

# The Lakenham Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Key findings

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## Letter from the Chief Inspector of General Practice

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

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

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

People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive inspection at Lakenham Surgery on 22 February 2018.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When they did happen, the practice learned from them and improved their processes. The practice shared outcomes of significant events with staff and other local GP practices.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment were delivered according to evidence based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Staff were consistent and proactive in helping patients to live healthier lives.
- The facilities and premises were appropriate for the services delivered.
- QOF performance for 2016/17 for diabetes related indicators was 85%; this was below the CCG average of 93% and below the England average of 91%.
- Annual health assessments for people with a learning disability were undertaken but required improvement. The practice had 79 patients on the learning disabilities register, of which only 3 had received a health review in 2017/18 at the time of inspection.
- There was a system for receiving and acting on safety alerts. For example, Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were reviewed by the practice management team and GPs. Actions as a result were recorded but there was no log kept of historical responses. The practice informed us they would commence this immediately.

# Summary of findings

- Staff had the skills, knowledge and experience to carry out their roles and there was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice performed consistently above average for its satisfaction scores in the national GP patient survey. Patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and felt they were treated with compassion, dignity and respect.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these concerns would be addressed.

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

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

- Ensure QOF performance for diabetes and asthma achieves a good standard.
- Ensure annual health assessments for patients with learning disabilities are undertaken.

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

# The Lakenham 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 practice manager advisor.

## Background to The Lakenham Surgery

The practice is situated in Norwich, Norfolk. The practice offers health care services to approximately 8,400 patients in Norwich and surrounding area. The practice holds a General Medical Service (GMS) contract with the Norwich clinical commissioning group. The premises are purpose built with all treatment and consultation rooms on ground level. Parking is available beside the surgery.

There are four GP partners (one female, three male) who are supported by two salaried GPs (both female). There are two practice nurses and two healthcare assistants. A team of 11 administration and reception staff support the practice manager and reception manager.

The practice provides a range of clinics and services, which are detailed in this report, and operates generally between the hours of 8.30am and 6.00pm, Monday to Friday. Selected Saturday morning appointments are available with GPs, nurses and healthcare assistants. The dates of these are made available for patients to ensure they are able to book these appointments in advance. The practice provides sit and wait appointments each evening from Monday to Friday 5pm to 6pm in response to population dynamics. Out of hours services are provided by Integrated Care 24.

The practice has a lower number of patients aged 0 to 18 years and a higher number of patients aged 65 or over compared to the local and national average. The deprivation score is below the England average with the practice being in the fourth more deprived decile. Income deprivation affecting children is 26% compared to the national average of 20%. Income deprivation affecting older people is 23% compared to the national average 20%. Male and female life expectancy in this area is in line with the England average at 79 years for men and 83 years for women.

# Are services safe?

## Our findings

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

### Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Policies were regularly reviewed and were accessible to all staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. The practice had a GP lead for safeguarding. Safeguarding children and vulnerable adults information was available at the practice and outlined who to go to for further guidance. GPs and nurses were trained to level three. The practice worked closely with the local health visitor's service, and processes were in place, to ensure good standards of monitoring children at risk. Children that were not brought to appointments were reviewed and coded on the system.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Safeguarding matters were discussed at practice meetings which allowed for learning to be disseminated to all levels of staff but this was not a standard agenda item for these meetings, the practice added this immediately for all future meetings.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. These were recorded on the practice's computer system. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to

identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. Chaperone notices were displayed throughout the premises.

- There was an effective system to manage infection prevention and control. Staff had received training in infection control and guidance and notices were available for staff. The lead for infection prevention and control kept up to date with their knowledge. There were systems for safely managing healthcare waste which had been audited.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Guidance was available to reception staff and staff we spoke with were aware of this. Staff knew how to identify and manage patients with severe infections, for example sepsis.
- The practice offered minor surgery services to patients; consent was recorded and an audit was carried out during 2015/16 on 44 procedures, with a 6.8% complication rate (infections, carcinomas, dehiscence etc) and during 2016/17 on 51 procedures, resulting in a 2% complication rate.

### Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way. Templates were in place for acute consultations to ensure that all appropriate areas were considered and checked.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe

## Are services safe?

care and treatment. The practice's computer system generated a reminder for the GP, following a patient not attending a booked appointment, in order for them to review and take appropriate action

- Referral letters included all of the necessary information. The practice undertook referral reviews to ensure referrals were made appropriately.

### Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- We reviewed the records of patients who were prescribed medicines which required additional monitoring, for example methotrexate and lithium. Records we looked at showed that patients were appropriately monitored before medicines were re-prescribed.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. Antibiotic prescribing was comparable to the clinical commissioning group and national averages.

### Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues. These included for example, fire, health and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. For example, risk assessments were in place, with historical monitoring and improvements recorded.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so and staff were confident about the procedure. There was an overall log of significant events to easily identify trends and meetings were held to specifically discuss significant events.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. All staff we spoke with confirmed a 'no blame' culture was in existence.
- Significant events were reviewed on an ongoing basis and discussed at weekly and monthly practice meetings. The practice shared outcomes of significant events with staff if applicable.
- There was a system for receiving and acting on safety alerts. For example, Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were reviewed by the practice management team and GPs. Actions as a result were recorded but there was no log kept of historical responses. The practice informed us they would commence this immediately. The practice learned from external safety events as well as patient and medicine safety alerts. The pharmacist from the local CCG visited the practice on a weekly basis to review prescribing processes.

# Are services effective?

(for example, treatment is effective)

## Our findings

We rated the practice as requires improvement for providing effective services for the population groups of people with long-term conditions and people whose circumstances make them vulnerable. The remaining population groups are rated as good for providing effective services.

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

- The practice's performance for the prescribing of hypnotic medicines was above average, with the practice achieving 3.1% compared to the local average of 1.7% and the national average of 0.9%.
- QOF performance for 2016/17 for diabetes related indicators was 85%; this was below the CCG average of 93% and below the England average of 91%. When we reviewed unverified 2017/18 data for this indicator we noted that performance had not yet improved at the time of our inspection. The practice told us they had implemented a plan in late 2017 which they hoped would improve their performance.
- Annual health assessments for people with a learning disability were undertaken but required improvement. The practice had 79 patients on the learning disabilities register, of which only 3 had received a health review in 2017/18.

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice's performance for the prescribing of antibacterial prescriptions and antibiotic items was comparable to other local practices and national averages. Performance for hypnotic medicines prescribing was above average with the practice achieving 3.1% compared to the local average of 1.7% and the national average of 0.9%. The practice provided a breakdown which indicated a reduction in patients taking these medicines from 194 in 2016/17 to 166 in 2017/18. The number of patients aged below 65 had

reduced from 131 to 98 in the same period. The number of patients aged 65 or over had slightly risen from 63 to 68. The practice informed us during the inspection that they would review each patient and assess for further actions.

- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Nationally reported Quality and Outcomes Framework (QOF is a system intended to improve the quality of general practice and reward good practice) data showed that outcomes for patients with conditions commonly found in older people, including rheumatoid arthritis, dementia and heart failure were above local and national averages with the practice achieving 100% performance for these indicators. Exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate) for heart failure was 13% compared to the local average of 12% and the national average of 9%. Exception reporting for dementia was 11% which was in line with the local average of 12% and national average of 10%; and rheumatoid arthritis exception reporting was 12% compared to the local average of 10% and the national average of 7%.
- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail were reviewed during the multidisciplinary meeting on a monthly basis and also had a review of their medication.
- The practice followed up on older patients discharged from hospital. It ensured their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

# Are services effective?

## (for example, treatment is effective)

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- 99% of patients with long term conditions, who were recorded as current smokers had received discussion and advice about smoking cessation. This was in line with the CCG average of 96% and the national average of 95%.
- QOF performance for 2016/17 for diabetes related indicators was 85%; this was below the CCG average of 93% and below the England average of 91%. The exception reporting for diabetes was 12%, which was in line with the local average of 15% and national average of 11%. When we reviewed unverified 2017/18 data for this indicator we noted that performance had not yet improved at the time of our inspection. The practice explained that this was due to long term sickness and subsequent leaving of a clinical member of staff recently. Unverified data on the QOF indicator for asthma patients receiving a review in the last 12 months was 64% at the time of our inspection, with one month remaining until the end of the year in which performance was measured. The practice told us they had implemented a plan in late 2017 which they hoped would improve their performance and had employed a new clinician, one of their priorities was to address the backlog of reviews for diabetic patients.

### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90%. For example, rates for the vaccines given to children up to the age of two were in excess of 96% for all four subindicators. Appropriate follow up of children who did not attend for their immunisations was in place and a protocol was in place to support this.
- The percentage of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 24 months was 92%, compared to the local average of 92% and the national average of 89%.

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

- 2016/17 data indicated the practice's uptake for the cervical screening programme was 81%, which was in line with the CCG average of 83% and the England average of 81%. Patients who did not attend for their

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

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

### People whose circumstances make them vulnerable:

- Annual health assessments for people with a learning disability were undertaken but required improvement. The practice had 79 patients on the learning disabilities register, of which only 3 had received a health review in 2017/18. The remaining patients were due to be seen prior to the end of March 2018. When we raised this with the practice explained that in several cases patients had been seen in the practice on multiple occasions but an actual health check was not completed. After our inspection the practice explained a backlog had been created due to longterm sickness and consequent leaving of a clinical member of staff normally undertaking these reviews. The practice had since employed a new clinician, one of their priorities was to address the backlog of reviews for these patients.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable but the practice did not make use of a recording template for these patients.

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

- 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. Compared to the local average of 87% and the national average of 84%. Exception reporting was 12%, which was equal to the local average and above the national average of 7%.

# Are services effective?

## (for example, treatment is effective)

- QOF performance for mental health related indicators was 100%. Compared to the local average of 97% and the national average of 94%. Exception reporting for mental health indicators was 14%, which in line with local average of 15% national average of 11%.
- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was the same as the local average and above the national average of 90%. Exception reporting was 19%, which was in line with the local average of 17% and above the national average of 13%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 96% of patients with physical and/or mental health conditions had a smoking status recorded on their notes in the preceding 12 months. This was in line with local and national averages of 95%.

### Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results from 2016/17 were 97% of the total number of points available compared with the local clinical commissioning group (CCG) average of 98% and national average of 96%. The overall exception reporting rate was 10% compared with a local average of 12% and national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided on an ongoing basis. Changes and improvements to practice were implemented as a result:

- An completed cycle, detailed, audit on Clopidogrel and Omeprazole prescribing had been undertaken. This was, to ensure that the practice was adhering to the guidance that patients taking Clopidogrel should specifically avoid Omeprazole, it indicated that at the first cycle eight patients were using both medicines on repeat prescriptions. Following the implementation of an action plan a re-audit found that of the eight patients

two had their medicines stopped. However, three new patients were identified within the audit parameters. The practice implemented an action plan which addressed switching patients from Omeprazole to Lansoprazole or Pantoprazole to reduce any cardiovascular risk and to ensure prescribers were aware.

The practice was a research practice and participated in a number of research projects with the local clinical research network. One of the GPs was involved in supporting the research related work.

### Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for clinical staff was thorough and staff commented positively on this process.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The practice provided training to pharmaceutical students.

### Coordinating care and treatment

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

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

# Are services effective?

(for example, treatment is effective)

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

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Multidisciplinary case review meetings were held monthly when all patients on the palliative care register were discussed.

## Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two week wait referral pathway was 50%, which was in line with the local average of 46% and national average of 52%.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- 74% of females between the ages of 50 and 70 had been screened for breast cancer in the preceding 36 months, compared to the CCG average of 75% and national average of 70%.
- 52% of patients had been screened for bowel cancer in the preceding 30 months, compared to the CCG average of 58% and national average of 55%.

## Consent to care and treatment

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

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

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- 39 of 41 patient Care Quality Commission comment cards we received were positive about the service experienced. The two other cards were also positive about the experiences but mentioned a lack of clarity around having a named GP.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 246 surveys were sent out and 109 were returned (a 44% response rate). The practice was generally above local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) and the national average of 89%.
- 96% of patients who responded said the GP gave them enough time compared to the CCG and national average of 86%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 95% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.
- 97% of patients who responded said the nurse was good at listening to them; compared to the CCG average of 93% and the national average of 91%.

- 93% of patients who responded said the nurse gave them enough time; compared to the CCG average of 93% and the national average of 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; compared to the CCG average of 98% and the national average of 97%.
- 95% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; compared to the CCG average of 92% and the national average of 91%.
- 95% of patients who responded said they found the receptionists at the practice helpful; compared to the CCG average of 88% and the national average of 87%.

### Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. The practice had an electronic booking screen that supported a variety of languages.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff were trained on dementia matters and a member of staff was a dementia champion. There were various dementia friendly signs in place to help guide patients to the right place. The practice was developing to become a dementia friendly practice but this process had not yet been completed at the time of our inspection.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice identified patients who were carers and provided information to patients requesting this or at registration. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 104 patients as carers (1.2% of the practice list).

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either

## Are services caring?

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 provided information and advice to guide those suffering a bereavement.

Results from the national GP patient survey, published in July 2017, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. There was not one area of the questionnaire where the practice scored below average

- 91% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 83% of patients who responded said the last GP they saw was good at involving them in decisions about their care; compared to the CCG average of 81% and the national average of 82%.
- 94% of patients who responded said the last nurse they saw was good at explaining tests and treatments; compared to the CCG average of 92% and the national average of 90%.

- 91% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; compared to the CCG average of 85% and the national average of 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The practice complied with the Data Protection Act 1998.
- The reception area was arranged so that phonecalls were not usually taken at the front desk and the layout supported confidentiality with the patients' waiting area being in a separate area.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

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

- The practice understood the needs of its population and improved services in response to those needs. For example, the practice offered extended opening hours for prebookable appointments on alternate Saturday mornings twice a month.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services, such as the district nurses.
- The facilities and premises were appropriate for the services delivered.
- The practice offered cryotherapy services.

#### Older people:

- The practice was responsive to the needs of older patients, and urgent appointments for those with enhanced needs.
- These patients had a named GP.
- GPs accommodated home visits for those who had difficulties getting to the practice. Flu clinics were also organised for patients living in sheltered accommodation.
- The practice considered any carer's needs when delivering care to older people, especially if the carer was also elderly.
- The practice was able to provide patients with a wheelchair or walking frame if so needed.
- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.

#### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

- Nurses had lead roles in specialist management of diabetes.

#### Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Midwife and health visitor clinics were provided on site.
- Systems were in place to follow up on children under 16 who did not attend for their appointment.

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

- The needs of these patients had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, Saturday morning and daily sit and wait appointments were available.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice was proactive in offering SMS and online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered free chlamydia screening kits to those patients who wished to be tested.

#### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and mental health needs.
- The practice offered longer appointments, and appointments earlier in the day, to minimise waiting times and home visits if necessary for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

# Are services responsive to people's needs?

## (for example, to feedback?)

- The practice hosted a domestic abuse counselling service.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia. Staff had received training in dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice offered flexible access for patients to see a GP through a daily sit and wait clinic.
- There was a dementia champion in the practice and the practice was working towards becoming dementia friendly.

### Timely access to the service

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

- A daily duty GP was able to respond to urgent requests, including home visits.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.
- 20 minute appointments were available for those patients requiring these.
- The practice operated an appointment system which included a sit and wait clinic from 5pm every day. Patients commented that this allowed them to access care responsively (for example for working people). The practice informed us this helped with scheduling, improved access for patients and meant clinicians offered continuity of care as the patients saw their own GP more often. Data from the national patient survey supported the claims to good access.
- The practice was open from 8am to 6.30pm every weekday and offered pre-bookable appointments on two alternate Saturday mornings a month.
- Appointments with GPs could be booked 4 to 6 weeks ahead.

- 39 of 41 patient Care Quality Commission comment cards we received were positive about the service experienced, with numerous comments about good access to the practice

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages. There was not one area of the questionnaire where the practice scored below average.

- 86% of patients who responded were satisfied with the practice's opening hours; compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 78% of patients who responded said they could get through easily to the practice by phone; compared to the CCG average of 74% and the national average of 71%.
- 89% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; compared to the CCG average of 86% and the national average of 84%.
- 87% of patients who responded said their last appointment was convenient; compared to the CCG average of 83% and the national average of 81%.
- 91% of patients who responded described their experience of making an appointment as good; compared to the CCG average of 74% and the national average of 73%.
- 70% of patients who responded said they don't normally have to wait too long to be seen; compared to the CCG average of 57% and the national average of 58%.
- 82% of patients who responded would recommend the practice to someone new to the area; compared to the CCG average of 76% and the national average of 77%.

The practice were aware of the higher than average results and worked hard to ensure these results continued by monitoring the appointments system and patient feedback.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately. It improved the quality of care in response to complaints and concerns.

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

- Information about how to make a complaint or raise concerns was available on the practice's website and in the practice. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Nine complaints were received during 2017. We reviewed a sample of these and found that they were satisfactorily handled in a timely way. The practice captured and recorded both verbal and written complaints and provided responses to both.
- The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example, following a complaint around the treatment of a complainant's vulnerable family member the practice had undertaken a root cause analysis. They held a meeting including the complainant and made responsive changes in the care provision offered.

# Are services well-led?

Good 

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

## Our findings

We rated the practice as good for leadership.

### Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

### Vision and strategy

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

- There was a clear vision to provide high quality care to all patients with a pride in the practice's history. It had a realistic strategy and supporting business plans to achieve priorities.
- The practice management team developed its vision, values and strategy at practice meetings and incorporated the views of patients, staff and external partners. Patients were proactively invited to share their views through the patient reference group.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. When we spoke with a new member of staff they commented positively on the induction processes and being made to feel welcome.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The practice had examples where complaints were raised as significant events and outcomes of these were shared with patients and other stakeholders. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. Learning from events was shared with local practices on a regular basis.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. Staff were able to speak openly and had confidence that any issues raised would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses and nurse practitioners, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity and all staff had received training in this area. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- A number of staff had lead roles and all staff were clear on their roles and accountabilities.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. These were reviewed regularly.

# Are services well-led?

Good 

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

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. Due to long term sickness and subsequent leaving of a clinical member of staff recently, reviews for diabetes patients and those with a learning disability had been affected and not as many as planned had been undertaken. The practice had employed a new clinician, one of their priorities was to address the backlog of reviews for these patients.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through review of their consultations, prescribing and referral decisions. Practice leaders had oversight of incidents and complaints.
- Clinical audit and research had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- Risk assessments for the control of substances hazardous to health (COSHH), premises related risks and legionella were in place.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information in the form of minutes or clinical notes.
- The practice used performance information which was reported and monitored and management and staff held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any weaknesses.

- The practice used information technology systems to monitor and improve the quality of care. For example, the practice had its own internal intranet database which provided access to a wide variety of information for staff, including NICE guidance. All staff were able to access this.
- The practice submitted data or notifications to external organisations as required.
- There were clear arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice gathered patients views via surveys, complaints and a comments box in the waiting area.
- There was an active patient representative group. This was operating virtually with a view to meet in person regularly in the near future. The practice kept patients up to date with changes within the practice via their website.
- The service was transparent, collaborative and open with stakeholders about performance and regularly communicated with the clinical commissioning group regarding local initiatives.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. The practice was a research practice and worked with the local research network to contribute to a variety of research studies.
- The practice hosted pharmaceutical students from a local university so that they could shadow GPs and reception staff. Reception staff members had shadowed

# Are services well-led?

Good 

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

pharmacists to improve their knowledge on pharmacy processes so that they could assist patients with any queries but also better support the pharmaceutical students.