 70% and the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 86% and the national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the local CCG average of 71% and the national average of 73%.

- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG and national averages 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 34 comment cards which were all positive about the standard of care received. All of the comment cards we received contained positive and complimentary views about the service.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed, and caring, although appointments overran on occasion. Following the inspection the practice reviewed their protocols for overrunning appointments and implemented measures to inform patients if any appointments were running late.

## Areas for improvement

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

- Ensure that a clear audit trail for prescription stationery is embedded.

## Outstanding practice

- When designing their new premises the partners were forward thinking and demonstrated innovation. They ensured that opportunities to provide additional services were maximised, providing their patients with services closer to home. For example, they included the specialist power supply required to run the mobile breast screening units, and for patients that required input from the pulmonary rehab service, a room was designed, and fully equipped by the practice with various pieces of essential apparatus. The practice had specialist skills for managing diabetes within the practice team. The practice had invested in a Neurothesiometer, a diagnostic instrument that assessed vibration sensitivity thresholds; this enabled

the GP to assess the risk of foot ulceration which patients with diabetes are at higher risk of developing. At the time of the inspection 25 additional clinics were provided, the practice team had been instrumental in approaching the providers, setting up and managing the day to day running of these services. The practice had implemented some of these services successfully for their patients and now extended this to include patients from other practices. The practice met the costs of providing or part funded most these services.

- In 2009 the practice invested in the specialist equipment required to provide microsuction to their patients to safely remove ear wax. The practice had been able to treat patients quicker and more



# Summary of findings

effectively with this equipment with positive outcomes. Younger, older and patients with more complex needs had been treated in the practice rather than referred to the local hospitals. In 2014, the practice was contracted to offer this service to other practices. Three GP partners are trained to deliver this service and are supported by consultants from secondary care.

- The practice used proactive methods to improve patient outcomes and these methods were shared with other practices. For example, the practice had worked extensively on producing effective admission

avoidance processes. Data on admission avoidance for the period 2015/16 provided by the local CCG showed that the practice was amongst the best performing practices against emergency admissions, accident and emergency attendances and outpatient attendances in the area. The practice worked proactively to ensure that patients on their learning disability register received their annual health reviews. The practice had been asked to share its processes surrounding learning disability reviews with the CCG so that other practices can use them to improve their review rates.

# Dr Barrie and Partners

## 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, a practice manager specialist adviser, and remote support from a member of the CQC medicines team. Our inspection of 14 December 2016 was conducted by a CQC lead inspector.

## Background to Dr Barrie and Partners

Dr Barrie and Partners (Chet Valley Medical Practice) is situated in Loddon, Norfolk. The practice provides services for approximately 8,500 patients and operates from a purpose built surgery which opened in May 2011. The practice building operates over two floors, although all clinical appointments are conducted on the ground floor of the building.

The practice has five GP partners (one female and four male) and two salaried GPs (one female and one male). The nursing team includes a nurse practitioner, two practice nurses, and two healthcare assistants. There is a managing partner, an assistant practice manager, a coordinator for students, office and IT supervisor, and two medical secretaries. A team of thirteen reception and administration staff are also employed at the practice. The practice also dispenses medicines and employs a dispensary manager and seven dispensary staff.

The practice holds a General Medical Services (GMS) contract and is a training practice with two GP trainers. A training practice has trainee GPs working in the practice; a trainee GP is a qualified doctor who is undertaking further

training to become a GP. A trainer is a GP who is qualified to teach, support, and assess trainee GPs. The practice has one trainee GP working in the surgery. The practice also teaches year two, three, and four medical students from the University of East Anglia.

The most recent data provided by Public Health England showed that the patient population has a lower than average number of patients up to the age of nine and 20 to 39 compared to the England average. The practice had a higher than average number of patients aged between 45 to over 85 compared to the England average. The practice is located within an area of lower deprivation.

The practice was open between 8am to 6:30pm Monday to Friday. Appointments were from 8.30am to 11.20am every morning and from 2pm to 5.20pm every afternoon. The practice also offered extended pre-bookable appointments on a Thursday between 6:30pm to 8.30pm. Out of hours GP services were provided by IC24 through the 111 service. The practice dispensary was open between 8.30am to 6.30pm Monday to Friday. Patients were able to contact the dispensary by telephone between 10am to 12pm and 2pm to 4pm Monday to Friday.

## 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 25 July 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nursing staff, the practice manager and a range of reception and administration staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and spoke 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).

Due to unforeseen circumstances a change of lead inspector took place and a further focused inspection was undertaken on 14 December 2016.

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

The practice prioritised safety and there was a comprehensive and effective system in place for reporting and recording significant events.

- The practice policy was comprehensive and included detailed information on reporting incidences including those that should be reported to external agencies such as NHS England, National Reporting and Learning System (NRLS), Care Quality Commission, Police and NHS Public Health.
- We saw evidence that the practice had reported a significant event. This event was reported to CQC, as the power supply had been lost to the whole practice. The practice instigated procedures which included ensuring patients with urgent needs were seen safely and assessment of medicines that had been affected by fridge failures.
- We saw evidence where the practice had taken learning from external agencies and implemented procedures in the practice to prevent future incidences. For example, following a serious case review meeting for general practice, the practice reviewed the consultation rates for children, discussing what would be considered a high rate and what action should be taken.
- Practice staff told us they would inform the managing partner of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, detailed information, a written apology, and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and shared learning with the practice team, other practices through the PM forum and other health agencies such as community nurses.

- We reviewed safety records, incident reports, Medicines and Healthcare products Regulatory Agency (MHRA) 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. For example, the practice had recorded a significant event with regards to a blood test reading for a patient on warfarin (warfarin is a medicine that inhibits blood clotting). The practice had received an incorrect blood test reading from the community team relating to a patient registered at the practice. The practice immediately informed the team of the error and put measures in place to ensure that the patient was safe. The practice shared the incident with the team and put protocols in place to ensure early identification of errors in the future to keep patients safe.

### 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 GP for safeguarding who regularly attended external serious case review for general practice meetings, all learning was cascaded in the practice and changes made as a result. For example the practice implemented a policy to manage patients who did not attend their appointments. This included a cohesive team approach including administration staff. The staff tried to contact the patient to ascertain the reason for not attending on the same day, a template was completed and sent to the clinician to undertake a risk assessment, take any action required, and consider adding the patient to the practice vulnerable patient list.
- The practice used alerts within the electronic patient record to ensure that all staff were aware of concerns whenever the patient record was accessed.
- The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Practice staff demonstrated they understood their responsibilities and all had received training on



## Are services safe?

safeguarding children and vulnerable adults relevant to their role. All clinical and non-clinical staff were trained to child protection or child safeguarding level 3. Some GPs were trained to level 4.

- 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). A risk assessment was undertaken on all new employees to cover any delay in receiving the outcome of the DBS check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse practitioner 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 regularly undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw evidence of up to date cleaning records and audits relating to the effective monitoring of cleaning undertaken at the practice.
- We reviewed five 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

There were clear operating procedures in place for the dispensary that accurately reflected practice.

- Dispensary staff recorded significant events and described a comprehensive system for their analysis and review. We saw evidence of significant events that occurred in the dispensary being logged and shared with the wider surgery team and changes made to processes as a result of significant event reviews.
- All repeat prescriptions were signed before the medicines were given to patients. Dispensary staff could identify when a medicine review was due and explained that they would alert the relevant GP before issuing the prescription if the review was overdue. There was an effective protocol in place to ensure that patients on high risk medications had the appropriate checks or blood tests before repeat prescriptions were issued.
- All dispensary staff had received appropriate training and held qualifications in line with the requirements of the Dispensary Services Quality Scheme (DSQS), a national scheme that rewards practices for providing high quality services to patients of their dispensary. Dispensary staff had annual appraisals and felt that these were a good opportunity to discuss any training needs.
- The practice held stocks of controlled drugs (CDs) (medicines that require extra checks and special storage requirements because of their potential for misuse) and had in place suitable arrangements for the storage, recording, and destruction of controlled drugs. For example, access to the CD cupboard was restricted and keys held securely, and there were appropriate arrangements in place for the destruction and recording of both patient returned CDs and out of date CDs. Dispensary staff were aware of how to investigate a CD discrepancy and knew how to contact the regional CD accountable officer.
- In accordance with the DSQS, the surgery had completed a number of dispensary audits, including one relating to out of stock medicines. The number of Dispensary Reviews of Medicines Use (DRUMs) undertaken in the past 12 months was 618 which is 14% of the dispensing list size.
- Medicines were stored securely in the dispensary and access restricted to relevant staff.
- Dispensary staff checked stock to ensure medicines were within their expiry date on a regular basis. Staff checked the temperatures in the dispensary fridges daily which ensured medicines were stored at the appropriate temperature. Dispensary staff knew what to do in the event of a fridge failure.
- Blank prescription forms were held securely on arrival in the dispensary and records were held of the serial numbers of the forms received. However, the practice did not have a process for tracking prescription stationery throughout the practice. Following the



## Are services safe?

inspection the practice provided evidence that they reviewed their prescription stationery arrangements and had implemented the required systems to ensure traceability of the stationery.

- The dispensary had carried out a patient satisfaction audit to establish any areas for improvement. As a result of this the practice had recruited an extra member of staff to enable the dispensary to be effectively staffed at busy times.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security, and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

### 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 staff 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).

- The management team, to ensure risks were identified, monitored and actions completed, used a development and risk register which was reviewed regularly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an emergency button in all the consultation and treatment rooms which alerted staff to any emergency.
- One GP (through working in a local A+E setting) had specialist skills for dealing with all types of emergencies. These skills had been shared with the practice staff.
- 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. In May 2015 there was a power failure to the premises, the practice instigated the plan and managed to maintain the provision of health care to the patients.





# 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 effective systems in place to keep all clinical staff up to date. Staff had easy 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 at the time of inspection from 2014/2015 were 99.5% of the total number of points available compared with the local CCG average of 96.7% and the national average of 94.8%. The practice had an exception reporting average of 11.1% compared with the local CCG average of 9.9% and the national average of 9.2% (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). Practice staff continued to encourage patients to attend for assessment or review although they had been excepted from the QOF data.

Data published for 2015/2016 showed the practice performance was 99% this was above the CCG average of 97% and the national average of 95%. The practice exception reporting was 11% this was in line with the CCG average of 11% and the national average of 10%.

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

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months (including an assessment of asthma control)

was 77% compared to the CCG average of 80% and the national average of 75%. The rate of exception reporting was 2% which was lower than the CCG average of 9% and the national average of 7%.

Data for 2015/2016 showed the practice performance was 82% this was above the CCG average of 77% and the national average of 76%. The rate of exception reporting was 6% this was below the CCG average of 8% and the national average of 7%.

- The percentage of patients experiencing poor mental health who had a comprehensive, agreed care plan documented in their records in the preceding 12 months was 96% compared to the CCG average of 91% and the national average of 88%. The rate of exception reporting was 5% which was lower than the CCG average of 19% and the national average of 12%. Data for 2015/2016 showed the practice performance was 96% this was 4% above the CCG average and 8% above the national average. The rate of exception reporting was 2% this was 16% below the CCG average and 11% below the national average.

The rate of exception reporting was generally in-line or lower than both the CCG and national averages, however the exception reporting rate for chronic kidney disease was 20% compared to the CCG average of 7% and the England average of 8% and the exception reporting rate for cardiovascular disease (primary prevention) was 60% compared to the CCG average of 46% and the national average of 30%. When we asked the practice about this they told us that the actual number of patients excepted for cardiovascular disease (primary prevention) was low (three patients) and figures for the current period showed that there were no exceptions reported. They also told us that the previous computer system used by the practice would not allow them to appropriately remove patients from their chronic kidney disease register. This had now been resolved and they had no exceptions for the current 2016/2017 period.

The practice had worked extensively on producing effective admission avoidance processes. For example the practice had designed a bespoke unplanned admissions programme. This included proactively searching for patients who may be at risk of unplanned admission through the practice registers. The practice searched for patients who had high risk indicators such



# Are services effective?

## (for example, treatment is effective)

as ten or more medicines, dementia, children with long term conditions, patients with cancer and those who have had two or more episodes of falling in the past 12 months. The practice used this information to liaise with the unplanned admissions coordinator to prevent avoidable admissions. The practice also issued a patient information pack that contained condition specific literature as well as containing details of the patient or carer to enable emergency services to provide effective care. The practice worked closely with Age UK, who visited patients at home or were able to arrange Day Care Centre places. Data on admission avoidance for the period 2015/2016 provided by the local CCG showed that the practice was amongst the best performing against emergency admissions, accident and emergency attendances and outpatient attendances in the area.

The practice worked proactively to ensure that patients on the learning disability register received their annual health reviews. For example, the practice booked appointments for times which suited the specific needs of the patient, as well as conducting the reviews at the home of the patient if this was more appropriate. The practice had access to a variety of easy read health leaflets and ensured that these were given to patients when appropriate. The practice had completed 45 out of a possible 46 reviews in for the period 2015/2016 and was the highest performing practice in South Norfolk based upon data from the local CCG. The practice had been asked to share its processes surrounding learning disability reviews with the CCG so that other practices could use them to improve their review rates.

We saw several areas where the practice offered enhanced care for example,

- In 2009 the practice invested in the specialist equipment required to provide microsuction to their patients to safely remove ear wax. The practice had been able to treat patients quicker and more effectively with this equipment with positive outcomes. Younger, older and patients with more complex needs had been treated in the practice rather than referred to the local hospitals. In 2014, the practice was contracted to offer this service to other practices. Three GP partners are trained to deliver this service and are supported by consultants from secondary care.

- The practice had specialist skills for managing diabetes within the practice team. One GP is an associate specialist at a local hospital diabetes centre and practice nurses had completed appropriate courses to run nurse led clinics. Since 1989, this GP has been supporting patients with starting their insulin injections and promoting self-management. The practice had invested in a Neurothesiometer, a diagnostic instrument that assessed vibration sensitivity thresholds; this enabled the GP to access the risk of foot ulceration which patients with diabetes are at higher risk of developing. Through integration with the local hospital, the practice arranged for the mobile retinopathy clinic to attend the practice annually ensuring that the uptake for patients to have their eyes checked was improved.
- With the patients consent the practice used photography to ensure accurate and timely treatment for any skin lesions that may need specialist treatment. An opinion from the hospital consultant was obtained quickly ensuring immediate referral for those that needed it.
- Two GPs with a special interest in eating disorders managed young patients who did not meet the referral threshold for secondary care within the practice setting. This included discussions with and support to all family members helping them to understand the challenges the patient may be facing.

There was evidence of quality improvement including clinical audit.

- We were shown evidence of five clinical audits completed in the last two years; all five of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review, and research.

Findings were used by the practice to improve services. For example, the practice had undertaken an audit on patients prescribed two medicines together: clopidogrel, a medicine used to inhibit blood clots, and omeprazole, a medicine used to inhibit stomach acid production. The aim of the audit was to check if patients were being prescribed these medicines together. First cycle results indicated that nine patients were prescribed both types of medicine and





# Are services effective?

## (for example, treatment is effective)

the practice contacted these patients to undertake a medicine review. The second cycle of the audit indicated that no patients were inappropriately prescribed the medicines together.

### Effective staffing

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

- The practice had a comprehensive 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 such as asthma and diabetes. Data showed the practice performance 2015/2016 for chronic obstructive pulmonary disease was 100% this was 3% above the CCG average and 4% above the national average. The rate of exception reporting was 15% this was in line with the CCG average of 14% and national average of 13%.
- 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, and basic life support and information governance. The practice had also initiated supplementary training for domestic abuse, moving and handling and conflict resolution. Staff had access to and made use of e-learning training modules and in-house training. All practice staff had received in house training

for the mental capacity act and staff we spoke with were knowledgeable and aware of current legislation and guidelines, as well as being able to practically apply this knowledge to situations.

### 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 electronic 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 every six weeks when care plans were routinely reviewed and updated for patients with complex needs.

In the past 12 months one patient had not died in the recorded preferred place. The practice had reviewed this case and found that the patient had died in hospital following admission for treatment.

### Consent to care and treatment

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

- practice 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.



# Are services effective?

(for example, treatment is effective)

## 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, smoking and alcohol cessation. Patients were signposted to the relevant service. Alcohol and smoking cessation advice was available on the premises.
- The practice's uptake for the cervical screening programme was 88%, which was higher than the CCG average of 84% and the England average of 81%. When we asked the practice why their screening rates were above the local and national averages they told us they repeatedly contacted non-attenders by letter, phone calls or text message to encourage attendance of the screening programme. The practice ensured a female sample taker was available and there were systems in place to ensure results were received for all samples sent for the cervical screening programme.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, the percentage of females aged 50-70 who had been screened for breast cancer in the last 36 months was 87% compared to a CCG average of 80% and England average of 72%. The percentage of persons aged 60-69 who had been screened for bowel cancer in the last 30 months was 73% compared to a CCG average of 65% and an England average of 58%. The practice had designed their new building to allow the mobile breast screening service to be based at the practice.
- The patients had access to support and motivation for weight loss and healthy lifestyle choices through the health trainer who was available through the practice.
- Childhood immunisation rates for the vaccinations given were inline or above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% compared to the local CCG averages of 96% to 98% and five year olds from 93% to 98% compared to the local CCG averages of 92% to 97%.



# 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.

- Consultation rooms had been designed to offer an environment to ensure patients felt safe and at ease. For example the GP consulting rooms were designed to offer two areas; one with clinical hard flooring to enable clinical examination and treatment safely and the other area was carpeted giving an atmosphere for patients to be more relaxed to discuss their problems.
- Within the practice, staff had chosen the colour for a feature wall for their individual consulting rooms. This gave staff ownership and involvement but also enabled patients who may be confused recognise the room they were being treated in.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations, and treatments.
- We noted that consultation 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 the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said 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 showed patients felt they were treated with compassion, dignity, and respect. The practice was above average or in line with CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 100% 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%.
- 91% 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%.
- 93% 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%.
- 95% 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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above or in line with local and national averages. For example:

- 94% 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%.
- 91% 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%.



## Are services caring?

- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national average of 90%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 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.
- Patients were able to use the option of translating the practice website into alternative languages.
- The practice had a hearing loop installed in reception.
- The patient's records were flagged to show if a patient needed additional assistance to hear, read, or understand any information.

### **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. A practice administrator was the lead

for Carers and liaised with the clinical teams as needed. The practice had identified 166 patients as carers (2% of the practice list). Carers were being supported by offering them health checks and referral for support organisations. Written information was available to direct carers to the various avenues of support available to them such as Norfolk Carers, Admiral Nurses, Macmillan, and Age UK.

- A staff member was a dementia champion ensuring that the practice was Dementia Friendly.
- The practice team were aware of carers and their time constraints. The practice told us that they ensured sufficient stocks of medicines and continence supplies are available in the dispensary to avoid carers making multi trips to the practice. Appointments were made at times convenient for them, either for their own needs or of those they cared for.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. The practice website also gave patients guidance to the steps to be followed after a death and a comprehensive leaflet giving advice on bereavement was available in the practice waiting area. The practice death notification protocol ensured that families were not approached by agencies unaware of the death of the family member.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was able to refer patients to Clinks Care Farm (an initiative that patients diagnosed with mild to moderate mental health problems can attend. Clinks Care Farm is a working farm that patients can attend for a 12 week programme). The aim of the programme is to provide therapeutic activities for patients to enhance mood and self-esteem.
- The practice ensured continuity of care for patients who were at the end of their lives including making their personal contact numbers available to the out of hours service.
- GPs visited local care homes in order to provide treatment for their registered patients who lived there. We spoke with staff at the care homes and they told us that that they received 'fantastic' care and the practice provided responsive person-centred care.
- The dispensary staff were proactive and had identified a significant amount of waste relating to stoma products. The practice contacted a specialist nurse for stoma care. This nurse attended the practice and had review meetings with the patients to ensure they were using the most appropriate product.
- The practice also offered other clinics such as specialist neurology clinics, acupuncture (GP led), echocardiogram clinics, osteopath, alcohol and drug service, physiotherapy (both private and NHS).
- The practice offered extended opening hours on a Thursday evening until 8.30pm for 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 all patients and were triaged by the designated duty doctor.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice encouraged online access for young people to ensure that they accessed services timely. For

example the practice had seen an increase in the number of young people with eating disorders. They told us that the access and GP knowledge enabled them to identify patients where this could be a problem.

- Appointments were available to book online as well as over the telephone.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered Yellow Fever vaccination centre.
- There were facilities available to support patients with disabilities and baby changing.

### Access to the service

The practice was open between 8am to 6:30pm Monday to Friday. Appointments were from 8.30am to 11.20am every morning and from 2.00pm to 5.20pm every afternoon. The practice also offered extended pre-bookable appointments on a Thursday between 6:30pm to 8.30pm. Out of hours GP services were provided by Integrated Care24 through the NHS 111 service. The practice dispensary was open between 8.30am to 6.30pm Monday to Friday. Patients were able to contact the dispensary between 10.00am to 12.00pm and 2.00pm to 4.00pm 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. Follow up appointments were bookable up to six weeks in advance whilst phlebotomy and other blood testing clinics were bookable up to ten weeks in advance.

Results from the national GP patient survey from July 2016 showed that patients' satisfaction with how they could access care and treatment were above local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 76%.
- 93% 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%.
- 89% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 79% of patients said they did not normally have to wait too long to be seen compared to the CCG average of 56% and the national average of 58%.



# Are services responsive to people's needs?

(for example, to feedback?)

The practice hosted a wide variety of clinics that the practice population could access. These included well-being, child development, podiatry, and physiotherapy.

People told us on the day of the inspection that they were able to get appointments when they needed them, although some stated that they occasionally had to wait to get an appointment to see a specific GP.

The practice had a comprehensive system in place to assess:

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

For example, requests for home visits were recorded and sent to the duty doctor for assessment to allow an informed decision to be made on prioritisation according to clinical need. 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, although patients had to request a complaints leaflet from the reception team if one was required. Information on how to complain was available on the practice website.

We looked at complaints received in the last 12 months and found that these had been fully investigated and were dealt with in an empathetic and timely way. Lessons were learnt from individual concerns and complaints and from analysis of trends.



# Are services well-led?

Outstanding



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

## Our findings

### Vision and strategy

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

- All the practice staff had been involved in writing a mission statement which was displayed in the waiting areas and staff knew and understood the values. A motto that reflected these values had been written by the staff and was displayed on the staff notice boards.
- The practice had a robust strategy and supporting business plans which were regularly monitored and reflected their vision and values.
- The practice had been visionary when designing their new premises and had considered alternative services that could offer to its patient population. For example, the practice supported the annual breast screening programme by hosting the mobile screening vehicle. The practice had made this possible by incorporating the required power supply into the practice building and had worked with the PPG to raise and allocate funds for the extra work required.
- When the practice had designed their new building they had incorporated a fully equipped minor surgical theatre which they were keen to utilise so that patients did not have to travel to local hospitals for minor procedures.
- The practice had for many years offered enhanced services to their patients, some of these had recently developed into services that were offered to other practices. For example, the practice had been offering microsuction for ear wax removal to their patients since 2009; this has now been extended to other practices.

### Governance arrangements

The practice had a clinical and management led comprehensive governance framework which supported the delivery of the strategy and high 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.

- The practice had a large number of specific policies, all of which were implemented, embedded, and available to all staff. Practice staff we spoke with confirmed that they were aware of the policies and that they knew where to find them and used them to ensure they maintain the delivery of high quality care.
- A comprehensive clinical and management understanding of the performance of the practice was maintained. Practice staff were engaged with the need for stringent governance processes and worked as a cohesive team.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The practice carried out bi-monthly meetings to review coding procedures and the effects on patients. For example, the practice had reviewed their minor surgery coding and had altered the computer system template so that the patient consent form appeared during any searches.
- There were arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions. Learning from external agencies was used and changes implemented to ensure incidences did not happen.
- When developing or introducing a new service, the governance arrangements were robust and monitored to ensure they were effective and patients were kept safe.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity, and capability to run the practice and ensure high quality care. They demonstrated they prioritised safe, high quality and compassionate care. Practice staff told us the partners were approachable and always took the time to listen to all members of staff. Practice staff told us they were fully engaged and worked as a cohesive team with all aspects of the practice and in its continued development.

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

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Outstanding



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

things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Practice staff told us the practice held regular team meetings. Minutes of meetings were cascaded effectively throughout the practice.
- Practice 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.
- Practice staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. New ideas were encouraged and several services had been integrated into the practice through the work of a staff member, for example the staff member approached the paediatric allergy clinic and the outreach gynaecology clinic who now provided consultant led outreach clinics in the practice.
- The practice valued education for all practice staff and patients. The trainers in the practice ensured that trainee GPs and medical students maximised the opportunities available, for example visiting Clinks Care Farm project for helping patients experiencing poor mental health were undertaken. The practice maximised the opportunity to train GPs to provide a full contraceptive service, offering varied appointments for their patients.

## 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. The active PPG held regular meetings which were always attended by the practice manager. GPs attended when they were available. We spoke with two members of the group, who were passionate about the practice and were proactive in supporting practice staff to achieve good outcomes for patients. They reported that the suggestions made by the PPG to improve the service were listened to and acted upon by the practice. For example, the PPG suggested that the practice install a bell below the reception desk to allow people who used wheelchairs to obtain the attention of reception staff. The PPG also liaised with the practice to develop education evenings for patients. They had arranged for speakers from different charities to come in and talk to patients. Examples of these included first aid, ophthalmology, and local wellbeing clinics. The PPG assisted the practice with conducting the practice survey and assisted to facilitate the annual flu clinics held by the practice. The PPG actively raised funds for practice equipment and had purchased a wheelchair and defibrillator amongst other items.
- Minutes of the meetings undertaken by the PPG were circulated amongst members and the local parish councils and were displayed on a noticeboard within the practice.
- The practice had also gathered feedback from staff through staff meetings, appraisals, discussion, and away days. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Practice staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team could demonstrate their forward thinking approach, and were involved with local pilot schemes to improve outcomes for patients in the area. The practice had recently



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appointed two new members of staff within the dispensary and were supporting them to obtain the necessary qualifications, as well as continuing to support other members of staff to enhance their skills.

The practice had invested in their new premises and was keen to incorporate clinics within it to support local healthcare. The practice had looked to the future with regards to supporting the expanding practice population

and becoming a centre of excellence for the provision of primary care meeting the needs of the population. For example, when the practice had designed their new building they had incorporated a fully equipped minor surgical theatre which they were keen to utilise so that patients did not have to travel to local hospitals for minor procedures.