

Harleston Medical Practice

Quality Report

Bullock Fair Close
Harleston
Norfolk
IP20 9AT

Tel: 01379 853217

Website: www.harlestonsurgery.co.uk

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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

Outstanding 

Are services safe?

Outstanding 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

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 Harleston Medical Practice on 5 April 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Patients said they sometimes found it difficult to get an appointment at a time convenient for them. The practice had identified that this was an area to be improved upon and proactively sought patient feedback to gain a better understanding of the issue.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- The practice actively reviewed patients' complaints and how they were managed and responded to, and made improvements as a result. A patient had joined the Patient Participation Group following the effective handling of a complaint.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the practice was in the process of opening a community hub in the previous branch's surgery premises. This was planned to house both local public and third sector organisations. This was aimed to improve collaborative care and provide greater convenience for patients, with a 'no wrong door' ethos and to facilitate integration of health and social care services to support the aims of the Five Year Forward View for the NHS. The practice had led a scoping exercise of local service providers to inform the community hub plan, to identify need and seek commitment to the proposal.

Summary of findings

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw several areas of outstanding practice:

- Information about safety was highly valued and was used to promote learning and improvement. For example, the practice manager was accredited to provide training on female genital mutilation (FGM) to practice staff. A member of staff had raised a safeguarding concern identifying a FGM risk following in house training presented to the team.
- The practice worked alongside the patient participation group (PPG) to develop health promotion events for patients, including topics such as dementia, medicines' management, common childhood illnesses and prostate cancer. This resulted in patients presenting themselves for screening, and in one instance a diagnosis being made.
- The practice carried out non-clinical audits on third party consent and Lasting Power of Attorney following

a significant event. This had been shared throughout the practice and had improved staff awareness of data protection and the Caldicott principles. Furthermore, the audit and resources developed had been shared with local practices to develop learning and best practice in the area. The practice raised concerns in relation to Lasting Power of Attorneys with the Office of the Public Guardian when required.

- The practice recognised the barriers to engaging with younger patients, and was keen to build positive relationships and promote good health. The practice had a plan in place to present health education sessions at the local secondary school. Topics for discussion included diet, acne, mental health and mindfulness.

The area where the provider should make an improvement is:

- Ensure that patient feedback continues to be monitored to identify further areas for improvement.

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 outstanding for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents to support improvement. Learning was based on a thorough analysis and investigation. The practice carried out two-cycle audits to measure the impact of changes made following significant events and shared learning with other local practices to improve patient outcomes.
- Information about safety was highly valued and was used to promote learning and improvement. For example, the practice manager was accredited to provide training on female genital mutilation (FGM) to practice staff. A member of staff had raised a safeguarding concern identifying a FGM risk following in house training presented to the team.
- The practice had robust systems in place to cascade and learn from Medicines and Regulatory Authority (MHRA) and National Reporting and Learning System (NRLS) alerts.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.

Outstanding



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 at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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 January 2016 showed patients rated the practice lower than average for

Good



Summary of findings

several aspects of care. The practice had identified this and was proactively addressing the issues. For example, the partners at the practice had attended an intensive consultation skills workshop to reflect on patient feedback and review the video recorded evidence of their consultations as a team. This had been augmented with further patient surveys and analysis of patient perception.

- 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.
- We saw many positive examples of care provided to patients, including those at the end of their life.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available on the same day. The practice was proactive in addressing feedback and had considered different ways of working to improve patient perception. For example, the practice had trialled a return appointment slip for patients who required review by the same clinician.
- The practice worked alongside the patient participation group (PPG) to develop health promotion events for patients, including topics such as dementia, medicines management, common childhood illnesses, diabetes and prostate cancer. This resulted in patients presenting themselves for screening, and in one instance a diagnosis being made.
- The practice recognised the barriers to engaging with younger patients, and was keen to build positive relationships and promote good health. The practice had a plan in place to present health education sessions at the local secondary school. Topics for discussion included diet, acne, mental health and mindfulness.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders. A patient had joined the Patient Participation Group following the effective handling of a complaint.

Good



Summary of findings

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles. The practice had developed a staff recognition notice board, highlighting staff achievements both inside and outside of work. It also included compliments from patients and other healthcare professionals. Staff we spoke to felt that this made them feel valued in work.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the practice was in the process of opening a community hub in the previous branch's surgery premises. This was planned to house both local public and third sector organisations. This was aimed to improve collaborative care and provide greater convenience for patients, with a 'no wrong door' ethos and to facilitate integration of health and social care services to support the aims of the Five Year Forward View for the NHS. The practice had led a scoping exercise of local service providers to inform the community hub plan, to identify need and seek commitment to the proposal.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the practice was involved in the design, implementation and evaluation of the Norfolk First Support GP Liaison Scheme to improve patient care at home and reduce unplanned hospital admissions.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology, and it had a very engaged PPG which influenced practice development. The PPG undertook annual surveys at the practice and found that these provided topics to be considered by the practice to improve patient care. A PPG working party reviewed survey data, comments, Friends and Family Test feedback and complaints themes.
- There was a strong focus on continuous learning and improvement at all levels.

Outstanding



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 outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- An Age UK representative was available at the practice once a week to support older patients and carers with non-clinical needs and to signpost them to relevant agencies. The representative was also present at seasonal influenza clinics. This service had initially been a pilot project at the practice, and its success had led to continued funding. We received positive feedback about this service.
- The practice carried out non-clinical audits on third party consent and Lasting Power of Attorney following a significant event. This had been shared throughout the practice and had improved staff awareness of data protection and the Caldicott principles. Furthermore, the audit and resources developed had been shared with local practices to develop learning and best practice in the area. The practice raised concerns in relation to Lasting Power of Attorneys with the Office of the Public Guardian when required.
- The practice referred patients for short term admissions in nursing care settings care when required to avoid their admission to hospital.
- The practice was involved in the design, implementation and evaluation of the Norfolk First Support GP Liaison Scheme to improve patient care at home and reduce unplanned hospital admissions.

Outstanding



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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 2014/2015

Outstanding



Summary of findings

showed that performance for diabetes related indicators was 79%, which was below the CCG average by 13% and below the national average by 10%. Exception reporting for diabetes related indicators was 9%, which was lower than the CCG average of 12% and the national average of 11% (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). The practice had proactively identified this as an area for improvement, and had held patient education evenings on diabetes. These had been well attended and well received by patients. More recent data from 2015/2016 showed that there had been an increase in performance for diabetes related indicators.

- Longer appointments and home visits were available when needed.
- Patients with a long term condition 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 worked alongside the PPG to develop a health promotion event for patients on medicines management with a local pharmacist.
- Furthermore, the practice worked alongside the PPG to develop a prostate cancer awareness evening. This resulted in patients presenting themselves for screening, and in one instance a diagnosis being made.

Families, children and young people

The practice is rated as outstanding 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. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice held seasonal Saturday flu clinics for children to improve access to this service.
- 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.

Outstanding



Summary of findings

- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 80%, this was in line with local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked alongside the PPG to develop a common childhood illnesses awareness evening.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had a plan in place to present health education sessions at the local secondary school. Topics for discussion included diet, acne, mental health and mindfulness. The practice recognised the barriers to engaging with younger patients, and was keen to build positive relationships and promote good health.

Working age people (including those recently retired and students)

The practice is rated as outstanding 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.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years. The practice had carried out 495 health checks in the past 12 months. The practice also offered health check clinics in the evenings for those who were unable to attend in the daytime.
- Extended hours appointments were available between 6.30pm and 8.30pm on Mondays.

Outstanding



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Outstanding



Summary of findings

- The practice looked after service users living in a local eight bedded community secure rehabilitation hospital for men and women with a history of offending behaviour who have a learning disability and additional mental health needs. We spoke to a carer and service user from the hospital on the day of inspection, who were complimentary about the service provided by the practice.
- 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.
- Patients who were carers were proactively identified and signposted to local carers' groups.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice hosted level three safeguarding training sessions which were attended by other local practices and locum GPs working at the practice. Furthermore, the practice manager was accredited to provide training on FGM to practice staff. A member of staff had raised a safeguarding concern identifying a FGM risk following in house training presented to the team.

People experiencing poor mental health (including people with dementia)

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

- 83% of patients diagnosed with dementia had received a face to face care review in the last 12 months, which was in line with the national average of 84%.
- 92% of patients experiencing poor mental health had a comprehensive care plan, which was above the national average of 88%.
- The practice had recently held a dementia open evening, which had been well attended and included talks from GPs, Age UK and Norfolk First Support.
- 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.

Outstanding



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in January 2016. The results showed the practice was performing below local and national averages in some areas. 241 survey forms were distributed and 124 were returned. This represented a 51% completion rate.

- 28% of patients found it easy to get through to this practice by phone compared to the CCG average of 72% and the national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 56% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.

- 41% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national averages 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 seven comment cards which were all positive about the standard of care received. Patients complimented both individual staff and the practice as a whole for the positive impact it made on their quality of life.

We spoke with eight patients during the inspection, including two members of the PPG. Patients we spoke to generally felt that they were treated with care and compassion, however, four patients felt that it was sometimes difficult to get an appointment at a time that was convenient for them.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that patient feedback continues to be monitored to identify further areas for improvement.

Outstanding practice

- Information about safety was highly valued and was used to promote learning and improvement. For example, the practice manager was accredited to provide training on female genital mutilation (FGM) to practice staff. A member of staff had raised a safeguarding concern identifying a FGM risk following in house training presented to the team.
- The practice worked alongside the patient participation group (PPG) to develop health promotion events for patients, including topics such as dementia, medicines' management, common childhood illnesses and prostate cancer. This resulted in patients presenting themselves for screening, and in one instance a diagnosis being made.
- The practice carried out non-clinical audits on third party consent and Lasting Power of Attorney following

a significant event. This had been shared throughout the practice and had improved staff awareness of data protection and the Caldicott principles. Furthermore, the audit and resources developed had been shared with local practices to develop learning and best practice in the area. The practice raised concerns in relation to Lasting Power of Attorneys with the Office of the Public Guardian when required.

- The practice recognised the barriers to engaging with younger patients, and was keen to build positive relationships and promote good health. The practice had a plan in place to present health education sessions at the local secondary school. Topics for discussion included diet, acne, mental health and mindfulness.

Harleston Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Harleston Medical Practice

Harleston Medical Practice is a purpose built practice situated in Harleston, Norfolk. The practice provides services for approximately 8,335 patients. It holds a General Medical Services contract with South Norfolk CCG.

According to information taken from Public Health England, the patient population has a higher than average number of patients aged over 55 years old. Harleston and the surrounding villages have a high level of newly built residential developments and a low level of deprivation.

The practice team consists of three male GP partners and a regular male GP locum, a management team led by a practice manager, four practice nurses and three health care assistants. It also has teams of dispensary, reception and secretarial staff. At the time of inspection, the practice was supporting administration and dispensary apprentices.

Harleston Medical Practice is open from Monday to Friday. It offers appointments from 8.30am to 12pm and 3pm to 6.30pm daily. Extended hours appointments are available between 6.30pm and 8.30pm on Mondays. Out of hours care is provided by the NHS 111 service via IC24.

The practice has a branch practice located at Paddock Road, Harleston, IP20 9AR. This is no longer in use and the

practice is in discussion with NHS England to open a community hub in the premises. This is planned to house community services, mental health services, social services, local public services and other organisations including third sector. This plan is supported by the CCG.

The practice was inspected in September 2013 using previous CQC methodology, and was found to be compliant with the legal requirements and regulations associated with the Health and Social Care Act 2008. The practice did not receive a rating following this inspection under CQC's previous methodology.

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 5 April 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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



Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed 25 significant events recorded in the last 12 months, which showed that the practice had an open and transparent approach to learning from incidents. The practice also recorded positive learning experiences as significant events. We saw patient safety alerts, including those from the Medicines and Regulatory Authority (MHRA) and National Reporting and Learning System (NRLS), and minutes of meetings where these were discussed.

We saw evidence that lessons were shared within the practice and wider locality, and action was taken to improve safety in the practice. For example, a patient referral letter was delayed as it was left for signing without the GP being alerted. Following this event, the practice had introduced a system to track referral letters sent for signing.

A significant event relating to third party consent had led to regular audits on third party consent and Lasting Power of Attorney. This had been shared throughout the practice and had improved staff awareness of data protection and the Caldicott principles. Furthermore, the audit and resources developed had been shared with local practices to develop learning and best practice in the area.

The practice analysed the clinical impact of significant events and carried out two cycle audits if they were

identified as having an adverse clinical outcome. For example, the practice carried out a two cycle audit on patients taking methotrexate who had also been prescribed trimethoprim (these two medications have an adverse interaction) following a previous significant event.

Furthermore, the practice had identified a staff member's gap in knowledge as a significant event. The practice had arranged for the member of staff to attend an educational course and to shadow staff at the local Accident and Emergency Department to improve their knowledge and skills of minor injury assessment.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The 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 were trained to child protection or child safeguarding level three. In addition to this, the practice manager was accredited to provide training on female genital mutilation (FGM). A member of staff at the practice had raised a safeguarding concern identifying a FGM risk following in house training presented to the team.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A GP was the infection control clinical



Are services safe?

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. Six monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken prior to staff's employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. All the medicines we checked were in date and stored securely.
- 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had achieved 93% of the total number of points available, with 11% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was 79%, which was below the CCG average by 13%, and the national average by 10%. Exception reporting for these indicators was 9%, which was comparable to local and national averages. The practice had proactively identified this as an area for improvement, and had held patient education evenings on diabetes. These had been well attended and well received by patients. More recent data from 2015/2016 showed that there had been an increase in performance for diabetes related indicators.

- Performance for hypertension related indicators was 100%, which was in line with the CCG average and above the England average by 2%. The exception reporting rate for this area was 7%, which was comparable to local and national averages.
- Performance for mental health related indicators was 98%, which was above the CCG average by 3% and the England average by 7.2%. Exception reporting for these indicators was 21%, which was above the CCG average of 15% and the national average of 12%. This was discussed with the practice, who explained that they had excluded patients who had no recent history of poor mental health from the QOF target.

Clinical audits demonstrated quality improvement. There had been several clinical audits completed in the last year, three of these were completed audits where the improvements made were implemented and monitored. For example, the practice had undertaken an audit to ensure the adequate monitoring of patients who were prescribed amiodarone (a medicine used to treat cardiac arrhythmias).

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.

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.
- 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.
- 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

Are services effective?

(for example, treatment is effective)

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.
- In addition to this, staff learning needs identified through appraisal and performance management processes informed the topics of bespoke in-house training, such as confidentiality in rural general practice, customer service, meeting patient expectation and conflict management.

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.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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 practice carried out audits on third party consent and Lasting Power of Attorney. This had been shared throughout the practice and had improved staff awareness of data protection and the Caldicott principles. Furthermore, the audit and resources developed had been shared with local practices to develop learning and best practice in the area. The practice raised concerns in relation to Lasting Power of Attorneys with the Office of the Public Guardian when required.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice was able to refer patients to a local health trainer and smoking cessation services.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages 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 breast and bowel cancer screening. The breast cancer screening rate for the past 36 months was 81% of the target population, which was comparable to the CCG average of 80% and above the national average of 72%. Furthermore, the bowel cancer screening rate for the past 30 months was 65% of the target population, which was comparable to the CCG average of 67% and above the national average of 58%.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds in 2014/2015 ranged from 94% to 100% and five year olds from 96% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice also offered health check clinics in the evenings for those who were unable to attend in the daytime.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

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

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

Results from the National GP Patient Survey published in January 2016 showed patient satisfaction scores were lower than local and national averages in some areas, however, feedback about nursing staff was very positive. For example:

- 78% of patients said the GP was good at listening to them compared to the CCG and national averages of 89%.
- 73% of patients said the GP gave them enough time compared to the CCG and national averages of 87%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.
- 68% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.

- 94% of patients said the last nurse they spoke to was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 64% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice was aware of the results and was proactively addressing the issues. For example, the partners at the practice had attended an intensive consultation skills workshop to reflect on patient feedback and review the video recorded evidence of their consultations as a team. The impact of the training had been evaluated through patient surveys and peer feedback.

We saw many examples of positive patient feedback surrounding the care provided by the practice. For example, we saw letters of appreciation naming both individual clinicians and the practice as a whole for the care provided to patients receiving cancer treatment and those receiving palliative care.

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. However, four patients we spoke to felt that they did not always have sufficient time during consultations. Patient feedback from the comment cards we received was positive and spoke highly of the care given by clinical staff. We also saw that care plans were personalised.

Results from the National GP Patient Survey published in January 2016 showed patient responses to questions about their involvement in planning and making decisions about their care and treatment were lower than local and national averages. For example:

- 70% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 65% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care. For example, staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Furthermore, information leaflets were available 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 141 patients as

carers (1.6% of the practice list). Information was available to direct carers to the various avenues of support available to them, such as the Age UK service at the practice. An Age UK representative was available at the practice once a week to support older patients and carers with non-clinical needs and to signpost them to relevant agencies. This service had initially been a pilot project at the practice, and its success had led to continued funding. Carers were also included within services provided by the Norfolk First Support GP Liaison Scheme to improve patient care at home and reduce unplanned hospital admissions.

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

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. For example, the practice was involved in the design and implementation of the Norfolk First Support GP Liaison Scheme to improve patient care at home and reduce unplanned hospital admissions.

- The practice offered extended hours appointments on from 6.30pm to 8.30pm on Mondays for patients who could not attend during normal opening hours.
- The practice held Saturday clinics for children's influenza immunisations and evening health check clinics for patients who could not attend in the week.
- 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.
- The practice had a system in place for assessing and prioritising home visits.
- 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.
- There were disabled facilities and translation services available. The practice could access British Sign Language interpreters for patients with hearing impairments.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, services for carers and promotion of mental health awareness. There were displays providing information on cancer warning signs.
- The practice provided a range of nurse-led services such as management of asthma, diabetes and coronary heart disease, wound management, smoking cessation clinics and minor illness advice.

- 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.
- Patients who were significantly late for their appointments were offered to opportunity to rebook or have a telephone call from a GP within the next 24 hours.

The practice worked alongside the PPG to develop health promotion events for patients, including topics such as dementia, medicines management, diabetes, common childhood illnesses and prostate cancer. A patient attending the prostate cancer awareness evening was prompted to make an appointment and was later diagnosed with prostate cancer.

The practice had a plan in place to present health education sessions at the local secondary school. Topics for discussion included diet, acne, mental health and mindfulness. The practice recognised the barriers to engaging with younger patients, and was keen to build positive relationships and promote good health.

Access to the service

The practice was open from 8.30am to 8.30pm on Mondays, 8.30am to 6.30pm on Tuesdays, Thursdays and Fridays and 8.30am to 6pm on Wednesdays. Appointments were available from 8.30am to 12pm and 3pm to 6.30pm daily. Extended hours appointments were offered between 6.30pm and 8.30pm on Mondays. Patients could book appointments either on the day or for the next day either in person, online or by telephone. Extended hours appointments could be booked up to seven days in advance. Out of hours care was provided by the NHS 111 service via IC24.

Results from the National GP Patient Survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 47% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and the national average of 75%.
- 28% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 77% of patients said they were able to see or speak to someone last time they tried compared to the CCG average of 87% and the national average of 85%.

The practice was aware of these results, and was proactively working to resolve the issues reported by patients. The practice had implemented a new appointment system as a result of patient feedback and was regularly reviewing this system in conjunction with the PPG. Two annual surveys had been undertaken since the implementation of the new appointment systems, and changes had been made as a result of the survey findings. A PPG member was present in the waiting room during the survey collection period to encourage feedback and the completion of surveys. The latest survey results showed that out of 459 respondents:

- 69% of patients were satisfied with the practice's opening hours.
- 50% of patients said they could get through easily to the practice by phone.
- 77% of patients felt they were seen in a timely manner.

The practice had produced a concise guide to appointments that was available online, in waiting areas, on prescription bags and in registration packs. The guide prompted patients to make reception staff aware if they were unable to make a same-day or next-day appointment to allow for flexibility.

The practice had analysed the trends in patient survey data, and results of the PPG survey showed that there was a significant increase in positive responses from patients over the past two years. The PPG had an open evening scheduled on for PPG awareness week, where they planned to feed back the survey results and progress made.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system on the practice's website and in their information leaflet. Information about how to make a complaint was also displayed on the wall in the waiting area. Reception staff showed a good understanding of the complaints' procedure.

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. We saw that the effective handling of a complaint had led to a patient being encouraged to join the practice PPG.

The practice reviewed all patient feedback with the PPG, including complaint themes, Friends and Family Test data and comments, survey data and PPG feedback forms. The PPG used this information to develop annual action plans. The most recent survey results, action plan and progress made was due to be shared at an opening evening during PPG awareness week.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

The practice had a clear vision to deliver 'high quality patient care in an efficient, caring way with the utmost regard to dignity, respect and confidentiality'. This vision statement had been informed by all members of staff to ensure that it was representative of the team's aspirations at all levels. It was displayed in the waiting areas and staff knew and understood the values.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. There was a proactive approach to succession planning in the practice. The practice had clearly identified potential and actual changes to the practice, and made in-depth consideration to how they would be managed. The practice development plan and risk register was regularly reviewed and used as a tool to encourage strategic thinking to drive improvement and overcome challenges whilst planning for the future. The practice held whole practice engagement sessions to improve staff awareness of their strategic vision. The PPG were also invited to these sessions and played an active role in shaping the strategic vision of the practice.

The practice were engaged with the local CCG and worked to improve practice in the locality. For example, the practice had assisted the CCG with an issue relating to pathology which resulted in a successful contract challenge. The practice worked closely with the CCG prescribing team to ensure best practice and cost effective prescribing. Furthermore, the practice reviewed performance through the sharing and discussion of the CCG data pack at both practice and locality group level.

In addition to this, the practice manager worked with the Royal College of General Practitioners (RCGP) to support and cascade best practice to vulnerable practices. This involved engaging with the CCG, Local Medical Council (LMC) and the NHS England Area Team to ensure that South Norfolk was represented during discussions with the RCGP.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a comprehensive list of

policies and procedures in place to govern its activity, which were readily available to all members of staff. We looked at a number of policies and procedures and found that they were up to date and had been reviewed regularly.

There was a clear leadership structure with named members of both clinical and administration staff in lead roles. Staff we spoke with were all clear about their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness.

Communication across the practice was structured around key scheduled meetings. Multidisciplinary team meetings were also held monthly. We found that the quality of record keeping within the practice was good, with minutes and records required by regulation for the safety of patients being detailed, maintained, up to date and accurate.

There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The systems and processes in place for ensuring patient and staff safety demonstrated strong clinical governance. The practice carried out two-cycle audits to measure the impact of changes made following significant events and shared learning with other local practices to improve patient outcomes.

Leadership and culture

On the day of inspection the partners and the practice manager in the practice 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 partners and practice manager were approachable and always took the time to listen to all members of staff. The practice were able to demonstrate that they had the capability to overcome adversity and develop the service to improve patient outcomes.

The practice had developed a staff recognition notice board, highlighting staff achievements both inside and outside of work. It also included compliments from patients and other healthcare professionals. Staff we spoke to felt that this made them feel valued in work. There were also opportunities for staff to be rewarded financially or with training opportunities for exceptional performance.

The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of

Are services well-led?

Outstanding



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

candour. The practice had a clear protocol in place for cascading and actioning alerts from the National Reporting and Learning System. Furthermore, the practice carried out audits to see how alerts were actioned.

The partners 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, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- The practice also had a robust process for performance management in place, and was able to show us where this had been used effectively.

There was a clear leadership structure in place and staff felt supported by management. Staff told us that there was an open, non-hierarchical culture within the practice and they had the opportunity to raise any issues at team meetings. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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 active PPG held regular meetings at the surgery. We spoke with two members of the group, who were passionate about the practice and were proactive in supporting practice staff to achieve good outcomes for patients. They reported that the suggestions made by the PPG to improve the service were listened to and acted upon by the practice. The PPG undertook annual surveys at the practice and found that these provided topics to be considered by the practice to improve patient care. A PPG working party reviewed survey data, comments, Friends and Family Test feedback and complaints themes. The PPG were active in the wider community and also attended CCG meetings where appropriate.

The practice worked alongside the PPG to develop health promotion events for patients, including topics such as dementia, medicines management, diabetes, common childhood illnesses and prostate cancer. A patient attending the prostate cancer awareness evening was prompted to make an appointment and was later diagnosed with prostate cancer.

Furthermore, the PPG had planned an event for the PPG Awareness Week, and had confirmed that another group would be attending to learn more about the work between the PPG and practice staff.

The practice had also gathered feedback from staff through surveys, staff meetings, appraisals, discussion and away days. Staff 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 practice. Staff we spoke to spoke highly of the bespoke in-house face to face training delivered on topics identified through performance management and appraisal processes.

A staff survey undertaken in June 2015 showed positive feedback from both clinical and non-clinical members of staff. For example, the results illustrated that staff felt valued, involved in their work and safe in their environment.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had engaged with the Age UK GP pilot scheme. Following the pilot scheme, the practice had organised for an Age UK representative to be available at the practice once a week to support older patients with non-clinical needs and to signpost them to relevant agencies. We received positive feedback about this service. Furthermore, the practice was involved in the design and implementation of the Norfolk First Support GP Liaison Scheme to improve patient care at home and reduce unplanned hospital admissions.

The practice had undertaken a two day mock inspection in the last year to identify areas for improvement and development going forward. All members of staff and the PPG had taken part in this process. The practice had also

Are services well-led?

Outstanding



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

held a staff engagement event following their CQC pilot inspection to report on the findings, identify patients' priorities and suggestions for health promotion event topics.

The practice held a robust log of staff competencies, and was proactive in organising bespoke training to ensure patient safety. For example, the practice had identified a staff member's gap in knowledge as a significant event. The practice had arranged for the member of staff to attend an educational course and to shadow staff at the local Accident and Emergency Department to improve their knowledge and skills of minor injury assessment.

The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the practice was in the process of opening a community hub in the

previous branch's surgery premises. This was planned to house both local public and third sector organisations. This was aimed to improve collaborative care and provide greater convenience for patients, with a 'no wrong door' ethos and to facilitate integration of health and social care services to support the aims of the Five Year Forward View for the NHS. The practice had led a scoping exercise of local service providers to inform the community hub plan, to identify need and seek commitment to the proposal. The practice had also developed an infographic to clearly illustrate the services which would be readily available to the public.

In addition to this, the practice was active in training apprentices. We spoke to an apprentice on the day of inspection who felt very well supported by the practice, and was keen to develop their career in healthcare further.