

Holt Medical Practice

Quality Report

The Holt Medical Practice
Holt
Norfolk
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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 Holt Medical Practice on 15 December 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. The systems in place included reporting to external agencies such as the National Reporting and Learning System (NRLS).
- Risks to patients were assessed and well managed. The practice regularly reviewed their risk registers and took appropriate action when required.
- Practice 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. Staff skills were maximised by the practice to enhance the care to their patients.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had a robust and comprehensive range of governance arrangements that were regularly reviewed to ensure their effectiveness.

We saw areas of outstanding practice:

- In December 2015 the practice and PPG set up and attended a promotional campaign in the practice with

Summary of findings

posters and a bath full of one weeks' worth of wasted medicine. This then achieved public relations exposure across local newspapers and television. One paper reported that unused medicines from the practices patients alone cost approximately £15,000 a month, or £180,000 a year. The practice issued a plea to patients to only order what they need, and called on patients to let their GP know if they were no longer using their medicine. As a result of the medicines wastage campaign, which the practice described as highly acclaimed by the local CCG, the bath display was then used in a publicity tour of other practices and other services to promote the message. The PPG worked with the local CCG, with the chairperson involved in the CCG community engagement panel and conducted presentations for other external groups such as rotary clubs, parish councils and Women's Institute meetings.

- The practice worked closely with other organisations and with the local community planning how services were provided to ensure they meet patient needs. For example the practice were active participants and were part of a local steering group to promote dementia awareness and make Holt a dementia friendly town. All practice staff were dementia friends and one practice nurse was dementia trained and

attended the monthly local dementia support group. Practice staff attended local meetings and the practice worked closely with a local caring society, a local dementia café, a youth group and a local day centre/ lunch club.

- The practice undertook an audit of those patients who failed to respond to the bowel cancer screening programme and had sent personal letters to these patients from their GP. Following this the practice reported an increase of 3% in bowel cancer screening uptake.

The areas where the provider should make improvement are:

- Ensure actions identified at annual infection control audits are undertaken to address any improvements identified.

There was scope to improve the process for the management and replacement of medicines required for GP bags.

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. In 2016 the practice reviewed the practice significant event policy and adopted the National Reporting and Learning Service (NRLS) seven steps to patient safety in primary care (this is a detailed guide to good practice, which covers building a safer culture and managing reporting and learning from patient safety incidents. Set out in seven steps to improve safety). This ensured learning and action points were communicated in a timely fashion via a combination of face-to-face meetings, internal messages, educational meetings, and monthly bulletins. The practice policy was comprehensive and included detailed information on reporting incidences including those that should be reported to external agencies such as NHS England, CQC, the Police and NHS Public Health.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and were told about any actions to improve processes to prevent the same thing happening again and shared learning with the practice team. For example, following a significant case review which highlighted a gap in community care support for vulnerable patients, the practice nurses made home visits to housebound patients to undertake health check reviews.
- The practice carried out a thorough analysis of the significant events to identify trends and make changes when necessary. The analysis of significant events reviewed both the dispensary and the practice significant events to ensure specific trends were highlighted and learning needs identified. A monthly significant event bulletin was created and shared with all staff which detailed key learning points.
- Lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clear protocols and guidelines to cover the dispensing of medicines. The practice supported the local 'open the bag' campaign to reduce wastage. This encouraged patients to only order medicines they required.

Summary of findings

- Arrangements were in place to respond to emergencies and major incidents.
- Appropriate standards of cleanliness and hygiene were maintained. We saw evidence of infection control audits, staff cleaning checks and monitoring of cleaning and staff reported any issues raised. We saw evidence that actions were planned or taken to address any improvements identified in the audit.
- The practice had conducted patient surveys and auditing of their dispensing service showing high levels of satisfaction and good outcomes for patients.
- The practice had 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.

Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally higher than the clinical commissioning group (CCG) 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice generally higher than others for aspects of care. For example, 92% 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%. 100% 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%.
- Feedback from patients about their care was consistently positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- 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.
- The practice was continuing to proactively identifying patients with caring responsibilities.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- 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.
- Data from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was generally in line with local and national averages. For example; 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%. 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.
- 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.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Practice staff had been engaged in the development of and were clear about the vision and their responsibilities in relation to it. The practice staff had written a motto which reflected their aims and ethos; this was displayed on the staff notice boards.
- There was a clear strong leadership structure and staff felt engaged, supported and valued by management.
- Clinically and management led governance arrangements had been embedded, proactively reviewed and took account of current models of best practice.

Summary of findings

- The development of additional service provision was actively managed, enabling patients' easy access to services not usually provided in primary care.
- The GPs within the practice maximised staff specialist skills and interest to the benefit of the patients.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action and learning took place.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice actively engaged with the patient participation group (PPG) to promote healthcare for the practice and wider population. For example, the PPG provided resources for patient surveys, annual flu clinics, and health promotion. In December 2015 the practice and PPG set up and attended a promotional campaign in the practice with posters and a bath full of one weeks' worth of wasted medicine. This then achieved public relations exposure across local newspapers and television. One paper reported that unused medicines from the practices patients alone cost approximately £15,000 a month, or £180,000 a year. The practice issued a plea to patients to only order what they need, and called on patients to let their GP know if they were no longer using their medicine. As a result of the medicines wastage campaign, which the practice described as highly acclaimed by the local CCG, the bath display was then used in a publicity tour of other practices and other services to promote the message. The PPG worked with the local CCG, with the chairperson involved in the CCG community engagement panel and conducted presentations for other external groups such as rotary clubs, parish councils and Women's Institute meetings. The practice responded to suggestions made by the PPG and implemented improvements accordingly.
- There was a strong focus on continuous learning and improvement at all levels. The practice was a teaching and research ready practice.

Summary of findings

The six population groups and what we found

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

Older people

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. A senior practice nurse had dedicated time to support patients at risk of hospital admission. Providing visits to patients in their homes, care plans and advise and contacting patients following discharge from hospital. The practice reported this had resulted in a decrease in hospital admissions which was noted by the local CCG.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was flexible with appointments and ensured that appointment times were allocated around carer availability where appropriate.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were in line or above local and national averages.
- The practice looked after patients living in several local care homes. Named GPs were allocated to each care home and the GP visited patients on a regular day as well as when requested.
- The practice closely with the multi-disciplinary team, out-of-hours and the nursing team to ensure proactive palliative care planning.
- The practice worked with third sector and voluntary agencies to ensure support was available to older people. For example local care society and the dementia café.
- The practice had administered flu vaccinations to 69% of patients aged over 65 years during the 2015 to 2016 flu 80% of patients on the practice at risk register during the 2016 to 2017 flu campaign.

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 and patients at risk of hospital admission were identified as a

Summary of findings

priority. Chronic disease appointments were also held at the practice branch sites to support easier access for patients, with appointments offered at convenient times for school children and people who could not attend during usual opening hours.

- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2015/2016 showed that the performance for diabetes related indicators was better than the local and national averages with the practice achieving 98%; this was one percentage point above the local average and three percentage points above national averages. The rate of exception reporting was below the local and in-line with the national averages, with the practice percentage of 10% across all indicators; this was two percentage points below local averages and in line with national averages.
- Longer appointments and home visits were available when needed. Nurse practitioners routinely offered 15 minute appointments
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had administered flu vaccinations to 98% of patients on the practice at risk register during the 2015 to 2016 flu vaccination clinics and at the time of the inspection 80% of patients on the practice at risk register during the 2016 to 2017 flu campaign.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to five year olds were from 71% to 96% which was comparable to the local average of 70% to 98%.

Good



Summary of findings

- 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 practice participated in the C card scheme giving access to condoms for young people. This was advertised in the practice and all staff had undergone recent training in promoting the scheme.
- The practice's uptake for the cervical screening programme was 84%, which was in-line with the CCG average of 84% and above the national average of 82%. There was a policy to offer written and telephone reminders for patients who did not attend for their cervical screening test.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with third sector and voluntary agencies to ensure support was available for families and young people. For example, the practice worked closely with a local youth group with one GP raising over £17,000 to support the group.
- We saw positive examples of joint working with midwives and health visitors.
- Staff had undergone domestic violence awareness training to ensure they had a better understanding of potentially vulnerable patients and families.

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.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The bowel cancer screening rate for the past 30 months was 65% of the target population, which was in-line with the CCG average of 65% and above the national average of 58%. The breast cancer screening rate for the past 36 months was 79% of the target population, which was in-line with the CCG average of 80% and above the national average of 72%.

Good



Summary of findings

- Patients had access to appropriate health assessments and checks. These included health checks for new patients where appropriate and NHS health checks for patients aged 40–74. The practice reported an uptake for NHS health checks for the year 2015/2016 as 92% completed health checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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. In 2014 to 2015 the practice had identified 59 patients with a learning disability, 83% of these patients had received a health check. In 2015 to 2016 the practice had identified 69 patients with a learning disability on the practice register. With 83% of these patients having received a health check, with invitations sent to the remaining patients.
- 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.

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



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally higher than the clinical commissioning group (CCG) and national averages.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016) was 58%, this was below the CCG average of 81% and the national average of 84%. The practice referred patients to various support services as required. We saw that since April 2016 to November 2016 the

Summary of findings

practice had identified 151 patients diagnosed with dementia on the practice register, 121 of these patients had been offered a health check with 105 patients having attended for a review. The practice continued to encourage patients to attend for review and referred patients to various support services as required.

- The percentage of patients experiencing poor mental health who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 89%,; this was in-line with the CCG average of 89% and above the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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.
- The practice was a dementia friendly practice and were part of a local steering group to promote dementia awareness and make Holt a dementia friendly town. One practice nurse was dementia trained and attended the monthly local dementia support group. Practice staff attended meetings and the practice worked closely with a local caring society, a local dementia café and a local day centre/lunch club.

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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 generally above local and national averages. 221 survey forms were distributed and 127 were returned. This represented a 57% response rate.

- 74% of patients found it easy to get through to this practice by phone compared to the CCG average of 78% and the national average of 73%.
- 91% 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 90% and the national average of 85%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 82% 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 84% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 52 CQC comment cards, 51 cards were very positive about the standard of care received. However seven cards also expressed concerns with appointments with their own GP and one card raised other concerns which we discussed with the practice. Patients felt that practice staff treated them very well and were efficient, friendly, kind, helpful and caring. Patients commented that they received an excellent, professional and humanistic service, were well treated with dignity and respect.

We spoke with five patients during the inspection and two members of the patient participation group (PPG). All seven patients said they were very satisfied with the care they received and thought staff were approachable, professional, committed and caring. Other health care providers we spoke with reflected these comments.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure actions identified at annual infection control audits are undertaken to address any improvements identified.

- There was scope to improve the process for the management and replacement of medicines required for GP bags.

Outstanding practice

- In December 2015 the practice and PPG set up and attended a promotional campaign in the practice with posters and a bath full of one weeks' worth of wasted medicine. This then achieved public relations exposure across local newspapers and television. One paper reported that unused medicines from the practices patients alone cost approximately £15,000 a month, or £180,000 a year. The practice issued a plea to patients to only order what they need, and called on patients to let their GP know if they were no longer using their medicine. As a result of the medicines wastage campaign, which the practice described as highly acclaimed by the local CCG, the bath display

was then used in a publicity tour of other practices and other services to promote the message. The PPG worked with the local CCG, with the chairperson involved in the CCG community engagement panel and conducted presentations for other external groups such as rotary clubs, parish councils and Women's Institute meetings.

- The practice worked closely with other organisations and with the local community planning how services were provided to ensure they meet patient needs. For example the practice were active participants and were part of a local steering group to promote dementia awareness and make Holt a dementia

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friendly town. All practice staff were dementia friends and one practice nurse was dementia trained and attended the monthly local dementia support group. Practice staff attended local meetings and the practice worked closely with a local caring society, a local dementia café, a youth group and a local day centre/ lunch club.

- The practice undertook an audit of those patients who failed to respond to the bowel cancer screening programme and had sent personal letters to these patients from their GP. Following this the practice reported an increase of 3% in bowel cancer screening uptake.

Holt Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist advisor, a practice nurse specialist advisor and two other CQC inspectors.

Background to Holt Medical Practice

Holt Surgery is located within Kelling Hospital, Holt, Norfolk with branch surgeries located in Blakeney and Melton Constable. The practice is run by ten GP partners (six male and four female). The practice employs one female salaried GP, six female nurse practitioners (one being the nurse manager), three female practice nurses, one female practice nurse assistant, four female health care assistants, a phlebotomist and two nurse administrators. The clinical team is supported by two practice/business managers, an IT manager, 24 administration/reception staff and six housekeeping staff.

The practice is a dispensing practice and dispenses at all three sites. These are overseen by the pharmacy superintendent and a team of twenty pharmacy /dispensing staff.

The practice catchment area covers over 110 square miles. This includes eight residential homes with over 200 residents, but no care homes. The practice provides temporary services to holiday makers in the area.

According to Public Health England information, the practice age profile has higher percentages of patients 15 to 19 years and 50 to over 85+ years compared to the

practice average across England. It has lower percentages of patients aged 0 to 14 and 20 to 49 years. Income deprivation affecting children was above the local area but below the national average and older people is in-line with the local area and below the national average.

The practice is open between 8am and 6.30pm Monday to Friday. The Melton Constable branch surgery is open between 8.30am to 6pm Monday to Friday, and is closed between 1pm to 2pm Monday, Tuesday, Wednesday and Friday and is closed Thursday afternoon. The Blakeney branch surgery is open between 8.30am to 5pm Monday to Friday, closed between 12.30pm to 2pm Monday, Tuesday, Wednesday and Friday and is closed Thursday afternoon. Extended hours appointments are available Monday evening between 6.30pm and 8pm at the main Holt surgery. Telephone lines are open from 8am to 6.30pm Monday to Friday.

In addition to pre-bookable appointments that can be booked up to two weeks in advance, urgent appointments are also available for people that need them. Double and fifteen minute appointments are available where required. The branch surgery dispensary opening times are: 8.30am to 6pm Monday to Friday, closed 1pm to 2pm daily and closed on Thursday from 1pm. The pharmacy/dispensary is open from 8.30 to 6.30pm Monday to Friday.

The building provides good access with accessible toilets and car parking facilities are available a short walk from the practice. The practice provides treatment and consultation rooms on the ground floor. The practice holds a General Medical Service (GMS) contract to provide GP services to approximately 14,500 registered patients, which is commissioned by NHS England. A GMS contract is a nationally negotiated contract to provide care to patients.

Detailed findings

In addition, the practice also offers a range of enhanced services commissioned by their local CCG: facilitating timely diagnosis and support for people with dementia and extended hours access.

Out-of-hours care is provided by Integrated Care 24 (IC24) through the NHS 111 service.

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 15 December 2016. During our visit we:

- Spoke with a range of staff including six GPs and spoke with patients who used the service.
- 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.

- In 2016 the practice reviewed the practice significant event policy and adopted the National Reporting and Learning Service (NRLS) seven steps to patient safety in primary care (this is a detailed guide to good practice, which covers building a safer culture and managing reporting and learning from patient safety incidents set out in seven steps to improve safety). This ensured learning and action points were communicated in a timely fashion via a combination of face-to-face meetings, internal messages, educational meetings, and monthly bulletins. 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 policy was comprehensive and included detailed information on reporting incidences including those that should be reported to external agencies such as NHS England, CQC, the Police and NHS Public Health. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and were told about any actions to improve processes to prevent the same thing happening again and shared learning with the practice team. For example, following a significant case review which highlighted a gap in community care support for vulnerable patients, the practice nurses undertook all diabetic and other health care reviews for housebound patients in their homes.
- The practice carried out a thorough analysis of the significant events to identify trends and make changes when necessary. The analysis of significant events reviewed both the dispensary and the practice significant events to ensure specific trends were highlighted and learning needs identified. A monthly significant event bulletin was created and shared with all staff which detailed key learning points.

- Practice staff were encouraged to reflect upon their involvement within a significant event, and we saw evidence of this within staff personal development plans and appraisals. This embedded learning from significant events.
- Significant events were discussed at weekly and monthly clinical meetings and whole team meetings.

We reviewed safety records, incident reports, Medicines and Healthcare products Regulatory Agency (MHRA) alerts and minutes of meetings where these were discussed. The practice used a system to notify staff of the latest alerts, this provided an audit trail of those members of staff who had received and reviewed each alert. We saw evidence that lessons were shared and action was taken to improve safety in the practice. The practice shared incidents and key learning with the teams through the monthly bulletins and put protocols in place where appropriate to ensure patients safety.

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 with safeguarding information sheets in all clinical rooms. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All clinical staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. However we found that two of the non-clinical chaperones had been DBS checked, the remaining two non-clinical staff had only recently completed their training and we were told DBS checks were on-going,

Are services safe?

(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 nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, however we saw there was scope to improve the process to ensure that action was taken to address any improvements identified as a result.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service for clinical staff. DBS checks were also routinely undertaken for all managerial level staff.

Medicines management

There was a dispensary at both branch surgeries and a dispensary/pharmacy at the main Holt premises. The dispensary opening times were 8.30am to 6pm Monday to Friday closed 1pm to 2pm daily and closed on Thursday from 1pm. The pharmacy/dispensary was open from 8.30 to 6.30pm Monday to Friday. A home delivery service was available from the pharmacy for those who were unable to collect prescriptions.

Our inspection focussed on the dispensary at Melton Constable branch surgery. Prescriptions could be requested on-line, by post at the front reception desk, local supermarket post box or by fax. The practice had signed up to the Dispensing Services Quality Scheme (DSQS) which rewarded practices for providing high quality services to patients of their dispensary. As part of this scheme the practice had to ensure that face to face reviews of 10% of patients are carried out to assess compliance and understanding of the medicines being prescribed, known as dispensing reviews of the use of medicines (DRUMS). During the inspection it was confirmed that the relevant number of reviews were carried out appropriately.

General stock checks were carried out monthly and also as and when stock was used or replenished. Medicines were stored securely in a clean and tidy manner and were within their expiry date. The dispensary room temperature gauge was checked daily and temperatures were recorded appropriately. There was also a temperature gauge on the refrigerator with a second temperature probe. Daily record sheets were completed with the temperatures recorded. The refrigerators were checked and stocks were in date with enough space around the medicines for air to circulate.

Prescriptions were signed by a GP prior to medication being dispensed. There was a process in place for the dispensing of high risk medicines. Medications not collected by patients were kept for a period of twelve weeks, after which time the medication was added back into stock. However there were no processes in place to ensure GPs were alerted when medications had not been collected, and no entries were made in patients' medical records.

The dispensary staff were able to evidence their Standard Operating Procedures (SOPs) which were dated and signed by all dispensers, (these are practice specific written instructions about how to dispense medicines safely). The SOPs were reviewed on a regular basis and updated in response to incidents or changes to guidance. Members of staff who were involved in the dispensing process had achieved the appropriate training. There were three members of the dispensary team at the branch surgery, which included the senior dispenser. Dispensary staff had undergone other training including basic life support training, safeguarding, infection control, first aid and fire training.

Regular and varied medication meetings took place throughout the year with the pharmacy, dispensary, clinical commissioning group medicines management team and the GPs. Topics included medicine champion meetings, signing prescriptions, near misses and significant events, DRUMS, prescribing issues, National Institute for Health and Clinical Excellence (NICE) guidelines (clinical guidelines and recommendations about the treatment and care of patients with specific diseases and conditions in the NHS in England and Wales), and cost effective prescribing.

The dispensary held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and there were procedures in place

Are services safe?

to manage them safely. Stock checks of controlled drugs were carried out monthly. The destruction of controlled drugs was undertaken by a responsible officer and the relevant paperwork was completed, signed and witnessed.

Medicines required by the practice for use on their emergency trolley were obtained from the dispensary, however no records were kept of what was being used, and how often stocks were being replenished.

The pharmacy kept records of what was in the GP bags including the medicine expiry dates. It was the responsibility of one dispenser to check these records and ensure that medicines were in date and replaced when necessary. However there was scope to improve the process for the management and replacement of medicines required for GP bags to ensure the dispensing of these medicines was timely and accurate.

All Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were received by the dispensary (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). MHRA alerts were actioned, signed, and dated by the senior dispenser. The alert was then filed for reference purposes.

Dispensing patients had the choice of collecting their medication from the dispensary or another local pharmacy. The prescriptions were sorted depending upon where the patient had specified collection. Unwanted and expired medication was disposed of in line with waste regulations and confidential waste was appropriately handled. There was a private area available in which patients could discuss any areas of concern or queries. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

The dispensary supervisor worked closely with local residential homes, training care staff in administration of medicines and checking accuracy. The practice supported the local 'open the bag' campaign to reduce wastage. This encouraged patients to only order medicines they required. The pharmacist worked at the Holt dispensary/pharmacy and oversaw the dispensing of medicines, provided advice to patients on the use of medication and the treatment of minor illnesses.

The dispensary carried out a survey in 2015/2016 of 100 patients. The survey asked whether patients were able to

collect all of their requested medication on one visit. Results showed that 82 patients responded yes, 11 responded no and seven responded not applicable. The survey also asked for opinion on the quality of advice and information given by the dispensers. Of these 69 patients responded excellent, 20 responded very good and 11 good. Finally the survey asked if the dispensers gave good customer service. Of these 65 patients answered excellent, 26 responded very good, eight responded good and one average. The practice supported the local 'open the bag' campaign to reduce wastage. This encouraged patients to only order medicines they required.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room 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).
- We noted there was CCTV monitoring where waiting room areas in the practice were not easily visible to staff.
- 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 across the reception, administration and dispensary teams.

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.

Are services safe?

- 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 and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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.

GPs maintained personal lists to ensure continuity of care, there was an arrangement of job share amongst the GPs to ensure effective oversight of patient care.

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 for 2015 to 2016 were 98% of the total number of points available with a 10% exception reporting rate, which was one percentage points below the CCG average and in-line with the national average, (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 showed:

- Performance for diabetes related indicators was comparable to the CCG and national average, with the practice achieving 90% across all indicators. This was four percentage points below the CCG average and in-line with the national average. The rate of exception reporting was in line with local averages.
- Performance for mental health related indicators was better in comparison to the CCG and the national averages. The practice achieved 100% across each indicator, which was six percentage points above the CCG average and seven percentage points above the national average. The rate of exception reporting was in line with local averages.

- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, dementia, depression, epilepsy, heart failure, hypertension, learning disability, mental health, osteoporosis, palliative care, peripheral arterial disease, rheumatoid arthritis, secondary prevention of coronary heart disease and stroke and transient ischaemic attack were all above or in-line with CCG and national averages with the practice achieving 100% across each indicator. The rate of exception reporting was in line with local averages

The practice regularly monitored clinical data using a reflective review process and discussed and disseminated findings with clinical staff and relevant organisations. For example we saw that the practice were 2% lower than local averages for antibiotic prescribing, with a low rate of unplanned admissions (one of the lowest in the local CCG area).

High risk medications were monitored regularly by doing a search on the clinical computer system. The practice described and showed us how their recall system worked for various drug monitoring. There were recalls in place and the practice checked that patients had been in for their blood tests.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Clinical audits demonstrated quality improvement. Clinical audits had been completed in the last year; we looked at two cycle audits where the improvements made were implemented and monitored. For example, we looked at a two cycle audit of patients prescribed an injectable adrenaline medicine (or pen) which was a treatment for anaphylaxis (a serious allergic reaction with a rapid potentially fatal onset). This was undertaken following MHRA guidance which suggested using a second pen if there was no effect from the first pen and to call the emergency services. In March 2016 the practice audited all patients on the practice register with a prescription for an adrenaline pen. The result of this audit showed that 57% of patients had been prescribed with one pen. The practice acknowledged that they were not always prescribing enough of this medicine where required to ensure best practice. As a result the practice amended its policy to reflect MHRA recommendations. All prescriptions which were not for two pens (or four if for a child) were altered by the GP.

Are services effective?

(for example, treatment is effective)

Letters were sent to patients with a copy of the MHRA guidance which gave advice on how to use the pen, when to use a second pen and when to call the emergency services. A nurse appointment was also offered to all these patients to ensure patients were able to access further advice and a demonstration on how to use the pens should they require. The audit was discussed at the Monday lunchtime clinicians meeting and information disseminated to the pharmacy and dispensary staff. In December 2016 the practice repeated the audit and found that the prescribing had improved with 93% of patients prescribed two adrenaline pens. We were told following this result, learning would be reinforced to ensure best practice and a further audit was planned. Another two cycle we looked at, was an audit of consent. This showed an improvement from the first audit, with 58% of consent recorded in January 2016, to 99% at the second audit in December 2016.

The practice participated in non-clinical audits including data quality, patient feedback, and infection control, cervical screening uptake, cleaning standards, minor surgery outcomes and appointment schedules. The practice also took part in local audits, national benchmarking, accreditation, peer review and research.

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, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- All staff had a personal development folder where copies of training certificates and other achievements were recorded and stored. 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 and nurses. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, 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. Protected time was provided for staff e-learning and the practice was in the process of providing a monthly two hour closed practice training session for all staff. We were told the practice manager and staff would alternately choose the time and training topic.

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.

The practice staff worked with other services to meet patients' needs and manage those patients with more complex needs, such as the multidisciplinary team (MDT), the community nursing teams and health visitors. The MDT meetings brought together the knowledge, skills and best practice from health and social care teams. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis where care plans were routinely reviewed and updated for patients with complex needs. For those patients that were considered for hospital admission avoidance the practice worked closely with other services.

Are services effective?

(for example, treatment is effective)

There were a variety of formal and informal staff meetings undertaken by the practice to coordinate and share information. The practice held Monday lunch time clinicians meetings. Where possible external health speakers attended for clinical updates.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. An audit of consent was undertaken in January 2016 with a low percentage of consent recorded in patient records 58%, following a review of the practice process and the introduction of a template where consent was highlighted, a recent re-audit in December 2016 showed an improvement, with 99% of patients records audited showing a record of consent. The practice continued to monitor this.

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, drug and alcohol consumption, and smoking cessation. Patients were signposted to the relevant service. A dietician was available on the premises; the midwife attended weekly as did a continence advisor and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 84%, which was in-line with the CCG average of 84% and above the national average of 82%. There was a policy to offer written and 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 and for those with a learning disability and they ensured a female sample taker was available. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The bowel cancer screening rate for the past 30 months was 65% of the target population, which was above the CCG average of 65% and above the national average of 58%. The practice undertook an audit of those patients who failed to respond to the bowel cancer screening programme and had sent personal letters to these patients from their GP. Following this the practice reported an increase of 3% in bowel cancer screening uptake.

The breast cancer screening rate for the past 36 months was 79% of the target population, which was also above the CCG average of 80% and the national average of 72%.

In 2014 to 2015 the practice had identified 59 patients with a learning disability, 83% of these patients had received a health check. In 2015 to 2016 the practice had identified 69 patients with a learning disability on the practice register and 83% of these patients had received a health check, with invitations sent to the remaining patients. The percentage of patients experiencing poor mental health who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 89%;, this was in-line with the CCG average of 89% and above the national average of 88%. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016) was 58%;, this was below the CCG average of 81% and the national average of 84%. We saw that since April 2016 to November 2016 the practice had identified 151 patients diagnosed with dementia on the practice register, 121 of these patients had been offered a health check with 105 patients having attended for a review. The practice continued to encourage patients to attend for review and referred patients to various support services as required.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to five year olds were from 71% to 96% which was comparable to the local average of 70% to 98%.

Are services effective?

(for example, treatment is effective)

The practice had administered flu vaccinations to 69% of patients aged over 65 years old and 98% of patients on the practice at risk register during the 2015 to 2016 flu vaccination clinics and at the time of the inspection 65% of patients aged over 65 and 80% of patients on the practice at risk register during the 2016 to 2017 flu campaign. Flu clinics were held on Saturdays as well as weekdays. The practice used these clinics to opportunistically screen all attending eligible patients for atrial fibrillation.

Patients had access to appropriate health assessments and checks. These included health checks for new patients where appropriate and NHS health checks for patients aged 40–74. The practice reported an uptake for NHS health checks for the year 2015/2016 as 92% completed health checks. 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.

We received 52 CQC comment cards, 51 cards were very positive about the standard of care received. However seven cards also expressed concerns with appointments with their own GP and one card raised other concerns which we discussed with the practice. Patients felt that practice staff treated them very well and were efficient, friendly, kind, helpful and caring. Patients commented that they received an excellent, professional and humanistic service, were well treated with dignity and respect. The manager of a local care home contacted the CQC praising the service received from the practice.

We spoke with five patients during the inspection and two members of the patient participation group (PPG). All seven patients said they were very satisfied with the care they received and thought staff were approachable, professional, committed and caring. Other health care providers we spoke with reflected these comments.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was generally above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% 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%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.

- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 88% 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%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were also above local and national averages. For example:

- 93% 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%.
- 89% 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%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. However we were told there was little demand for this service at the practice.

Are services caring?

- We saw information was available on the practice's website in other languages.
- Staff told us they had access to a number of information leaflets for patients at the practice in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 291 patients as carers (2% of the practice list). 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 and where appropriate

undertook a bereavement visit. 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. The practice had made use of the Gold Standards Framework for end of life care. It had a palliative care register and had regular meetings to discuss the care and support needs of patients and their families with all services involved.

The practice was a dementia friendly practice and was part of a local steering group to promote dementia awareness and make Holt a dementia friendly town. One practice nurse was dementia trained and attended the monthly local dementia support group. Practice staff attended meetings and the practice worked closely with a local caring society, a local dementia café and a local day centre/lunch club. Staff had undergone domestic violence awareness training to ensure they had a better understanding of potentially vulnerable patients and families.

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 late evening GP appointments at 6.30pm to 8pm on Mondays for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, services for carers, bereavement and promotion of mental health awareness.
- The practice provided a range of nurse-led services such as management of asthma, weight management, diabetes and coronary heart disease, wound management, smoking cessation clinics and minor illness advice. Chronic disease appointments were available at a time that was convenient to patients.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as blood pressure machines, electrocardiogram tests, spirometry checks, blood taking, health screening, minor injuries and minor surgery/joint injections.
- The practice supported the management of anti-coagulation monitoring and provided complete anticoagulation decision software support for the induction, dosing and review of patients on anticoagulation medicine. In addition to near patient testing, minor injuries, post-operative wound care and learning disability health checks.
- The practice undertook D dimer tests for patients with suspected deep vein thrombosis.
- The practice offered minor surgery on site.
- The practice identified and visited the isolated, frail and housebound regularly. Chronic disease management was provided for vulnerable patients at home, and the practice was active in developing care plans and admission avoidance strategies for frail and vulnerable patients. A senior practice nurse had dedicated time to support patients at risk of hospital admission. Providing visits to patients in their homes, care plans and advise and contacting patients following discharge from hospital. The practice reported this had resulted in a decrease in hospital admissions which was noted by the local CCG. Chronic disease appointments were also held at the practice branch sites to support easier access for patients, with appointments offered at convenient times for school children and people who could not attend during normal opening hours.
- Telephone appointments were available for patients if required. The practice used a text message appointment reminder service for those patients who had given their mobile telephone numbers.
- The practice hosted other services from the surgery including a weekly midwifery service, health visitors, mental health and wellbeing services, therapy and a drug and alcohol recovery service and a sports injury clinic.
- Services for children and young people included chlamydia testing kits for young people. The practice participated in the C card scheme giving access to condoms for young people. This was advertised in the practice and all staff had undergone recent training in this.
- The practice website provide links to on-line services such as; booking and cancelling appointments, prescription ordering, notifying changes to patients records, online access to records and electronic prescriptions.
- The practice also provided NHS Health Checks, sexual health advice, family planning and, smoking and drug misuse guidance.
- 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 page provided up to date practice and healthcare information for patients.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice was clean, well-furnished, and included appropriate seating for patients who had problems with mobility.
- There were facilities available to support patients with disabilities and baby changing.
- GPs visited local care homes in order to provide treatment for their registered patients who lived there.
- The practice had a good relationship with Holt Youth Project.
- The practice team including the pharmacist worked with the local rotary club to hold diabetes and hypertension screening days in the centre of Holt. As a result several patients had been identified for further treatment at the practice.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The Melton Constable branch surgery was open between 8.30am to 6pm Monday to Friday, closed between 1pm to 2pm Monday, Tuesday, Wednesday and Friday and was closed Thursday afternoon. The Blakeney branch surgery was open between 8.30am to 5pm Monday to Friday, closed between 12.30pm to 2pm Monday, Tuesday, Wednesday and Friday and was closed Thursday afternoon. Extended hours appointments were available Monday evening between 6.30pm and 8pm at the main Holt surgery. Telephone lines were open from 8am to 6.30pm Monday to Friday. Early morning GP telephone appointments were available between 7.30am and 8am for patients who were unable to attend during normal opening hours.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that need them. Double and fifteen minute appointments were available where required. The branch surgery dispensary opening times were: 8.30am to 6pm Monday to Friday closed 1pm to 2pm daily and closed on Thursday from 1pm. The pharmacy/dispensary was open from 8.30 to 6.30pm Monday to Friday.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.

- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.

The practice had upgraded the telephone system to increase telephone access for patients to the practice. In addition all GPs had two extra appointments available for release on the day where required in response to increased demand and to reduce the impact of patients attending A&E.

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice told us they ran a flexible appointment system which they constantly reviewed to allow for seasonal variances such as bank holidays and holiday makers to the area who visited the practice as temporary patients.

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.
- a designated daily GP triaged and undertook all home visits to ensure patient were seen early in the day and not after surgery. This ensured patients who required further care or referral could be actioned earlier in the day.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a 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 on the practice's website and in their information leaflet. Reception staff showed a good understanding of the complaints' procedure. We noted that verbal complaints had not been recorded and so the potential to achieve wider learning

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

from these had been lost. However a comments book was provided for patients to raise concerns. We saw a summary sheet of concerns were recorded however there was no date or indication of actions completed.

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

Are services well-led?

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 provide high quality compassionate healthcare to all its patients and visitors in a safe friendly environment. .

- The practice values and mission statement had been created and designed by all the practice staff at a training day in 2015. This included values that were built around patients. For example, putting patients first, listening to and understanding the needs of patients, action orientated with a responsive can do and will do ethos for patients, teamwork, teaching and educating for preventative healthcare. This was detailed on the practice website and staff we spoke with knew and understood these values.
- The practice had a robust strategy and a supporting five year business plan which reflected the vision and values and were regularly monitored.
- The GPs and management team were aware of the challenges for succession planning in the practice. The practice had clearly identified potential and actual changes to practice, and made consideration to how they would be managed. For example the potential for increased housing in the area.
- The practice had identified local challenges and responded to patient needs. For example by providing or hosting services from the practice to support patient's needs.

Governance arrangements

The practice had a clinical and management led comprehensive governance framework which supported the delivery of the strategy and high quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice had a large number of specific policies, all of which were implemented, embedded, and available to all staff. Practice staff we spoke with confirmed that they were aware of the policies and that they knew where to find them and used them to ensure they maintain the delivery of high quality care.
- A comprehensive clinical and management understanding of the performance of the practice was maintained. Practice staff were engaged with the need

for stringent governance processes and worked as a cohesive team. For example, the GPs received monthly updates on QOF performance at meetings to review coding procedures and the effects on patients.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions. Learning from external agencies was used and changes implemented to ensure incidences did not happen.
- When developing or introducing a new service, the governance arrangements were robust and monitored to ensure they were effective and patients were kept safe.

Leadership and culture

On the day of inspection the GP registered manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs and management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour (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 management team encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment;

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

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any

Are services well-led?

Good 

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

issues at team meetings and felt confident and supported in doing so. However we found there was scope to improve meeting agendas to ensure all relevant topics were discussed at all meetings.

- Staff said they felt respected, valued and supported by the GPs and management team in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. New ideas were encouraged and several services had been integrated into the practice through the work of a staff member, for example reception staff were involved with the local caring society, attended and disseminating information and news to the practice and society where required.

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. It proactively sought patients' feedback and engaged patients in the delivery of the service. There was a patient comments book in the waiting area for patients to add their views, compliments and concerns. The practice manager told us these were regularly reviewed by the PPG and practice manager.
- The Holt Area PPG met every six weeks, a committee steered the group and submitted proposals for improvements and initiatives to the practice management team and regularly included external speakers to their meetings. The PPG had a notice board in reception which provided patients with information on the PPG. We met two members of the PPG who told us the management team and a GP attended the meetings. The PPG wrote articles for local chronicle and free newspapers following discussions with GPs. These included important information for patients such as flu clinic dates and practice information, and supported patients in the use and promotion of the new reception touch check in system. In 2014 the PPG worked with the practice to survey 300 patients, the aim of this survey was to audit patient satisfaction with the service. As a result the PPG reported actions for improvements to

pharmacy services had been made. Other recommendations included: Raising awareness and knowledge of the patient group, promoting the new check-in screen to patients and improve the waiting room comfort and facilities (installation of silent information screen).

- The PPG worked with the practice in the development of the medicines waste campaign aimed to raise awareness of the high cost to the NHS of medicines wastage. In December 2015 the practice and PPG set up and attended a promotional campaign in the practice with posters and a bath full of one weeks' worth of wasted medicine. This then achieved public relations exposure across local newspapers and television. One paper reported that unused medicines from the practices patients alone cost approximately £15,000 a month, or £180,000 a year. The practice issued a plea to patients to only order what they need, and called on patients to let their GP know if they were no longer using their medicine. The paper reported that nationally, more than £300m of the £13.8bn spent on prescribed medicines each year was wasted with the lost money potentially able to fund an extra 11,700 community nurses across the UK. As a result of the medicines wastage campaign, which the practice described as highly acclaimed by the local CCG, the bath display was then used in a publicity tour of other practices and other services to promote the message. The PPG worked with the local CCG, with the chairperson involved in the CCG community engagement panel and conducted presentations for other external groups such as rotary clubs, parish councils and women's institute meetings.
- Friends and Family Test survey results showed that 96% of those patients who responded to the friends and family campaign were likely or extremely likely to recommend the practice to friends or family.
- The practice was part of a local steering group to promote dementia awareness and make Holt a dementia friendly town. One practice nurse was dementia trained and attended the monthly local dementia support group. Practice staff attended meetings and the practice worked closely with a local caring society, a local dementia café and a local day centre/lunch club. In addition the practice worked closely and supported a local youth project with one GP raising over £17,000 for the youth project.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussions. Staff

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told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt empowered by management to make suggestions or recommendations for the practice. For example staff were actively involved in creating and writing the practice vision during a practice training day. There was a staff suggestion box for staff to add their views, compliments and concerns. The practice manager told us these were regularly reviewed. The practice produced a monthly significant event bulletin which was circulated to all staff and included learning identified from significant events and other information for staff. For example, the June 2016 bulletin provided staff with health guidance and exercises to avoid eye discomfort have a positive effect on problem solving, reduce stress and tension and combat fatigue.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice management team told us that the whole practice team would continue to develop new models of care that would meet and enhance patient care. For example, the practice were working closely with secondary care to improve electronic communications between the services. In addition the practice were involved in an initiative to have specialist dementia nurses who provide expert practical, clinical and emotional support to families living with dementia based at the practice.

The practice was a teaching and training practice. GPs were approved trainers for GP registrars. The practice was also a Royal College of General Practitioners research practice and took part in research activity.

The practice was innovative with the staffing mix at the practice. For example healthcare assistants were trained in phlebotomy, blood pressure reading, adult health screening, assisting GPs with minor operations and chronic disease clinics.

The partners were mindful of the potential ways that primary care services may need to adapt to meet future demand and the availability of resources. They were considering how this might impact on their practice and were working to prepare for this, to ensure they could address challenges and maximise opportunities to develop. For example, the practice were exploring the potential of expanding the premises to provide further treatment rooms and services and refreshing and updating the branch premises. In addition the practice were adopting the electronic prescribing service in February 2017 (this is a system which sends electronic prescriptions to the patients dispensary or pharmacy of choice and prevents the patient making unnecessary trips to the GP surgery to collect their paper prescription). The practice were also exploring the impact of moving patients' medical records into the building to prevent them being stored off-site.