

# Grove Surgery

## Quality Report

Grove Lane,  
Thetford,  
Norfolk  
IP24 2HY  
Tel: 01842752285  
Website: [www.grovesurgerythetford.co.uk](http://www.grovesurgerythetford.co.uk)

Date of inspection visit: 3 March 2016  
Date of publication: 25/05/2016

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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11
Outstanding practice	11

### Detailed findings from this inspection

Our inspection team	13
Background to Grove Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Grove Surgery on 3 March 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice:

- GPs provided where appropriate, home visits for patients requiring end of life care at weekends and bank holidays. GPs each had a GP buddy for peer review and support. In addition GPs provided support to each other, nursing and admin staff through daily meetings to review care and treatment. This had led to better outcomes for patients, particularly those in receipt of palliative care.

# Summary of findings

- Further to patient demand appointments with all GPs and nurses were extended to 15 minutes per appointment.
- The practice information technology team attended local schools to speak with sixth form students about health services available in the area, and oversaw the practice social media pages. The practice posted information such as opening times, practice news, recruitment, health news and upcoming open days and meetings.
- The practice's uptake for the cervical screening programme was 89%, which was above the CCG average of 77% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged

uptake of the screening programme by using information in different languages. Patients with a learning disability were given bespoke support to attend. A female sample taker was made available for patients.

The areas where the provider should make improvement are:

Ensure patients waiting for their appointments in all areas of the practice can be clearly seen by reception staff to ensure patients whose health might deteriorate can be seen by staff.

**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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams 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 January 2016 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## 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 (CCG) to secure improvements to services where these were identified. For example, the practice took part in discussions of surrounding hospital out-patient referral rates and prescribing data with other local practices within the CCG.
- 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.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Flu vaccination rates for the 2015 to 2016 flu campaign for over 65s were 88%. These were comparable with previous years CCG and national averages.
- As part of a local project, patients over 75 were provided with a pack which included signposting and information leaflets for support organisations such as the British Heart Foundation and Age UK. These leaflets provided information on health and wellbeing, reducing cholesterol, diabetes and the heart, bereavement support and getting help to live independently at home.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 99% of patients with diabetes listed on the practice register had received an influenza immunisation in the preceding year compared to the national average of 94%.
- 96% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 month compared to the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 78% of patients with asthma listed on the practice register had received an asthma review in the preceding 12 months. This was above the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of female patients at the practice aged 25-64 who had a cervical screening test performed in the preceding five years was above the national average for the previous year at 89%, compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice facilitated regular meetings attended by the Children's Mental health Worker. This allowed liaison with school nurse, social services & charities to provide support for children & families.
- The practice offered a range of on-line services, which included; appointment bookings, prescription requests, Summary Care Records and on-line access to clinical records.
- The practice information technology team attended local schools to speak with sixth form students about health services available in the area, and oversaw the practice social media pages where the practice could post information such as opening times, practice news, recruitment, health news and upcoming open days and meetings.

## 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.

Good





# Summary of findings

- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with 61% of patients aged between 60-69 years of age, screened for bowel cancer in last 30 months, and 74% of female patients aged 50-70 years of age, screened for breast cancer in last 36 months. These were below CCG averages but in-line with national averages.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Of the 67 patients with a learning disability on the practice register 41 had received a health check and review of their care in the past 12 months. The practice manager told us that the nursing team were in the process of inviting those not reviewed to attend the practice. Staff used pictograms and easy reading material to assist patients understand their care and treatment.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

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

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

Good



# Summary of findings

- 86% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is above to the national average of 84%.
- 96% of patients experiencing poor mental health had a comprehensive, agreed care plan documented in their record in the preceding 12 months, compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 286 survey forms were distributed and 114 were returned. This was a 40% response rate.

- 64% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 85% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).
- 75% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG and national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards, all of which were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, polite, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG) and five patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. These comments were reflected in the conversations we had with visiting health professionals.

## Areas for improvement

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

- Ensure patients waiting for their appointments in all areas of the practice can be clearly seen by reception staff to ensure patients whose health might deteriorate can be seen by staff.

## Outstanding practice

- GPs provided where appropriate, home visits for patients requiring end of life care at weekends and bank holidays. GPs each had a GP buddy for peer review and support. In addition GPs provided support to each other, nursing and admin staff through daily meetings to review care and treatment. This had led to better outcomes for patients, particularly those in receipt of palliative care.
- Further to patient demand appointments with all GPs and nurses were extended to 15 minutes per appointment.
- The practice information technology team attended local schools to speak with sixth form students about health services available in the area, and oversaw the practice social media pages. The practice posted information such as opening times, practice news, recruitment, health news and up coming open days and meetings.
- The practice's uptake for the cervical screening programme was 89%, which was above the CCG average of 77% and the national average of 81%. There was a policy to offer telephone reminders for

## Summary of findings

patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using

information in different languages. Patients with a learning disability were given bespoke support to attend. A female sample taker was made available for patients.

# Grove Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

### Background to Grove Surgery

Grove surgery provides General Medical Services to approximately 13,500 patients and comprises a full range of socio-economic groups, including both affluent areas and some deprived council wards. The town of Thetford has a higher rate of deprivation than other parts of South Norfolk and West Suffolk. The practice area covers the town and the immediately surrounding areas for approximately five miles. Thetford has a Healthy Living Centre in the town, a purpose built building which replaced the previous cottage hospital and provided services including community staff, physiotherapy, radiology, ultrasound and echocardiogram out-patient clinics attached to the West Suffolk Hospital. The surgery was purpose built in 1985 and had an extension in 1991. The practice was again extended in 2012 to include a pharmacy. The practice list size is currently closed to new patients; however family members of existing patients were able to register at the practice.

The patient list at the practice is currently closed by NHS England due to high demand in the area and low doctor-patient ratio. This means that people moving in to Thetford are allocated a GP surgery in the area by NHS England, rather than directly registering at a practice of their choice.

The practice premises provides a minor surgery room, 11 consultation rooms, a comfort room for distressed patients

and a blood pressure monitoring room on the ground floor, with ramp access and automatic doors. On the second floor there are a number of administration offices, a library/GP rest room and a staff rest room. Parking is available.

The practice has a team of eight GPs. Six GPs are partners which means they hold managerial and financial responsibility for the practice. In addition to this, there are two associate GPs.

There is a team of practice nurses, which includes three nurse practitioners and four practice nurses, and four healthcare assistants who run a variety of appointments for long term conditions, minor illness and family health.

There is a practice manager who is supported by a personal assistant. In addition there is a team of non-clinical administrative, secretarial, scanning and prescription clerks and reception staff who share a range of roles, some of whom are employed on flexible working arrangements.

46% of the patient population do not speak English as their first language. Translation services are available for patients; in addition members of staff speak a number of languages including Polish, Russian, Dutch and Portuguese. Translation services are also available on the practice website and information in other languages are available on the touch in screen and in leaflets. We saw notices in the reception areas informing patients this service is available.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments with GPs are available from 8am to 11.30am and 2.30pm to 5.30pm daily. Nurse appointments are available throughout the day from 8am to 5.45pm. Appointments with all GPs or nurses are 15 minutes long. Extended surgery hours were offered from 4.30pm to 7.30pm on a GP rotational basis on Wednesday and Thursday evenings, and alternate Saturday mornings, these

# Detailed findings

were for pre-bookable appointments. In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments are also available for people that need them.

There is an open phlebotomy clinic from 8am to 11am Monday to Friday. The practice offers a range of appointment options which include; pre-bookable appointments follow up appointments, on-line access, and telephone triage. These are supported by telephone access to a GP of choice for those patients who did not require a face to face consultation. The appointment system is continually reviewed by the management team to establish any increase in demand and to warrant an increase in access.

The practice does not provide GP services to patients outside of normal working hours such as nights and weekends. During these times GP services are provided by the 111 service.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 3 March 2016. During our visit we:

- Spoke with a range of staff which included GPs, advanced nurse practitioners, practice nurses, the practice manager, health care assistants and members of the reception/administration teams.
- Spoke patients and visiting health care professionals.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, Medicines and Healthcare Regulatory Agency (MHRA) alerts were disseminated to all appropriate staff and discussed at the next weekly meeting before being stored on the shared intranet folder. We saw that recent updates had been actioned where relevant.

All other essential guidance and documents were kept on a shared intranet file which was available to all staff on all their computer desktops.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Three of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

## Are services safe?

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

### 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 which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. 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 that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- We found from our discussions with the GPs and nurses that they completed thorough assessments of patients' needs in line with NICE guidelines. These were reviewed when appropriate.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The GPs told us they led in specialist clinical areas such as diabetes and palliative care, and the practice nurses supported this work. This allowed the practice to focus on specific conditions.
- GPs each had a GP buddy for peer review and support. In addition GPs provided peer support to each other and nursing staff through daily meetings to review care and treatment. Clinical staff we spoke with were open about asking for, and providing colleagues with, advice and support. We saw that where a clinician had concerns they would telephone or message another clinician to confirm their diagnosis, treatment plan or get a second opinion.

### 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 were 99.5% of the total number of points available, with 11% exception reporting (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 2014/2015 showed;

- Performance for stroke and transient ischaemic attack was below CCG and national average with the practice achieving 93%. This was 4.6% below CCG and 3.3% below national average.
- Performance for mental health related indicators was better when compared to CCG and national averages. The practice had achieved 96%, which was 1.6% above CCG average, and 3.4% above the national average.
- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, dementia, depression, diabetes, epilepsy, heart failure, hypertension, learning disability, osteoporosis, palliative care, peripheral arterial disease and rheumatoid arthritis indicators was better or in-line when compared to the CCG and national average with the practice achieving 100% across each indicator. Where patients had been excepted from the indicator, the practice had done this for a justified reason.

We discussed the 11% exception reporting figures with the practice (where appropriate a practice may except a patient from a QOF indicator, for example, where patients decline to attend for a review, or where a medication cannot be prescribed due to a contraindication or side-effect). We were told this was reflective of an elderly practice population where certain recommended treatments were not appropriate. However, the practice continued to encourage attendance from patients for health and medication reviews to ensure they were not overlooked.

Evidence of quality improvement included audits of contraceptive prescribing from 2013-2014 and 2014-2015. The second cycle in 2015 showed that the contraception review template, used by all staff, meant that clinical data such as weight, smoking status and blood pressure was clearly recorded and recall systems were being used effectively. Prescribing contra-indications were highlighted and procedures for monitoring of repeat prescribing were adhered to. There were systems in place to run this audit on a 6-monthly basis to ensure that appropriate monitoring was continued.

# Are services effective?

## (for example, treatment is effective)

Another clinical audit looked at management of dyspepsia. This demonstrated improved recording of symptoms that would necessitate an urgent referral for investigation & lifestyle advice. There was also improved adherence to local prescribing guidelines and appropriate use of telephone review after initial treatment.

The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. The practice also reviewed information from local hospitals, out of hours services and outpatients departments to identify patients who attended regularly, and might need to have their own personalised care plans.

### 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. It included safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then

# Are services effective?

(for example, treatment is effective)

signposted to the relevant service. For example, patients who might benefit from smoking cessation advice or weight management support were signposted to local support groups.

The practice's uptake for the cervical screening programme was 89%, which was above the CCG average of 77% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages. Patients with a learning disability were given bespoke support to attend. A female sample taker was made available for patients. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with 61% of patients aged between 60-69 years of age, screened for bowel cancer in last 30 months, and 74% of female patients aged 50-70 years of age screened for breast cancer in last 36 months. These were below CCG averages but in-line with national averages.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% and five year olds from 92% to 96%.

Flu vaccination rates for the 2015 to 2016 flu campaign for over 65s were 88% and at risk groups 74%. These were comparable with previous years CCG and national averages.

Patients had access to appropriate health assessments and checks. These included NHS health checks for people aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Of the 67 patients with a learning disability on the practice register 41 had received a health check and review of their care in the past 12 months. The practice manager told us that the nursing team were in the process of inviting those not reviewed to attend the practice. Staff used pictograms and easy reading material to assist patients understand their care and treatments.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the nine patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, polite, caring and treated them with dignity and respect.

We spoke with one member of the PPG and five other patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the January 2016 National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG and national average of 89%.
- 88% said the GP gave them enough time (CCG and national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG and national average 95%).
- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).

- 85% said the last nurse they spoke to was good at treating them with care and concern (CCG and, national average 91%).
- 91% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

The National GP Patient Survey also highlighted some areas in which the practice could improve.

- 43% usually had to wait 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).
- 84% said the last nurse they saw or spoke to was good at giving them enough time (CCG average 93%, national average 92%).

The practice were aware of these areas and were continuing to monitor improvement. For example, the practice identified that in 2012 only 20% of patients were able to see a usual GP, since then the practice had ensured all patient had a usual GP to ensure continuity of care and consistency with incoming mail, referrals and any safeguarding concerns. Latest audits showed that 37% of patients now saw their usual GP or GP of choice.

### 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 on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey published in January 2016 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:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).

## Are services caring?

The National GP Patient Survey also highlighted some areas in which the practice could improve. For example 81% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

46% of the patient population did not have English as their first language. Staff told us that translation services were available for patients; in addition members of staff spoke a number of languages including Polish, Russian, Dutch and Portuguese. Translation services were also available on the practice website. We saw notices in the reception areas informing patients this service was available.

### **Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room and on the practice website told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.7% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Signposting to bereavement support information was available both in the practice and on the practice website.

Two members of reception team were care champions and provided a contact for patients and carers via reception. The care champions had created links with community resources, for example by meeting weekly with the local voluntary dementia group, contacting nursing, care and residential homes to offer support and ask what the practice could do to support them and by providing patients and their carers with support and signposting to support services.

As part of a local project, patients over 75 were provided with a pack which included signposting and information leaflets for support organisations such as the British Heart Foundation and Age UK. These leaflets provided information on health and wellbeing, reducing cholesterol, diabetes and the heart, bereavement support and getting help to live independently at home.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' from 4.30pm to 7.30pm weekly on a GP rotational basis Wednesday and Thursday evenings, and alternate Saturday mornings, these were for pre-bookable appointments.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. The practice check in screen provided translation for 14 languages on screen. This was particularly relevant as 46% of the patient population who did not have English as their first language; members of staff spoke a number of languages including Polish, Russian, Dutch and Portuguese. Translation services were also available on the practice website and leaflets were available in other languages.
- The practice worked closely with community midwives, health visitors and mental health link workers, and promoted provision of these services from the surgery premises where possible. The practice facilitated regular meetings attended by the Children's Mental health Worker. This allowed liaison with school nurse, social services & charities to provide support for children & families.
- The nurse prescribers provided spirometry, chronic obstructive pulmonary disease and asthma reviews and worked closely with the GPs to highlight any concerning results. In addition to this, the practice had a process in place where they would contact any patient following an admission to hospital for an asthma exacerbation or if the patient had contact with the out of hours service as a result of an asthma exacerbation.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as blood pressure machines, electrocardiogram tests, spirometry checks, blood taking, district nursing, family planning and midwifery, health screening, health visitor, minor injuries, minor surgery and cryotherapy. GP for further monitoring.
- The practice took part in discussions of hospital out-patient referral rates & prescribing data with other local practices within the CCG.
- All GP and nurse appointments were extended from 10 minutes to 15 minutes, we were told this provided patients and clinicians with adequate time to review patient needs during the consultation.
- The practice offered a range of on-line services, which included; appointment bookings, prescription requests, Summary Care Records and on-line access to clinical records. The practice social media pages provided up to date practice and healthcare information for patients. In addition there were patient and staff newsletters with current practice information.
- GP and practice nurses attended the local school and day centre for health education and advice.
- The practice referred patients routinely to the following local hospitals; West Suffolk Hospital in Bury St Edmunds, Norfolk and Norwich University Hospital in Norwich and Addenbrookes Hospital, Cambridge. The practice took part in discussions of hospital out-patient referral rates & prescribing data with other local practices within the CCG.
- The practice could refer patients to the Norfolk and Waveney Health Trainer Service which was available locally.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments with GPs were available from 8am to 11.30am and 2.30pm to 5.30pm daily. Nurse appointments were available throughout the day from 8am to 5.45pm. Appointments with all GPs and nurses were 15 minutes. Extended surgery hours were offered evening weekdays from 4.30pm to 7.30pm on a GP rotational basis on Wednesday and Thursday evenings, and alternate Saturday mornings, these were for pre-bookable appointments. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.



# Are services responsive to people's needs?

(for example, to feedback?)

There was an open phlebotomy clinic from 8am to 11am Monday to Friday. The practice offered a range of appointment options which included; pre-bookable appointments follow up appointments, on-line access, and telephone triage. This was supported by telephone access to a GP of choice for those patients who did not require a face to face consultation. The appointment system was continually reviewed by the management team to establish any increase in demand for access. The practice list size was currently closed to new patients; however family members of existing patients were able to register at the practice.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 64% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).

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

## Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints, compliments 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. Complaints were discussed at practice and clinical meetings. We saw that information was available to help patients understand the complaints system on the practice's website. Information about how to make a complaint was also displayed in the practice leaflet. Staff showed a good understanding of the complaints' procedure.

We saw the practice had received 17 complaints in the last 12 months. We looked at documentation relating to a number of complaints received and found that they had been fully investigated and responded to in a timely and empathetic manner. Lessons were learnt from concerns and complaints, trends were identified and action was taken as a result to improve the quality of care. Actions taken included on-going training developments and practice administration processes.

# 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 which was displayed throughout the practice and staff knew and understood the values. The practice charter was detailed in the front of the practice booklet.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice believed in the need to work together with other local practices to seek to improve patient care and maintain general practice values. The practice worked closely with two of its neighbouring practices and in 2015 formed the Breckland Alliance to discuss and share best practice, training provision and business and strategy planning. For example the practice were short listed together with the alliance for the Government's "Primary Care Home" pilot scheme. The pilots will be run to support the development of new care models outlined by NHS England's Five Year Forward View. The primary care home model developed by the National Association of Primary Care will aim to provide care to a defined registered population of between 30,000 and 50,000 patients. Care will be provided by a 'complete clinical community', with an integrated primary, secondary and social care workforce providing more personalised and better co-ordinated care closer to home.

The practice list size was currently closed to new patients; however family members of existing patients were able to register at the practice. It was hoped that by amalgamating the provision of services, staff support and cover across the three practices, the potential to re-open the practice list would improve.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities

- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted team away days were held every three months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.



# Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the PPG and through surveys and complaints received. There was an active PPG which had met regularly, attended practice flu vaccination clinics and carried out patient surveys and submitted proposals for improvements to the practice management team, for example the installation of a new telephone system. However the group had recently reduced in size and activity and as a result, the practice and the remaining PPG members were working together and with other local GP surgeries and their PPGs, discussing a migration to become a Thetford PPG alliance. The aim would be to have a PPG that served all the patients in Thetford to carry out patient surveys and submitted proposals for improvements to the practice group. We saw that the PPG had worked with the School Lane surgery PPG and had planned a 'health awareness day'. This was scheduled for a Saturday in April at a local hall where local and national support groups were scheduled to attend, such as Age UK, Macmillan and Norfolk Deaf Association to provide guidance and support. Health sketches would be performed by local players/actors and narrated by a GP. We saw posters for the event which stated that entrance would be free and all were welcome. We spoke with one representative of the PPG who told us that patients were treated in an age appropriate way and that their needs for care were met. The practice produced a patient newsletter which was available to patients through the practice website.
- The practice information technology team attended local schools to speak with sixth form students about health services available in the area, and oversaw the practice social media pages where the practice could post information such as opening times, practice news, recruitment, health news and up coming open days and meetings. Patients were able to post reviews about the service they had received which we saw were responded to by the practice team.
- The practice had gathered feedback from staff through an annual staff survey, through staff away days and

generally through staff meetings, appraisals and discussion. 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 practice produced a staff newsletter which detailed the latest news and changes at the practice and included staff information such as fundraising outcomes.

- The practice held weekly Friday lunchtime meeting on a variety of topics including information technology and QOF, educational and presentation/training from visiting specialists, clinical governance and palliative care. In addition the practice held educational Tuesday lunch meetings which included internal and external staff including health visitors and district nurses. The practice was a teaching practice and had both medical students and GP registrars. These meetings covered a wide range of educational topics which were beneficial for the whole team. Full team meetings were held each month.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. For example, one GP was studying for a Master's degree in Occultation health and had special interests in dermatology, cardiology and teaching. Another GP had clinical interests in ear nose and throat conditions and respiratory medicine, and had special interest in medical education for both junior doctors and medical students. One GP had a particular interest in training undergraduate medical students and supporting the training of junior doctors who wish to be GPs (GP registrars). He/she helped to set up the new Graduate Medicine course in Cambridge and was deputy director of this for several years. He/she held an academic post at the University Of Cambridge School Of Clinical Medicine (leading on staff development) and was Director of Studies in Clinical Medicine at Wolfson College Cambridge. Other GPs' special interests included sexual health and family planning. One GP had a particular passion for increasing awareness of condition management without medication and was currently working on a book on the subject, and another GP had an interest in clinical epidemiology and improving the health

# Are services well-led?

Good 

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

of the population through excellent primary care. One GP was the NIHR Doctorate Research Fellow at the University of Cambridge where their research focused on the treatment and prevention of strokes.

The practice was an established research practice and took part in several clinical research projects. For example research into medications, research into asthma and research into atrial fibrillation.

The practice was a training practice for GP registrars and medical students The practice showed us evidence of

well-planned inductions for trainees which took account of their personal circumstances. All staff contributed to training and great efforts were made by all the GP partners to enable trainees to feel part of the practice team.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice worked closely with two local practices to migrate to a PPG alliance and the formation of the Breckland Alliance to provide coordinated GP and health services to patients in the Thetford area.