

# Plowright Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Plowright Medical Centre on 12 January 2017. 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. We were able to evidence significant events were recorded and discussed at practice meetings.
- 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 upon.
- The provider was aware of and complied with the requirements of the duty of candour.
- Clinical and non-clinical audits were carried out.
  - On the day of the inspection we found that prescriptions were not being logged when received or distributed. Subsequent to this the practice produced a standard operating procedure plus log sheets for recording blank prescriptions.

We saw an area of outstanding practice:

# Summary of findings

- The practice provided accommodation for two wellbeing counsellors and the service was available for all patients in the community. The practice provided and paid for the services of three additional counsellors for three sessions a week, with different areas of expertise including child adolescent and psychotherapy, mental health, hypnotherapy, cognitive behavioural therapy, eating disorders, post-traumatic stress, phobias and depression. Clinics slots were for one hour and a quiet room with settees had been made available to help make patients feel relaxed and

comfortable. Referrals to these services were made by the GPs. The practice explained that there were no local services for children's counselling and the wellbeing counselling service, although beneficial to some patients, had a long waiting time and intervention was limited to specific areas of treatment. They said that they felt it was important to provide a wider range of therapy sessions on a one to one basis for their patients.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, 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, and all staff had undertaken safeguarding training.
- Risks to patients were assessed and well managed.
- All communications including electronic letters and test results were first seen by the GPs prior to filing or intervention.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- 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 although there was a lack of two cycle audits undertaken in the last two years.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of staff appraisals for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published in July 2016 showed patients rated the practice higher than others for several aspects of care.

# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients and/or relatives of patients on the palliative care register were given the mobile telephone number of the senior partner in order to provide additional communication when needed.
- The practice had identified over 2.5% of patients as carers and information and support was available from the practice and carers support organisation.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The senior partner attended regular locality meetings.
- 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice employed the services of three counsellors to cover a variety of conditions including anxiety, eating disorders, mental health, post-traumatic stress and phobias.
- Telephone consultations were available for patients unable to attend the surgery.
- Urgent same day appointments were available.
- 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.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. 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 GPs 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.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A medicines delivery service was offered to vulnerable patients and those with long-term conditions and frailty who could not attend the surgery.
- Weekly or monthly dossett boxes were produced by the dispensary. (These are boxes containing medications organised into compartments by day and time in order to simplify the taking of medications).
- The practice nurse attended housebound patients to give flu vaccinations.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management including asthma and diabetes.

Diabetic quality data from 2015/2016 showed:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90mmHg or less was 97% which was 3% above the CCG average and 6% above the national average.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) 140/80 mmHg or less was 74% which was 7% below the CCG average and 4% below the national average.

Other services provided by the practice for this population group were:

- 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

# Summary of findings

those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Bi-monthly multi-disciplinary meetings took place to discuss palliative care and reviews.

- The practice nurses had received specific training in diabetes; asthma and chronic obstructive pulmonary disease, to support the GPs' manage long term condition patients.
- Home visits were available for patients whose condition made it difficult for them to attend the surgery.
- Same day appointments were offered if needed.
- The care home matron monitored patients in care homes and reported back to the senior partner if intervention was required.

## Families, children and young people

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

- Children were prioritised and fast tracked with regards to same day appointments.
- Free spoons and syringes were provided to patients in order to help administer medication.
- Appointments were staggered throughout the day making it easier for patients to book appointments for children before or after school.
- The practice had set up a social media website page to keep people up-to-date with changes or information about the services provided. Information included the introduction of a patient self-check in screen and a link to join the friends of Plowright medical centre Swaffham.
- Saturday flu clinics were available for patients unable to attend during the week.
- Patients aged 25-64, attending cervical screening within the target period of 3.5 or 5.5 years coverage was 82% compared to the CCG average of 84% and the national average of 82%.
- Travel vaccines were available, by appointment, during normal clinic times.
- Staggered appointments ensured that there were greater opportunities for appointments to be made outside of school hours premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses and the practice had introduced a safeguarding single point of contact.
- School readiness health checks were offered, at which additional support was offered for children preparing to start school, including communication, physical exercise and dental health.

Good





# Summary of findings

- The practice had a dedicated children's play area in the waiting room and baby changing facilities were available.
- The practice employed the services of a counsellor with specific skills in child psychotherapy and eating disorders.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone consultations were available for patients unable to attend the surgery.
- The practice had an internet social media page which gave useful health information and information on the services provided at the surgery.

**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. Alerts on the practice medical system highlighted when immunisations were due for children.
- 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.
- 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.

**Good**



# Summary of findings

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

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

- Patients with dementia or poor mental health were telephoned prior to their appointment as a reminder that the appointment was due, and to check if the patient had any concerns or worries.
- 91% of patients diagnosed with mental health issues had a comprehensive care plan documented in their records in the preceding 12 months which was 7% below the CCG average and 2% below the national average. Exception reporting was 2.3% compared to the CCG and national average of 11%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended 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 accommodation for two wellbeing counsellors and the service was available for all patients in the community. The practice provided and paid for the services of three additional counsellors for three sessions a week, with different areas of expertise including child adolescent and psychotherapy, mental health, hypnotherapy, cognitive behavioural therapy, eating disorders, post-traumatic stress, phobias and depression. Clinics slots were for one hour and a quiet room with settees had been made available to help make patients feel relaxed and comfortable. Approximately 21 slots per week were available and referrals to these services were made by the GPs. The practice explained that there were no local services for children's counselling and the wellbeing counselling service, although beneficial to some patients, had a long waiting time and intervention was limited to specific areas of treatment. They said that they felt it was important to provide a wider range of therapy sessions on a one to one basis for their patients.

Outstanding



# 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. 216 survey forms were distributed and 107 were returned.

This represented a 50% response rate.

- 87% 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%.
- 86% 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%.
- 85% 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%).

- 81% 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 the national average of 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Patients commented that the service provided was very good in all aspects, and that staff were courteous, competent, helpful and friendly.

We spoke with six patients during the inspection. All six patients said they would recommend the practice to someone new in the area. Five patients said they knew how to make a complaint if they needed to, and six patients said they felt they were treated with dignity and respect. Patients also commented that the staff were excellent, friendly and helpful and that the on-line service was good.

# Plowright Medical Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector

## Background to Plowright Medical Centre

Plowright Medical Centre provides primary care services to approximately 6,000 patients.

The surgery is located at 1, Jack Boddy Way, Swaffham, PE37 7HJ. The branch surgery at Necton, opened in 1995, and is located at North Pickenham Road, Necton PE37 8EF.

Swaffham is a market town situated approximately 12 miles east of Kings Lynn and 31 miles West of Norwich.

The practice has one senior partner (male) supported by four regular locum GPs, (one male and three female). There are four practice nurses, four health care assistance, twelve administrative staff, a practice manager and eight dispensary staff. Both sites have a dispensary. We inspected the main surgery dispensary at Swaffham. The practice dispenses to approximately 70% of patients at the main site and 100% of patients at the branch surgery.

The practice has opted out of providing GP out of hour's services and this is provided by IC24 through the 111 non-emergency services.

Plowright Surgery Swaffham is open from Monday to Friday 8.30am – 6.30pm and closed from 1pm to 2pm on Tuesday. Necton Surgery is open from Monday to Friday 8.30am to 12 noon and 2pm to 5pm. The surgery closed at 12 noon on Thursdays.

The practice had a higher number of patients on their register aged 60 years and over compared to the national average, with over 1200 patients over the age of 70 (22%). Figures showed that 66% of patients had a long-standing health condition compared to the national average of 54%.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 January 2017. During our visit we:

- Spoke with a range of staff including receptionists, dispensers, administrators and managers and spoke with patients who used the service.

# Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?
  - Is it effective?
  - Is it caring?
  - Is it responsive to people's needs?
  - Is it well-led?
- We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:
- Older people
  - People with long-term conditions
  - Families, children and young people
  - Working age people (including those recently retired and students)
  - People whose circumstances may make them vulnerable
  - People experiencing poor mental health (including people with dementia).

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

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

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. The practice manager maintained a log of when the safety alerts were received and actioned.

### 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 GP 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. The nursing staff were trained to safeguarding level two and administrative staff trained to safeguarding level one.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the latest being January 2017 which included hand hygiene, environment cleanliness, clinical waste, personal protection, sharps containers and specimen handling. We saw evidence that action was taken to address any improvements or changes identified as a result. This included the removal of cloth tea towels and a policy on wearing jewellery.
- Boxed computerised prescriptions were stored in a locked cupboard and at the time of the inspection a record of prescription numbers and where the prescriptions were being used were not recorded. The practice has since provided evidence that a standard operating procedure has been written and that a procedure has been put in place for the recording of blank prescription forms.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. 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 reviews of 10% of patients are carried out to

## Are services safe?

access compliance and understanding of medicines being prescribed, known as dispensing review of the use of medicines (DRUMS). During the inspection it was confirmed that the relevant number of reviews were being carried out appropriately by the senior partner.

- Dispensary staff showed us standard operating procedures (SOPS), which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). These were signed and dated by the dispensers. The SOPS were reviewed on a regular basis and updated in response to incidents or changes to guidance.
- The practice 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.
- Medicines were stored securely and in a clean and tidy manner and were within their expiry dates.
- There was a process in place for dispensing high risk medicines, and all prescriptions for these were kept in a separate area in the dispensary. The dispensers checked and ran searches on whether patients taking these medicines had reviews and that necessary blood tests had been carried out prior to the issuing of the medicine
- Members of staff who were involved in the dispensing process had achieved the appropriate NVQ level 2 diplomas and all had undertaken basic life support training, safeguarding and fire training.
- All dispensers had undergone DBS checks (The disclosing and barring service which helps employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, formerly known as CRB checks (Criminal Records Bureau)).
- The practice offered a medicines delivery services for housebound and frail patients unable to attend the surgery. There was a standard operating procedure for this service and prescriptions were tracked between the patients homes and the dispensary. The practice employed a caretaker who provided the delivery service and the appropriate CRB check had been carried out.
- The dispensary carried out a patient satisfaction survey and an annual audit of the percentage of repeat prescriptions dispensed within a 48 hour period. The result of the audit showed that 100% of repeat prescriptions received were dispensed within this period.

- All medicines and healthcare products regulatory agency alerts (MHRA) were received by the dispensary and the practice manager. (This 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 MHRA alerts were actioned, cross referenced with the branch surgery, signed and dated by the dispensary manager. The alert was filed for future reference purposes. The practice manager and information technology lead ran searches to ensure that any clinical input or changes to treatment or referrals were identified. A record of the alerts and actions were maintained by the practice manager.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Three members of staff were fire marshals and one member of staff was the fire officer. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control, snow and ice, and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Regular heads of department meetings took place during which skill mix, workloads and staff numbers were discussed.

## Are services safe?

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
  - All staff received annual basic life support training and there were emergency medicines available in the treatment room.
  - The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
  - The practice had a comprehensive business continuity plan in place for major incidents such as power failure, loss of medical records or building damage. The plan included emergency contact numbers for staff and suppliers. Each area of risk was identified as high, medium or low. A fire safety policy was also included in the continuity plan which included the duties of the fire marshals and what to do in the event of an emergency.



# 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.

### 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 showed that the practice had achieved 99% of the total number of points available compared to the CCG average of 98% and the national average of 95%. Exception reporting was 13% compared to the CCG average of 11% and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 results showed:

- Performance for diabetes related indicators was 99% which was 5% above the CCG average and 9% above the national average. Exception reporting was in line with the CCG and national average of 11%
- Performance for mental health related indicators was 91% which was 7% below the CCG average and 2% below the national average. Exception reporting was 2% compared to the CCG and national average of 11%.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed including a two cycle audit on chronic obstructive pulmonary disease (COPD) management. The first audit

used data collection against national standards and QOF requirements and demonstrated poor record keeping and a lack of management of this condition by the GPs. Nurse training on COPD was commenced and progress plotted over four equally spaced reviews. Data was extracted for each review and discussed at specific meetings. The final review of comparable data showed a significant increase in performance, with only the number of reviews that needed to be completed as a conclusion.

- An audit was undertaken to review the outcomes of minor surgery procedures carried out during the 6 months from April to September 2016. The result of the audit showed that lesions were being correctly identified, appropriately treated and results reliably actioned.
- An audit of the correct coding of malignancy had been carried out in December 2016 with the second cycle planned for March 2017.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nursing staff reviewing patients with long-term conditions had undertaken training in asthma, spirometry, COPD, diabetes and immunisation and vaccinations.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, equality and diversity, conflict resolution, infection

# Are services effective?

## (for example, treatment is effective)

control, health and safety, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Patients discharged from hospital were contacted by the practice within three days of discharge to ascertain if further intervention was needed.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Monthly meetings took place with the senior partner and the integrated care co-ordinator, during which care plans for patients with complex needs were routinely reviewed and updated.

Bi-monthly multi-disciplinary team meetings took place attended by the integrate care co-ordinator, care home matron, community nurse, GP, lead nurse, dispenser, Macmillan nurse, physiotherapist and health visitor. Palliative care patients were reviewed and intervention discussed and implemented if necessary.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and were signposted to the relevant service.
- A visiting dietician attended the premises on a monthly basis and referrals could be made through the GPs or practice nurses. Information for smoking cessation was available on the practice website.

The practice's uptake for the cervical screening programme was 82% which was comparable to the CCG average of 84% and the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- The number of females aged 50 – 70 years, screened for breast cancer in the last 36 months was 80% compared to the CCG average of 77% and the national average of 72%.
- The number of females age 50 – 70 years, screened for breast cancer within 6 months of invitation was 82% compared to the CCG average of 75% and the national average of 73%.
- The number of persons age 60 – 69 screened for bowel cancer in the last 30 months was 63% compared to the national average of 58%.
- The number of persons age 60 – 69 years screened for bowel cancer within 6 months of invitation was 59% compared to the CCG average of 60% and the national average of 58%.

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. Patients who did not attend for cervical screening were sent a reminder by the practice and an alert put onto their medical record showing that the smear test was overdue.

## Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 96% compared to the CCG average of 64% to 96% and the national average of 74% to 95%.and five year olds from 70% to 100% compared to the CCG average of 69% to 95% and the national average of 81% to 95%.

School readiness health checks were offered for children preparing to start school. These checks provided additional support including dental health, socialising, communication and physical exercise.

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.

Of the 13 patient Care Quality Commission comment cards we received 11 were positive about the service experienced. Patients said they felt the practice offered an excellent service and that staff were helpful, caring, and polite and treated them with dignity and respect. One comment highlighted that it was not always easy to get an appointment and one patient commented that the GP seen on the day did not listen to concerns raised.

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

- 84% 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%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 93% 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%.
- 81% 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%.

- 95% 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%.
- 92% 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.

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:

- 86% 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%.
- 83% 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%.
- 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.
- Information leaflets were available in easy read format.
- Patients told us they felt involved in decision making about the care and treatment they received. The feedback we received from patients interviewed on the day was positive and aligned with these views.

### 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.

## Are services caring?

Information about support groups was also available on the practice website including self-help, local services, who to contact when the surgery was closed, information on the minor injuries unit, bereavement support, information for carers and useful telephone numbers.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 170 patients as carers (2.5% of the practice list). Information was available for carers and there was a direct link on the practice Facebook page to West Norfolk Carers. A member of staff was carers lead for the practice and had undergone training by West Norfolk Carers for this role.

Norfolk Carers held monthly drop-in clinics at the practice to offer support and advice where appropriate.

The senior partner advised us that he gave his mobile telephone number to patients, or families of patients on the palliative care register, in order that they could contact him directly if necessary. Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support and advice.

# 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 senior partner regularly attended the CCG locality meetings.

- The practice used the CCG benchmarking data on prescribing and regularly reviewed their prescribing data.
- 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 and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a lift to the first floor, baby changing facilities, a hearing loop and translation services available.
- A phlebotomy service was available in order that patients did not have to travel to the hospital to have this procedure undertaken.
- A range of attached services were provided including chiropractor, midwifery, wellbeing counsellors, osteopath and hearing aid clinic.
- Female only appointments were available fortnightly.
- The practice provided accommodation for two wellbeing counsellors and the service was available for all patients in the community. The practice provided and paid for the services of three additional counsellors for three sessions a week, with different areas of expertise including child adolescent and psychotherapy, mental health, hypnotherapy, cognitive behavioural therapy, eating disorders, post-traumatic stress, phobias and depression. Clinics slots were for one hour and a quiet room with settees had been made available to help make patients feel relaxed and comfortable. Referrals to these services were made by the GPs. The practice explained that there were no local services for

children's counselling and the wellbeing counselling service, although beneficial to some patients, had a long waiting time and intervention was limited to specific areas of treatment.

### Access to the service

Plowright Surgery Swaffham opening hours were from Monday to Friday 8.30am – 6.30pm and closed from 1pm to 2pm on Tuesday.

Necton Surgery opening hours were Monday to Friday 8.30am to 12 noon and 2pm to 5pm. Thursday the surgery closed at 12 noon.

Appointments were staggered daily at the main surgery from 8.30am to 12 noon and 3pm – to 6.30pm and could be booked up to one month 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.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 78%.
- 87% of patients said they could get through easily to the practice by phone compared to the CCG 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.
- The practice offer a range of clinics including, counselling, phlebotomy and chronic heart disease. Associated services include diabetic eye screening, midwifery, dual-energy x-ray absorptiometry (DEXA) scanning (a specific type of x-ray that measures bone density), dietician and hearing aid support.

There were eight care homes in the area and the practice provided care for 91 residents in these homes. The practice has the benefit of a care home matron to support the GPs in looking after patients in the care homes. The care home matron visited the homes and liaised with the senior partner on a regular basis.

# Are services responsive to people's needs?

(for example, to feedback?)

The reception staff recorded home visits on the practice computer screen which the GPs looked at throughout the day. Triage training had also been given to all reception staff by a pre-hospital care doctor, who gave a presentation on what to look out for on home visit requests.

Patients that requested to be seen urgently were given an appointment the same day with the duty doctor.

## **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

We looked at several complaints received in the last 12 months and found that these had been dealt with in a timely way and with openness and transparency. Verbal and written complaints were recorded. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and actions were taken to improve the quality of care. For example, a pump hand sanitizer had been installed next to the patient check-in screen and additional signage advising patients they could speak in a private area if requested.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

The practice had a mission statement to be a top quality health care team, working with patients to enable good health and deliver excellent accessible care, continually developing to meet new challenges. This was incorporated in the practice business plan and staff knew and understood the values.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A range of meetings took place to ensure communication and changes to policies and procedures were adopted.

### Leadership and culture

On the day of inspection the senior partner in the practice demonstrated he had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us that all GPs at the practice were approachable, easy to talk to and always took the time to listen to all members of staff. The senior partner explained the problems he was having in recruiting salaried GPs or another partner, but that he worked hard to ensure he provided high quality compassionate care to his patients. The practice manager had only been in post for a short time prior to the inspection, but had been able to demonstrate significant changes to practice procedures and policies, including a comprehensive spreadsheet

outlining complaints and significant events, and ensuring the staff had received appropriate training for their roles including basic life support, safeguarding, cervical cytology and immunisation updates

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The 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, information and a verbal and written apology.

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

- Staff told us the practice held regular team meetings and head of department 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 by all the GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the GPs encouraged staff to identify opportunities to improve the service delivered by the practice.
- The staff had set up its own social group and event planning to aid team morale. The most recent event was a shopping trip to London..

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice has a virtual group and information was available on the practice website, in the practice information leaflet and



# Are services well-led?

Good 

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

on their social media page. The PPG suggested information on patient education is provided in the parish magazine. This had been implemented with a regular page available for the practice to use. A plasma screen had also been installed giving information on self-help topics, bowel and breast screening, winter health and local charities and services. The practice also installed a patient check-in screen.

- The practice gathered feedback from staff through appraisals and practice meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. The dispensary staff suggested they ring all their delivery patients, two days before the delivery date, to check if there was anything else that the patient needed. This was taken on board and was included as part of the delivery protocol.
- Staff suggested putting a donation box and a bookcase in the reception area in order that unwanted books could be taken by patients and a small donation left, the proceeds of which would go to charity. In the first year the local charities, selected by the practice, each

received £160. The practice had since received a further £300 in donations, and had asked for suggestions from the PPG, patients and staff as to which charities would receive the donations.

- During the Saturday flu clinics, each department held a charity coffee morning (hosted by members of that department) in order to raise money for local charities. The practice also arranged for outside organisations to attend, and both Norfolk carers and an organisation offering free electric blanket testing attended.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and were happy to engage with local services in the training and education of community services staff. The practice took paramedic students from the local university, as part of their training. These students spent time with the GPs, nursing team and the dispensary team. They also attended care homes with the nursing staff and went on home visits with the GPs. Student nurses had also attended for the day, and the community nursing team had spent time at the practice in order to gain a greater understanding of how general practice operates.