

Harleston Medical Practice

Inspection 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 location

Outstanding 

Are services safe?

Outstanding 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Outstanding 

Overall summary

We carried out an announced comprehensive inspection at Harleston Medical Practice on 1 February 2019 as part of our inspection programme. Our inspection team was led by a CQC inspector and included a GP specialist advisor and a member of the medicines team.

We previously inspected the practice in April 2016 we rated the practice outstanding, and outstanding for providing safe and well led services. At the last inspection in November 2017, we rated the practice as requires improvement for providing responsive services because

- The practice did not have clear oversight of the Hepatitis B immunity of all staff.
- The practice did not have complete oversight of the clinical and non-clinical governance within the practice to ensure good patient outcomes were delivered. For example, the system for recording when children did not attend their hospital appointments was not well maintained to ensure future monitoring.
- The practice did not evidence that they had effective systems to monitor all exception reporting.

At this inspection, we found that the provider had addressed these areas and showed evidence of improved outcomes for patients as a result.

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

I have rated this practice as outstanding overall.

This means that:

- The practice demonstrated outstanding leadership as senior clinicians and management team overcame previous difficult circumstances and the disappointment of the requires improvement rating of our previous inspection. They had reflected and planned and ensured they and the practice staff were motivated to make, further improve and sustain the improvements needed.
- People were protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.

- The practice had taken significant steps to improve patient access to GPs. They had installed a new telephone and appointment system. Patient surveys they had undertaken showed a significant improvement in positive patient's experiences.
- There was a truly holistic approach to assessing, planning and delivering care and treatment to all people who use services.
- The practice had identified areas where there were gaps in provision locally and had taken steps to address them.
- There was a strong person-centred and open culture in which all safety concerns raised by staff and patients was highly valued as being integral to learning and improvement. Learning was based on a thorough analysis and investigation of things that went wrong. Opportunities for learning from external safety events was also identified and used.
- Patients were supported, treated with dignity and respect and were involved as partners in their care.
- People's needs were met by the way in which services were organised and delivered.
- The leadership, governance and culture of the practice promoted the delivery of high quality person-centred care.

We rated the practice as **outstanding** for providing safe services because:

- The systems to manage and share information that is needed to deliver safe and effective care, treatment and support were co-ordinated, provided real time information across the practice and supported integrated care for patients who use the services. We saw evidence where the provider had used external information to safeguard patients.
- All staff were proactively involved in developing and embedding systems and processes to protect patient safety. All staff we spoke with had an in-depth knowledge of safety systems including safeguarding, infection prevention and control and health and safety.
- Staff ensured safe care was delivered in line with local and national guidance and in addition they also contributed, as a team, to development of local guidance. For example, the practice had invested in a clinical system and designed a search criterion which enabled them to use and develop a system to ensure patients with high risk of developing sepsis were proactively managed. Patients who presented with

Overall summary

symptoms of an infection were screened using the National Early Warning Score (NEWS). The practice encouraged this data collection with the use of a league table on clinician's performance, since June 2018, the practice had completed 664 NEWS scores. Learning from this work was shared with the CCG and the Royal College of General Practice.

- Compliance with medicines policy and procedure was routinely monitored and action plans were always implemented promptly. We saw evidence where the monitoring of medicines obtained from other sources such as online websites had resulted in appropriate actions taken to safeguard the patient and other health professionals.
- There was an open culture in which all safety concerns raised by staff and patients were highly valued as being integral to learning and improvement. Learning was based on a thorough analysis and investigation of things that went wrong. Opportunities for learning from external safety events was also identified, used and shared within the practice and with external stakeholders.

We rated the practice as **outstanding** for providing effective services because the rating for the populations groups of working age people (including those recently retired and students) and people experiencing poor mental health (including dementia) were rated as outstanding. This was because;

- Over the past 12 months the practice had a programme of education and engagement for patients to understand the benefits of screening, to attend their appointment and to return screening kits for the national cancer screening programme. The practice had been proactive in following up patients who had declined their appointments or had not returned their screening kit and been able to show an additional 99 patients had completed the screening process as a result of this work.
- Practice staff were consistent in supporting patients to live healthier lives by using every contact with patients to do so and ensuring face to face reviews were undertaken even if this involved multiple home visits. This had resulted in 100% performance in some outcomes for patients with poor mental health or dementia.

In addition:

- There was a truly holistic approach to assessing, planning and delivering care and treatment to patients. Patients had good outcomes because they received effective care and treatment that met their needs. They used every contact with patients as an opportunity to do so. We saw examples of this proactive approach resulting in early diagnosis and treatment.
- The continuing development of staff's competence and knowledge was recognised as being integral to ensure high quality care. Staff were proactively supported and encouraged to acquire new skills and share best practice. GPs gave weekly education sessions to the nursing team and joint appointments with patients were routinely undertaken.
- Systems and processes around consent were actively monitored and reviewed to ensure patients are involved in making decisions about their care and treatment.

We rated the practice as **good** for providing caring services.

We rated the practice as **good** for providing responsive services.

We rated the practice as **outstanding** for providing well-led services because:

- The clinically driven leadership, governance and culture was used to drive and improve the delivery of high quality person-centred care. There was inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience capacity and capability needed to deliver excellent and sustainable care.
- The practice ensured clinical leadership and gave staff including nurses protected time to ensure they proactively managed patients, systems and processes.
- There was clear joint working between the clinical team members with GPs supporting and leading education and development with the nursing team.
- The leaders had a deep understanding of issues, challenges and priorities in their practice and in the wider health system.
- There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against strategy and plans.
- Staff were proud of the practice as a place to work and spoke highly of the culture. There was a strong team-working and support across all areas and a common focus on improving the quality and sustainability of care and patient's experience.

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- There was a demonstrated commitment to best practice performance and risk management of systems and processes.
- The practice processes and systems to ensure patients and staff were kept safe from harm were robust and demonstrated good practice.
- There was demonstrated commitment at all levels to sharing data and information safely to drive and support decision making including system wide working and improvement.

We saw several areas of outstanding practice including:

- We saw a comprehensive, innovative and proactive approach to managing sepsis by minimising delays in the practice. The practice was in a rural location where there could be delays in patients getting to hospital quickly. The practice had undertaken a National Early Warning Score (NEWS) on 644 patients who had presented with an infection during the past 12 months.

Daily searches identified the patients at high risk and staff, including out of hours staff, were made aware in case the patient contacted them. Prior to the Christmas closure and as part of their winter pressures management of vulnerable patients, the practice telephoned all patients identified at risk (score of three or above) to ensure they were well and gave advice should they develop symptoms. We were given evidence to show this proactive work had led to patients receiving preventative/in case prescriptions for antibiotics to obtain medicine to use if their symptoms worsened. The GPs followed up these patients when the practice re opened.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and a GP specialist advise and a medicines optimisation specialist advisor.

Background to Harleston Medical Practice

Harleston Medical Practice is a purpose-built practice situated in Harleston, Norfolk. The practice provides services for approximately 8,272 patients. It holds a General Medical Services contract with South Norfolk clinical commissioning group (CCG). The practice is a dispensing practice and dispenses medicines to patients that live more than a mile from a pharmacy.

The practice team consists of three male GP partners and two GP locums (male) who work regular sessions and a pharmacist. There are three practice nurses (two female and one male), two health care assistants, and a phlebotomist. A management team is led by a practice manager who is supported by an assistant manager who has a dual role as dispensary manager, a project manager and a contracts manager. We noted that the assistant practice manager was leaving shortly after our inspection. It also has teams of dispensary, reception and secretarial staff.

Harleston Medical Practice is open from Monday to Friday. It offers appointments from 8.30am to 1pm and 2pm to 6.30pm daily. Extended hours appointments are available between 6.30pm and 8.30pm on Mondays. The practice works with other local practices and on a rota basis and is sometimes the practice where patients can access evening and weekends appointments. Out of hours care is provided by the NHS 111 service via Integrated Care 24.

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 average life expectancy for males is 82 years compared with the CCG average of 81 years and the national average of 79 years. The average life expectancy for females is 84 years compared with the CCG average of 84 years and the national average of 83 years.