

Sheringham Medical Practice

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Requires improvement	
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

This practice is rated as Good overall. (Previous inspection December 2015 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Sheringham Medical Practice on 09 January 2018 as part of our inspection programme.

At this inspection we found:

- The practice had risk assessments in place to reduce the risk to patients. When incidents did happen, the practice learned from them and improved their processes.
- The practice had systems to safeguard children and vulnerable adults from abuse. The practice told us they followed up that had children not brought to appointments; however documentation in clinical notes did not always support this.
- There was a system to manage infection prevention and control (IPC).
- We found medicines and some other items on the emergency trolley to be out of date. These were removed immediately.
- Significant events and complaints were well managed in the practice. The practice kept an overall log of significant events and complaints.
- There was a system for receiving and acting on safety alerts. In the dispensary, there was a clear system and log of events and actions such as alerts relating

Summary of findings

to recall of medicines. However, the documentation of the alerts that were managed by the GPs and management team did not clearly evidence that actions had been taken.

- The system for the follow up of patients that had diabetes in pregnancy was ineffective and did not always evidence a review of patients after pregnancy.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided and had completed 29 clinical and non-clinical audits. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice achieved 99.9% of available points within the Quality and Outcomes Framework.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Patients we spoke with reflected this view, as did the CQC comment cards.
- The practice were above or in line with local and national averages for the GP patient survey questions relating to access.

- The practice held many informative days for patients on areas such as cancer, carers and dementia. All staff were trained in dementia awareness.
- There was a strong focus on continuous learning and improvement at all levels of the organisation and the practice were keen, where possible, to upskill staff.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Review and improve the documentation in clinical notes for children that were not brought to appointments.
- Review and improve the system for the management of patients that had diabetes in pregnancy.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

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

Sheringham Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and two other CQC inspectors.

Background to Sheringham Medical Practice

The practice is situated in Sheringham, Norfolk. The practice area extends into the outlying villages. The practice offers health care services to approximately 9,400 patients. The practice holds a General Medical Service (GMS) contract and dispenses medicines to those patients who live in the surrounding villages. We visited the dispensary as part of our inspection.

There are two GP partners (male) who are supported by three salaried GPs (one male, two female). There are five nurse practitioners, three practice nurses and three healthcare assistants. A team of five dispensary trained

staff support the dispensing of medicines. A team of 15 administration and reception staff support the practice manager and business manager. The business manager had applied to become a partner of the practice and this was in process at the time of the inspection.

The practice is a training practice for GP registrars (qualified doctors who are training to be GPs). At the time of our inspection, there was a GP registrar student at the practice (A GP registrar is a doctor who is training to become a GP).

The practice is open between 8am and 6pm Monday to Friday. Extended hours are offered between 6.30pm and 8.30pm on a Monday. If the practice is closed, patients are asked to call the NHS111 service or to dial 999 in the event of a life threatening emergency. Out of hours services are provided by Integrated Care 24.

The practice has a lower number of patients aged 0 to 18 years and a higher number of patients aged over 65 years and over compared to the local and national average. The deprivation score is below the England average. Income deprivation affecting children and older people is below national averages. Male and female life expectancy in this area is in line with the England average at 80 years for men and 85 years for women.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

The practice had systems to safeguard children and vulnerable adults from abuse. The practice told us they did follow up children not brought to appointments; however, the record keeping relating to this was inconsistent. We found medicines and some other items to be out of date on the emergency trolley. These were removed immediately. There was a system for receiving and acting on safety alerts in the dispensary. However, the documentation of the alerts that were managed by the GPs and management team did not evidence actions taken.

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse, but documentation did not always support this.

- The practice conducted safety risk assessments. There was a suite of safety policies which were regularly reviewed, accessible and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training and through team meetings. The practice had systems to safeguard children and vulnerable adults from abuse. Policies clearly outlined who to go to for further guidance and there was a lead GP for safeguarding. Staff spoken to were confident about their skills and training to manage safeguarding events.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. This included district nurses and health visitors. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The documentation relating to children not brought for appointments did not always show a review of these patients. The practice told us that they did follow up any child who had not been brought to appointments. Since the inspection, the provider has informed us that action has been taken in relation to this finding. This includes a

review of the safeguarding processes and procedures, a meeting with the local safeguarding lead, practice managers and partners and a review of the clinical system to ensure this complies with recognised guidelines.

- All staff received up-to-date safeguarding and safety training appropriate to their role. GPs and nurses were trained to safeguarding level three. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- There was a system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Equipment had been electrically tested and calibrated where appropriate. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role. There was also a temporary staff folder which gave a comprehensive overview of the practice, including all staff names and their roles.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The practice gave an example of a recent emergency incident that was handled in an effective way by all staff involved.

Are services safe?

- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way for the majority of patients. However, we found some issues relating to documentation of the review of children not brought for appointments.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We found that the practice had increased the number of shared enhanced care summary records after a recent audit. Numbers had increased from 1,300 patients in 2016/17 to 3,000 patients in 2017/18. The practice had achieved this after early consultation with the patient participation group. The practice had implemented a practice sharing policy and used the shared care record to support safeguarding systems.
- Referral letters included all necessary and appropriate information.

Safe and appropriate use of medicines

The practice needed to review some systems for appropriate and safe handling of medicines.

- The systems for managing emergency medicines and equipment required improving to minimise risks to patients. There was a system for checking the medicines and equipment, however this was ineffective. On the day of inspection, we found medicines and some other items to be out of date on the emergency trolley. We also found an emergency medicine that was stored in a labelled drawer that had expired. The practice removed the medicines immediately and reported they would review the system. Following our inspection, the practice carried out a significant event analysis and implemented an action plan to mitigate the risk of this reoccurring.
- The practice kept prescription stationery securely and monitored its use.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. Patients spoken to on the day also reported this.
- Arrangements for dispensing medicines at the practice kept patients safe. Prescriptions were always signed prior to dispensing by a GP. Regular stock checks were undertaken and the fridge temperatures were monitored daily. Staff knew what to do if fridges were out of temperature range. All dispensed medicines were second checked prior to being dispensed. The dispensary held a range of standard operating procedures which were regularly reviewed and updated.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues, including a health and safety risk assessment, fire and legionella risk assessments.
- The practice monitored and reviewed activity via regular meetings, risk assessments and clinical and non-clinical audits. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses and felt confident to do so. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and took action to improve safety in the practice. For example, after a patient had an incorrect letter scanned into their clinical notes, the

Are services safe?

practice implemented a new checking system. The staff now used a three stage patient identification protocol to ensure the details were correct prior to scanning letters into the notes.

- The practice categorised significant events and kept an overall log of significant events.
- There was a system for receiving and acting on safety alerts. However, documentation for prescribing related patient safety alerts was not always completed and therefore did not assure the practice that action had been taken. In the dispensary, there was a log kept of events and clear documentation of who had actioned

them, and what action had been taken. However, non-related prescribing alerts did not have this system and there was not always clear documentation in patient notes of discussion or consideration of the alert for those patients affected. We reviewed three alerts and found appropriate action had been taken for one alert, but the other two required further review. For example, there was not always evidence of documentation in clinical notes or discussion with the patient regarding the alert. Following our inspection, the provider informed us some action had been taken in response to this finding.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and all of the population groups, as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We also saw that when there was a clinical significant event, current best guidance was discussed in the meeting where the event was discussed to ensure clinicians were up to date.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was prescribing hypnotics in line with local and national averages.
- The practice was prescribing antibacterial prescription items in line with local and national averages.
- The practice was prescribing antibiotic items including Cephalosporins and Quinolones in line with local and national averages.
- The practice had lower referral rates than the CCG average, the practice monitored these rates and were proud of their performance given they have a significant elderly patient demographic. Accident and emergency admission rates were in line with the CCG average.
- We saw no evidence of discrimination when making care and treatment decisions in the records we viewed.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of their medicines.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and medicines were updated to reflect any extra or changed needs.
- The practice held a frailty register and discussed patients on this list at multidisciplinary team (MDT) meetings.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care, including district nurses.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. The practice operated a 'one stop chronic assessment' clinic for patients with multiple long term conditions to reduce the number of appointments needed.
- The practice held arthritis care clinics for patients with this condition.
- The practice achieved above local and national averages for all Quality Outcomes Framework indicators for long term conditions including; diabetes, asthma, COPD, hypertension and atrial fibrillation.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. The practice system for the follow up of patients that had diabetes in pregnancy was ineffective and did not always evidence a review of patients after pregnancy. The practice reported they would implement a system to do this. Following our inspection, the practice told us they had taken action in relation to this finding.
- The practice hosted the midwife and baby clinics and had meetings with the health visitor to ensure continuity of care.

Are services effective?

(for example, treatment is effective)

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

- The practice's uptake for cervical screening was 98%, which was significantly above the 80% coverage target for the national screening programme. The exception reporting for cervical screening was 22% which was 15% above the national average and 14% above the local average. We reviewed the exception reporting and found that these patients had been appropriately exception reported. Each patient had been contacted by the practice three times and only exception reported after this.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. The practice had completed 50% of health checks for eligible patients for 2016/17. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had active and effective systems in place to support patients who were nearing the end of their lives. They held regular multidisciplinary team meetings to discuss these patients with teams including the district nurses. There was a tracking system in place which was colour coded to easily identify the patients whose condition was most at risk of deterioration. This enabled staff to be able to offer support at every interaction with the patient and carers. The practice had audited the patients that had passed away in their preferred place of care. Since 1 April 2017 to the date of the inspection, 75% of patients at the end of life had passed away in their preferred place of care.
- The practice held a register of patients living in vulnerable circumstances. The practice had a telephone

bypass system for vulnerable patients who found it difficult to use the telephone service. This included those that were deaf or very hard of hearing and patients with learning difficulties.

- There were 73 patients registered with learning disabilities. Out of these patients, 47 had received a review in 2016/17. The practice also supported a care home for patients with learning disabilities and carried out regular visits on a fortnightly basis. Following our inspection, the practice told us they had completed an audit on patients with a learning disability who required a review and had a plan to complete all those required for 2017/18.

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

- 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2016/17. This is comparable to the national average. The practice had the highest rate of predicted dementia prevalence in the CCG area of 92% which is above the nationally set target for dementia diagnosis of 67% of predicted prevalence.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in 2016/17. This is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health had received discussion and advice about alcohol consumption was 94% which was comparable to the national average in 2016/17.

Monitoring care and treatment

All staff were actively engaged in activities to monitor and improve quality and outcomes. Outcomes for people who use services were positive, consistent and regularly exceeded expectations. The most recent published Quality Outcome Framework (QOF) results were 99.9% of the total number of points available compared with the clinical commissioning group (CCG) average of 99% and national average of 95%. The overall exception reporting rate was 11% compared with a national average of 10% and CCG average of 11%. (QOF is a system intended to improve the quality of general practice and reward good practice.)

Are services effective?

(for example, treatment is effective)

Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- Performance for diabetes related indicators was 100%; this was 3% above the CCG average and 9% above the national average. The exception reporting rate was 13%, which was comparable to the CCG average of 13% and the national average rate of 11%. The prevalence of diabetes was 9% which was higher than the CCG average of 8% and national average of 7%.
- Performance for mental health related indicators was 100%. This was 1% above the CCG average and 6% above the national average. The exception reporting rate was 22%, which was higher than the CCG average of 18% and in line with the national average of 11%. The prevalence of patients with recorded mental health conditions in the practice was 1%, which was equal to the CCG and national averages.
- Performance for dementia related indicators was 100%, which was the same as the CCG average and 3% above the national average. The exception reporting rate was 8%, which was lower than the CCG average of 9% and national average of 10%. The prevalence of dementia was 2% which was equal to the CCG average and 1% above the national average.
- The performance for depression was 100%. This was 1% above the CCG average and 7% above the national average. The prevalence of patients recorded as having depression was 7%, which was lower than the CCG prevalence of 8% and the national prevalence of 9%. The exception reporting rate was 20%, which was lower than the CCG average of 26% and higher than the national average of 23%.

The practice was actively involved in quality improvement activity. Between 2015 and 2017, the practice had completed 29 clinical and non-clinical audits; 20 of these were two cycle audits where outcomes had been re-audited to ensure improvement was sustained.

For example, the practice had audited the patients at risk of harm from the prescription of a certain medicine for blood thinning. As a result of this audit, the practice had implemented a system to phone these patients to ensure they were aware of the risk of the medicines and need for

follow up. A new protocol to ensure the appropriate monitoring of patients was carried out and a policy to follow up patients discharged from hospital on this medicine was implemented.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff reported training was encouraged and that there was a culture of supporting staff to develop into further roles. For example, the practice was supporting receptionists to undertake health care assistant qualifications.
- There was a strong culture of support in the practice. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles, such as nurses with prescribing qualifications, by audit of their clinical decision making, including non-medical prescribing. Every nurse had a GP mentor for support and every healthcare assistant had a nurse mentor.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when

Are services effective?

(for example, treatment is effective)

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice had achieved 75% of patients passing away in their preferred place of death from 1 April 2017 to the day of our inspection. There were effective systems in place to support this.
- The practice held regular meetings to discuss patients nearing the end of life with appropriate teams, such as the district nurse team. The practice had a system to ensure staff were aware of these patients so that support could be offered at every interaction with the patient and carers.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their health. Patients spoken to reported they were regularly given healthy living advice.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.
- The practice had set up drop in clinics where patients could have their blood pressure, weight and height measured. They had used their flu clinics to undertake opportunistic health checks for those patients that had not been seen at the practice recently.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.
- The practice gained written consent for minor surgeries in line with guidance.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Five of the six patient Care Quality Commission comment cards we received were positive about the service experienced. Comments made related to the positive attitude and kindness of staff. One was negative relating to accessing the service. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 220 surveys were sent out and 113 were returned. This represented a 60% response rate. The practice was generally in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 85% of patients who responded said the GP gave them enough time; compared to the CCG average of 89% and national average of 86%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw; compared to the CCG average of 96% and national average of 95%.
- 83% of patients who responded said the last GP they spoke to was good at treating them with care and concern; compared to the CCG average of 89% and national average of 86%.

- 92% of patients who responded said the nurse was good at listening to them; compared to the CCG average of 94% and national average of 91%.
- 92% of patients who responded said the nurse gave them enough time; compared to the CCG average of 94% and national average of 92%.
- 95% of patients who responded said they had confidence and trust in the last nurse they saw; compared to the CCG average of 99% and national average of 97%.
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; compared to the CCG average of 94% and national average of 91%.
- 93% of patients who responded said they found the receptionists at the practice helpful; compared to the CCG average of 89% and national average of 87%.

The practice had an ongoing patient engagement plan to further improve these outcomes. Evidence showed a continual upward trajectory of improvement relating to patient satisfaction.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. The electronic check in screen was available in several languages.
- There was a board in the waiting room explaining the Accessible Information Standard and leaflets were available in easy to read formats.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. Staff were also aware of patients who were hard of hearing or blind and flagged this on the patient record.

Are services caring?

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice held multiple events to offer support to carers and also identified them at the point of registration. The clinicians were active in asking patients if they were a carer, or cared for and identified carers in this way. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 201 patients as carers (approximately 2% of the practice list).

- The practice held events for carers regularly. They had held a carers awareness day. Further to this, they often hosted external charities such as Age UK and organisations that support carers of patients with mental health conditions and carers of patients with learning disabilities. These organisations offered 'drop in' sessions, organised by the practice.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card and a bereavement pack. This had details of dealing with grief, how to register a death, an information directory and where to get financial advice. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

Results from the national GP patient survey, published in July 2017, showed patients gave mixed responses to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with, or below local and national averages:

- 84% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 77% of patients who responded said the last GP they saw was good at involving them in decisions about their care; compared with the CCG average of 86% and national average of 82%.

- 52% of patients who responded said they usually get to see their preferred GP; compared with the CCG average of 55% and national average of 56%.
- 86% of patients who responded said the last nurse they saw was good at explaining tests and treatments; compared to the CCG average of 93% and national average of 90%.
- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; compared to the CCG average of 88% and national average of 85%.

The practice was aware of the lower than average results for these questions. The practice analysed these results closely and could demonstrate that these results were improving. For example, results showed GPs being good at explaining tests and treatments had a 16% improvement from July 2016 and a 3% improvement for nurses. There was a 17% improvement in GPs involving patients in decisions about their care and a 12% improvement for nurses. The practice had a comprehensive patient engagement improvement plan which included patient and community engagement, patient focus and patient service. Areas targeted included practice-patient events, a new patient information campaign and targeting community groups. For example, the practice had held specific events for patients diagnosed with dementia and had worked to become a dementia friendly practice. All staff trained in dementia awareness and this allowed improved consultations with this group of patients.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours were offered on a Monday from 6.30pm to 8.30pm. These were pre-bookable appointments and the practice found these were helpful for patients that could not attend the surgery during normal hours due to work commitments. The practice also offered online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- The practice operated a system of routine 15 minute GP appointments to allow GPs enough time to deal with complex patient needs.
- The practice improved services where possible in response to unmet needs. For example, the practice understood patient satisfaction was low in 2010 and have been continually reviewing and improving systems of communication. Recent results showed on average the highest levels of patient satisfaction since this date.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice had a bypass telephone line for patients that found the appointment system difficult to navigate. There was another bypass line used by the community teams and local care homes supported by the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services, such as the district nursing team.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs also accommodated home visits for those who had difficulties getting to the practice and provided visits to local care homes.
- The practice hosted Age UK at the surgery for patients on a regular basis. They provided 'drop in clinics' patients to be signposted to if they required this service.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at a 'one stop chronic assessment' appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice hosted long term condition patient information events for conditions such as cancer and dementia. These were well attended and facilitated by the patient participation group.
- The practice held 'drop in' hypertension clinics. Patients could attend these when collecting medicines from the dispensary. Dispensers had been trained to take blood pressure, height and weight measurements. The practice also held arthritis clinics to further support this patient group.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at did not always have sufficient detailed documentation to support this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice had strong working relationships with the local schools. Clinicians had given talks on health related matters at the school assemblies and had participated in career fairs. The patient participation group also included students from the local school.
- The practice had specifically designed an area of the waiting room to be 'child friendly'. They had developed this with the local primary school and a local artist. There was evidence in the waiting room of health related education activities and art work from the local school was displayed.
- The practice website had an area for young people with specific information for this age group.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours on a Monday evening from 6pm to 8.30pm.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice used a text message system to communicate with patients regarding appointments and for feedback from the Friends and Family Test. The practice told us they also planned to use this method to communicate about flu vaccines.
- The practice added patients that have difficulties answering the phone at work to the bypass line and ensured phone calls were booked at a time that was convenient for the patient.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, those hard of hearing and carers.
- These patients had access to the bypass telephone line to ensure access to the service was available in the best way for them.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was dementia friendly and had invested in dementia friendly signage and toilet facilities. All staff were dementia friends and trained in dementia awareness. The practice had also held a dementia awareness day for patients and carers and planned to hold a 'focus group' to gain an understanding of how they can adapt services to better treat this group of patients.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients we spoke to reported the appointment system was easy to use. However, one CQC comment card reported a negative experience of the triage system operated at the practice.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to, or above, local and national averages. This was supported by observations on the day of inspection and completed comment cards. 220 surveys were sent out and 113 were returned. This represented a 60% response rate.

- 82% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 86% of patients who responded said they could get through easily to the practice by phone; compared to the CCG average of 77%; and national average of 71%.
- 88% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; compared to the CCG average of 89%; and national average of 84%.

Are services responsive to people's needs?

(for example, to feedback?)

- 87% of patients who responded said their last appointment was convenient; compared to the CCG average of 88%; and national average of 81%.
- 83% of patients who responded described their experience of making an appointment as good; compared to the CCG average of 80%; and national average of 73%.
- 68% of patients who responded said they don't normally have to wait too long to be seen; compared to the CCG average of 67%; and national average of 58%.

The practice were proud of these results and could evidence an improvement trajectory over time. They had an active patient engagement programme ongoing to continually monitor this.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. The practice had a 'feedback' area in the waiting room where survey results and the complaints leaflet were displayed.
- The complaints policy and procedures were in line with recognised guidance. 12 complaints were received in the last year; we reviewed three complaints and found that they were satisfactorily handled in a timely way. The practice ensured they recorded both verbal and written complaints to capture as much feedback as possible.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, following a complaint, the practice changed the process for referring children for blood tests. The practice had looked into best practice guidance and contacted local consultants. The letter sent to the patient was informative and gave information of other agencies that the patient could complain to.

Are services well-led?

Good 

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

Our findings

We rated the practice, and all of the population groups, as good for providing well-led services.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and threats to delivering high quality care and had a plan in place to address these.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Practice staff commented positively on being involved in the development of the practice and reported that the management team were approachable and open to change.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. These all related to providing high quality care for patients. The practice had a realistic strategy and supporting business plans to achieve priorities. These priorities were reflective of the challenges faced by the practice, and of the practice population.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population and had a system in place to monitor this.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice and many staff members had worked at the practice for many years.
- The practice focused on the needs of patients and were aware of and supportive of the population they served. The staff were active in the local community and attended community events such as the local carnival.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The examples we reviewed showed discussion of complaints and open responses to the patients. The practice were keen to learn from events and staff were confident to raise concerns with the management team. They had confidence that these would be addressed. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. The practice encouraged development in the practice and tried where possible to upskill staff.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. All nurses had a GP mentor and all HCAs had a nurse mentor and regular supervision sessions.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff we spoke to felt they were treated equally.

Are services well-led?

Good 

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

- There were positive relationships between staff and teams. The practice held regular whole team away days and team building events to facilitate good working relationships among staff groups.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. However, some of these systems required review to ensure they were working effectively.

- Structures, processes and systems to support good governance and management were clearly set out, understood and generally effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. However, we found issues relating to the system and process in place for the checking of emergency medicines. We also found there was limited documentation relating to the actioning of prescribing based patient safety alerts.
- Staff were clear on their roles and accountabilities including in respect of safeguarding; however found that the documentation was limited in relation to following up children that were not brought to appointments. Following our inspection, the provider informed us action had been taken to address this.

Managing risks, issues and performance

There were many processes for managing risks, issues and performance.

- There were processes to identify, understand, monitor and address current and future risks including most risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of incidents and complaints. Documentation of the actions taken in response to patient safety alerts for prescribing lacked detail to assure that alerts had been acted on appropriately. Following our inspection, the provider informed us some action had been taken in response to this finding.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There were many audits completed that showed clear evidence of action to change practice to improve quality. For example, audits had been completed on prescribing relevant to the population the practice served, patient satisfaction with the dispensary and minor surgery.
- The practice had plans in place and had trained staff for major incidents. There was an effective business continuity plan in place.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. This included a regular auditing programme. Performance information was combined with the views of patients via a patient engagement programme.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Meeting minutes we viewed showed regular sharing of incidents and practice performance.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care, including various computer systems for patient notes, human resources and training.
- The practice submitted data or notifications to external organisations as required. We reviewed evidence of a recently submitted event and found this was handled in a satisfactory and timely manner.

Are services well-led?

Good 

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

- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group (PPG). The group were active and visible within the practice. They assisted at flu clinics and also helped to arrange patient awareness days for cancer and dementia. The group reported the practice were very accepting of the views and recommendations of the group and kept them informed of changes within the practice. The group had an in the waiting room where the minutes of meetings with the PPG were displayed and a comments box, as well as information of how to join. There was also a virtual PPG group which had young people on from the local school. The practice were keen to have the PPG representative of all population groups.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The practice were keen, where possible, to upskill staff. They had supported staff to gain qualifications in nursing and health care assistant diplomas. The practice were also a teaching practice and were keen to continue this.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements and minutes of meetings were available if staff could not attend the meetings.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. The staff made use of lunch time closures for learning sessions and tried, where possible to have external speakers and trainers.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: <ul style="list-style-type: none">• There were out of date medicines on the emergency trolley and in a drawer. There were also out of date items including alcohol wipes and swabs.• There was not an effective process in place for the management and actioning of patient safety alerts.