

St Clement's Surgery

Quality Report

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Date of inspection visit: 11 October 2016
Date of publication: 06/02/2017

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 St Clements Surgery on the 11 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said 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:

The practice had extended its opening hours on a Saturday morning to include not only bookable appointments but ten walk-in slots, plus the opportunity for patients to have their telephone calls returned on a Saturday morning which was especially useful for working age patients. As a result of this the practice had reduced its accident and emergency admission rates by 15%.

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?

- There was an effective system in place for reporting and recording significant events. Significant event forms were available for completion by the staff, and a policy was available detailing how to record an event.
- Lessons were shared to make sure action was taken to improve safety in the practice and quarterly whole team meetings took place during which significant events and complaints were discussed.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff had received safeguarding training and contact telephone numbers were available in the reception identifying external organisations to be contacted should the lead GP not be available.
- The practice had a new recruitment induction checklist which covered confidentiality and practice policies and procedures.

The practice had recently commenced a programme of risk assessments including health and safety and fire.

Good



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 at or above average compared to the national average.
- 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.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We received 41 comment cards which were all positive.
- 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.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. During the inspection we witnessed reception staff handling complex situations with patience and understanding.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The GPs 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. The Lead GP was a member of the Clinical Commissioning Group as Urgent Care Lead.
- Patients said they found it easy to make an appointment with a named GP and urgent appointments were available the same day.
- The practice had good facilities and were well equipped to treat patients and meet their needs.
- The practice had a robust system for recording, discussing and sharing learning of all complaints. Information about how to make complaints was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning's from complaints were shared with staff and other stakeholders.
- Patients were invited to meet with the lead GP to discuss individual complaints either at the surgery or at the patient's home.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, patients had commented

Good



Summary of findings

that the reception area was close to the waiting area and therefore patients may be able to hear what was being said. The practice installed a television and re-arranged the waiting room so that the patient chairs faced away from the reception desk and towards the television screen.

- Patients could access appointments and services in a way and at a time that suited them. Telephone consultations were available as well as same day, pre-bookable and urgent appointments. The practice was open Saturday mornings for pre-bookable and walk in appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group.
- There was a strong focus on continuous learning and improvement at all levels.

Good



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 was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. These could be requested for the nurse or GP.
- Flu clinics were available which were also used to check whether pneumococcal vaccinations were required.
- The practice kept a variety of mobility aids and a wheelchair in order that patients with mobility problems were able to access the relevant areas of the surgery.
- A call screen had been purchased as some elderly patients had commented that it was difficult to hear whose name was being called. The screen also showed educational information and details about support groups.
- A monthly hearing aid clinic had been arranged in order that elderly patients did not have to travel to the local hospital for services.
- A phlebotomy service had been set up to provide a local service for all patients.

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.
- Pre-diabetic appointments were available and patients were seen by the diabetic nurse for lifestyle and dietary advice.
- The practice had regular warfarin clinics (warfarin is an anticoagulant normally used in the prevention of thrombosis) and the lead GP checked that regular blood tests were carried out. 101 patients attended this clinic.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2015/2016 showed that performance for diabetes related indicators was 97%, which was above the local and national averages of 89%. Exception reporting for diabetes related indicators was 9% which was below the local and national average of 11%

Good



Summary of findings

(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 the side effects).

- Longer appointments and home visits were available when needed.
- All 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 ran diabetic clinics, asthma and COPD clinics and spirometry clinics for patients with chronic conditions.

The practice health care assistant ran healthy living clinics and the smoking cessation clinic had recorded that 27 patients had stopped smoking in the last two quarters

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Young children were automatically offered a same day appointment.
- Pre-school health checks were offered at 3 years old, which allowed children to have their pre-school boosters. The health checks covered healthy eating, teeth-brushing and exercise.
- Saturday morning clinics allowed children and working families to attend surgery outside of the normal hours.
- Travel clinics were available.
- The practice offered flexible vaccination appointments.
- There was a policy for patients who had run out of medication to be offered same day repeat prescriptions.
- Well-woman clinics were available most days for contraception, sexual health issues and cervical cytology.
- The percentage of women aged 25 – 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 79%, which was below the local average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The practice recognised that its patient population consisted mainly of working age patients and therefore had extended Saturday morning clinics to include pre-bookable appointments, 10 walk-in-slots and the opportunity for patients to have telephone calls returned during these times. As a result of an audit carried out by the practice and the changes made around availability, A & E attendances had been reduced by 15%.
- The practice were 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 dispensary was open on Saturday mornings.
- Electronic prescribing had been introduced.
- Cervical cytology appointments had been changed to early and late in the day to benefit working patients.
- Telephone consultations with a GP or nurse practitioner were available throughout the day and patients were also able to speak to a doctor or a nurse about blood test results.

Temporary residents and students were offered same day appointments.

Good



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 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.
- Vulnerable patients were flagged and coded on the practice computer system and patients were discussed at the monthly multidisciplinary team meetings. The lead GP met regularly with the health visitor to discuss vulnerable children and attended social services safeguarding meetings where necessary.
- The Accessible Information Standard was used to ensure that patients who have a disability, impairment or sensory loss are provided with information that they can easily read or understand.(organisations that give NHS or adult social care have to comply with this standard which sets out the framework and provides clear direction for improvement in the ability of the NHS and adult social care system to meet the information and communication support needs of disabled people).
- An interpreter service was available and all staff were aware of how to access this service.
- A wellbeing service had been set up at the practice for patients with mild to moderate anxiety and depression. This service was supported by support workers, psychiatrist and counsellors. Referrals could be made by the patient or a GP.

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).The QOF indicators for 2014-2015 showed:

- 94% of patients diagnosed with mental health problems had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 87% and the national average of 90%.

Since our inspection, the QOF indicators for 2015-2016 have now been published and the practice figure for patients diagnosed with dementia, who have had their care reviewed in a face to face meeting in the last 12 months, have increased to 100%, which is above the CCG average by 0.5% and above the national average by 3.4%.

- Annual reviews of patients with dementia were carried out by a GP either at the surgery or at the patient's home or their care

Good



Summary of findings

home. Patients identified as at risk or needing further support were discussed at the practice multi-disciplinary team meetings which were held on a regular basis and included the GP's, practice nurses, physiotherapy/occupational therapy, matron and integrated care liaison officer. The practice carried out advance care planning for patients with dementia. These patients were kept under monthly review until their level of need had been reduced.

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice provided educational support to patients with dementia. This included an educational session run by the Contended Dementia Trust founder arranged by the Practice Participation Group.
- Regular medication reviews and benchmarking of patients taking mental health medications and dementia medications were carried out every six months.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 231 survey forms were distributed and 113 were returned. This represented a 49% completion rate.

- 81% of patients found it easy to get through to this practice by phone compared to the CCG average of 80% and the national average of 73%.
- 87% 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 87% and the national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% 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 41 comment cards which were all positive

about the standard of care received. Comments included: 'For the past 15 years I have received only the highest standard of care', 'I am never disappointed with the GPs or the rest of the staff', 'I have always been treated with dignity and respect', and 'an excellent surgery, appointments are prompt and staff are always helpful'.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All five patients said they would recommend the surgery to someone new moving into the area. The NHS Friends and Family test (created to help service providers understand whether their patients are happy with the service provided, or where improvements are needed), showed that of the patients completing the test for the period June 2016 – August 2016, 48 patients said they were extremely likely to recommend the surgery, 25 patients said they were likely to recommend and six patients said they were unlikely to recommend. Other comments included 'very helpful', 'excellent advice and treatment' and 'staff polite and very friendly, can always get in to see a doctor, all round, very nice practice'.

St Clement's Surgery

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 second CQC inspector, and a practice manager specialist adviser

Background to St Clement's Surgery

St Clements surgery opened in February 2009 and is a rural practice with 5,527 patients. The patient population is mainly working age patients with a small percentage being over the age of 85.

The practice consists of four doctors (two male and two female), one advanced nurse practitioner, two practice nurses, one health care assistant, four dispensers, four administrative staff, four receptionists and one practice manager. The surgery has car parking for patients and staff and is close to local schools and Queen Elizabeth Hospital. Kings Lynn train station has direct routes to London Kings Cross.

- The practice opening times are: Monday to Friday 8am – 6.30pm and Saturdays from 9am – 12pm. The dispensary is open from 8.30am – 12.20pm and 2pm – 6pm Monday, Wednesday, Thursday and Friday, and 09.30am – 12.30pm and 2pm – 6pm on Tuesday. When the surgery is closed cover is provided by the GP Out-of-Hours 111 service. Extended hours appointments are offered on Saturdays from 9am – 12pm.

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 reviewed information on the NHS choices website and the GP Patient Survey. We carried out an announced visit on the 11 October 2016.

During our visit we:

- Spoke with a range of staff including receptionists, practice manager, practice nurses and the practice manager. We also spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

Detailed findings

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

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

- Older people

- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable

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

Are services safe?

Our findings

Safe track record and learning

The practice used a range of information to identify risks and improve patient safety. For example, they reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed significant events, incident reports and minutes of meetings where these were discussed. Quarterly whole team meetings took place and significant events and complaints were a regular agenda item. The practice had managed these consistently over time and could demonstrate evidence of a safe track record over the long term. There was evidence that the practice had learned from these and that the findings were shared and discussed with all staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

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. For example, a patient had sustained a venepuncture injury which resulted in a swollen arm. The practice therefore arranged further teaching for the nursing staff.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. Only clinical staff undertook chaperoning duties and were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS)
- 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 staff 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

Are services safe?

checks through the Disclosure and Barring Service. The administrative staff did not undertake chaperone duties and therefore the requirement for DBS checks had been risk assessed and deemed to not be necessary.

Medicines Management

The practice dispensary was open from 8.30am – 12.30 pm and 2pm – 6pm Monday, Wednesday Thursday and Friday and from 9.30am – 12.30pm and 2pm – 6pm on Tuesdays.

Patients could request prescriptions electronically, by fax, face to face and by post. On some occasions patients recorded as being terminally ill could make prescription requests by telephone.

Prescriptions were signed by a GP prior to dispensing. Scanning technology was used for both receiving and dispensing of medicines.

The practice medical system flagged a reminder should patients on certain medication be required to have a blood test prior to the dispensing of the medication. The lead GP also confirmed that he carried out regular checks on patients taking medicines that required frequent monitoring to ensure the necessary blood tests had been done.

The practice had signed up to the Dispensing Services Quality Scheme (DSQS) which rewards practices for providing high quality services to patients of their dispensary. As part of this scheme the practice had to ensure that face to face reviews of 10% of patients were carried out to assess compliance and understanding of the medicines being prescribed, known as DRUMs (Dispensing Review of the use of Medicines). During the inspection it was confirmed by the dispensary manager that the relevant number of reviews were being carried out by both the senior partner and the dispensary. The dispensary ran regular monthly reports in order to ensure that DRUMs were being carried out.

The dispensary was securely locked when not in use with key pad security. The surgery building was also alarmed.

Stocks of controlled drugs were regularly checked and unwanted and expired medications were disposed of in line with waste regulations. Appropriate records were kept of the destruction of out-of-date stock. The dispensary disposed of drugs returned by patients and records were kept including the name of the patient, name of drug, quantity, supplier, batch number and name of person

destroying the medicines and witness. Annual stock checks were carried out of all drugs including controlled drugs and random checks were carried out as and when stock was removed and replaced. All dispensers had the authority to order drugs which were found to be running low.

The dispensary refrigerator had two temperature gauges which were checked daily and temperatures recorded appropriately. The dispensary had a room temperature gauge which was checked every morning, however no record of the room temperatures were kept.

Medicines required by the practice for use on the emergency trolley were ordered by the nursing staff through the dispensary. No records were kept in the dispensary of what was being used by the practice or how often stocks were replenished. There were no audit trails for all medicines.

Monthly checks were made of medicines not collected by patients and a record was made on the patients' medical records that drugs had not been collected.

The dispensary staff were able to evidence their Standard Operating Procedures (SOPs). These are practice specific written instructions about how to dispense medicines safely. The staff confirmed that they knew of the location of the SOPs and what they contained.

Dispensary staff had achieved the appropriate NVQ level 2 diplomas and the dispensary manager had undergone an approved BTEC qualification. Staff had also received training in safeguarding and fire training.

We checked the handling of blank prescriptions and found that these were kept in a secure area, and a log book was maintained with the prescription box numbers, the date received and serial numbers. Prescriptions were removed from the printers in the evenings and locked away securely.

There was a named GP responsible for the dispensary and the dispensary manager confirmed that frequent discussions took place with the lead GP although no regular meetings were arranged. There was a procedure for recording any medicine incidents or near misses and these were discussed weekly when the dispensary was closed. There was also a process for recording significant events, and regular quarterly whole team meetings took place

Are services safe?

during which significant events and complaints were discussed. These meetings were minuted and we evidenced four sets of minutes where significant events and complaints were discussed.

All Medicines and Healthcare Products Regulatory Agency alerts (MHRA) were received by the dispensary and the lead GP jointly (the MHRA is a government agency which approves and licenses medicines, allowing them to be prescribed in the UK. The principal aim of the agency is to safeguard the public's health). The dispensary checked the alerts, carried out any actions, dated and signed the document and filed for future reference.

Dispensing patients had the choice of collecting their medication either from the dispensary or from another local pharmacy. The practice dispensed to approximately 50% of their patients.

There was a private area that patients could be taken to if they wished to discuss any areas of concern or queries.

The dispensary was clean and tidy and cleaned by regular cleaners daily.

- The practice regularly carried out regular medication reviews together with benchmarking against national and local data. The practice used the CQC Intelligent Monitoring Data and NHS Business Services for benchmarking purposes, and all information was fed back to the clinical staff to ensure the regular monitoring of medication. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The dispensary held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (these are written instructions for the supply or administration of medicines to groups of

patients who may not be individually identified before presentation for treatment). We evidenced that PGDs were up-to-date and available for all clinical staff to view.

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 not carried out a fire risk assessment although a recent fire drill had been carried out. 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 carried out an infection control audit and were currently working through risk assessments in other areas i.e. health and safety and COSHH (Control of Substances Hazardous to Health). We saw evidence that risk assessments were on-going with action plans written up appropriately.
- 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. Succession planning was discussed with the management team.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

Are services safe?

- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice discussed NICE guidelines at their quarterly meetings at which all staff were involved. The practice used NICE guidelines for cancer referrals and atrial fibrillation. The focus for last year had been on home visits and next year the practice planned to focus on sepsis.
- The practice had carried out a two cycle audit on accident and emergency attendances as there had been an increase in the use of A&E by patients in 2014. The practice used the Primary Care Web Toolkit for benchmarking against other practices in the area and found that the surgery was rated as fourth highest for the first quarter of 2015 in A&E attendances. As a result the practice implemented several measures in an attempt to reduce attendances. These included open access telephone consultations to all patients; a change in the appointment system to include a proportion of same day, routine and emergency appointments and emergency and routine appointments on Saturday mornings. The practice also increased capacity on Saturday mornings to include a number of drop-in appointments and a patient call back service. A subsequent audit produced evidence that the surgery had the highest drop in A & E attendances across West Norfolk with a reduction of 15%.

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 the inspection were 98% of the total number of points available. However since our inspection the 2015-2016 results have been published

which showed the practice had achieved 99.5% of points available. Exception reporting was higher than the CCG average and national average for dementia and the practice explained that this was due to the closure of a local care home in the area. Exception reporting was also higher than the CCG average and the national average for cancer. The practice explained that they had diagnosed more patients with this disease and therefore reviews were not necessary at that time.

The practice used a risk stratification tool to identify patients who had a high risk of being admitted to hospital or were overdue for screening (i.e. blood tests), or were put at risk because of their medications. This system is used to help manage patients and monitor safety and prescribing. (Risk stratification is a software system used for identifying patients for care).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 97% which was above the CCG average of 94% and the national average of 90%. Exception reporting for these indicators was 9% which was lower than the CCG average of 11% and the national average of 11%.
- Performance for mental health related indicators was 100% which was above the CCG average of 99% and the national average of 93%.

Effective staffing

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

- The practice had an induction policy for all newly appointed staff. This covered practice policies including safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.
- Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Are services effective?

(for example, treatment is effective)

- 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 practice had a cervical screening protocol which was reviewed in June 2016 which set out the process for screening and the recall system. The process included what to do in the event of non-responders: inadequate smears: abnormal smears and normal smear results but with infection shown.
- 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 on-going support, regular meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff had received training although not everyone had received equality and diversity training and information governance training. Other training included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The 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.

The practice's uptake for the cervical screening programme was 69%, which was comparable to the CCG average of 73% and the national average of 74%. There was a robust policy to manager cervical cytology screening. Monthly reports were run from the computer system identifying outstanding smear results. The pathology department were subsequently contacted regarding outstanding results. The patient administration team ran a bi-annual report to identify patients who had chosen to be excluded from the screening programme. Patients who had 'opted out' approximately sixty months ago were contacted and invited to opt back into the programme. Practice nurses were responsible for carrying out cervical cytology testing and had undergone a recognised cytology course qualification with regular updates. Patients who were overdue for their smear test were contacted by letter and telephone and an alert was made on the patient's electronic record to indicate that a smear test was overdue.

Are services effective?

(for example, treatment is effective)

There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

- The number of females aged 50-70 screened for breast cancer in the last 36 months was 79%, which was higher than the CCG average of 77% and the national average of 72%.
- The number of females aged 50-70, screened for breast cancer within 6 months of invitation was 75%, which was in line with the CCG average of 75% and the national average of 73%.
- 60% of patients aged 60-69 years screened for bowel cancer in the last thirty months compared to the CCG average of 60% and the national average of 58%.

- 57% of patients aged 60-69 years had been screened for bowel cancer within six months of invitation, compared to the CCG average of 60% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 69% to 96% and five year olds from 83% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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 41 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. Other comments included 'always excellent service', 'The care I have received in the last year has been excellent. I have always been listened to carefully in a relaxed and professional manner' 'Excellent service, can't fault the practice, always attentive and reliable' and 'The service provided by the doctors and staff at the practice is excellent. Fast service, nothing too much trouble'.

We spoke with one member of the patient participation group (PPG) who told us the group were very pro-active, challenged the authorities when necessary, attended regular meetings and arranged speakers to give talks at patient meetings including diabetic and stroke nurses. The practice philosophy was that all patients were members of the PPG, and minutes of all meetings were posted on the practice website which also included a link to the patient website.

Results from the national GP patient survey 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:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% 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 89% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.

Are services caring?

- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 90% and the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 60 patients as carers (1.1% of the practice list). A representative from West Norfolk Carers attended the practice on the fourth Monday of the month and patients could self-refer for advice and assistance. Carers were offered annual flu vaccinations and information was available on the reception notice board.

The GPs visited bereaved families of patients who had passed away at home, and support needs were often identified and acted upon during the certification process. For patients who passed away in a care home or hospital, an ad-hoc process was adopted. The practice felt that families were often supported via these institutions.

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 a 'Commuter's Clinic' on Saturday mornings for working patients who could not attend during normal opening hours. The practice had also increased these clinics to include ten walk-in slots as well as the option for patients to have telephone calls returned during these times.
- The surgery offered a variety of appointments throughout the week including telephone consultations and immediate access for children. Double appointments were available for vulnerable patients and those with chronic conditions.
- We checked the next available routine appointment with a GP and the practice computerised medical system showed availability the same day and every day for the remainder of the week. We checked the next routine appointment with a nurse and the medical system also showed availability the same day and appointments for the remainder of the week.
- 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/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift to the first floor although medical services were provided on the ground floor only.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday and 9am and 12pm Saturday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 81% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 73%.

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

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. Details of the reason for a house call request were taken by the reception staff and entered onto the computer system. The lead GP reviewed the requests and allocated the calls to the clinical team.

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. The practice website advised patients on how to make a complaint and there was a notice in the waiting room of the complaints process.

We looked at all complaints received in the last 12 months and found that these were handled in a timely way. All complaints were discussed at whole team meetings and

Are services responsive to people's needs? (for example, to feedback?)

anonymised where necessary. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action were taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement and staff knew and understood the values. The lead GP was active in the wider health community and was on the board of the local CCG.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. The practice had a 'tree' system on the computer which enabled all staff to view policies, minutes of meetings and significant events.
- A comprehensive understanding of the performance of the practice was maintained
- The practice used benchmarking against other practices to identify where immediate actions could be taken to make improvements. For example the practice had recognised that its antibiotic prescribing rates were higher than many practices and had worked to reduce this over time..
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GPs in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable 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. This included support training for all staff on

communicating with patients about notifiable safety incidents. The GPs 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 lead GP invited patients to attend the surgery or undertook house calls to discuss complaints.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team 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 GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) which met regularly. Minutes of the PPG meetings were available to all patients on the practice website.

The practice had gathered feedback from staff through regular staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice encouraged ideas and suggestions from staff, and as a result of concerns, a screen had been fixed on the reception desk in order that patients could not lean over and have sight of confidential information. The waiting room chairs had also

Are services well-led?

Good 

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

been moved in order that patients were not facing the reception area increasing confidentiality and cervical cytology appointments were moved to morning and evenings in order to accommodate working age patients.

There was a focus on continuous learning and improvement at all levels within the practice and all staff, including clinical staff, had received regular training and clinical update courses.

Continuous improvement