

# East Harling & Kenninghall Medical Practice

## 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?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at East Harling and Kenninghall Medical Practice on 1 June 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- The practice had a patient focused culture that ensured risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was consistently positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their

treatment. Data from the National GP Patient Survey published in January 2016 showed that patients rated the practice higher than others for several aspects of care.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt well supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice:

- The practice worked alongside a local residential school for children with autism. The practice recognised that the clinical environment could be

# Summary of findings

difficult for these patients, and liaised with the school to find out how the process could be improved. The practice held a dedicated quieter time for these patients to attend appointments, and were in the process of collecting photographs of key staff to be given to the school to help students familiarise themselves with practice staff. Furthermore, the practice were undergoing personalised training from the school on how they can best meet the needs of the students.

- The practice had undertaken a two cycle audit on children who did not attend appointments, and developed a safeguarding risk assessment process for those who did not attend.
- The practice manager had participated in a study undertaken by Healthwatch Norfolk that examined how war veterans accessed primary care. This had led to the practice manager drafting their war veterans policy, which was then adopted by Healthwatch groups throughout the county.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The practice had undertaken a two cycle audit on children who did not attend appointments, and developed a safeguarding risk assessment process for those who did not attend.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.

Good



### 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 in line with local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance. There was a clear training programme in place, and staff were encouraged to attend outside training events.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff. Staff felt that appraisals were beneficial to their performance.
- 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 higher than others for several aspects of care. For example, 100% of patients surveyed said they had confidence and trust in the last GP they saw.

Good



# Summary of findings

- Feedback from patients about their care was consistently positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice offered an in-house anticoagulation service, meaning that patients could receive care closer to home.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Data from the National GP Patient Survey published in January 2016 showed that 85% of patients surveyed found it easy to get through to the practice by phone, compared to the CCG average of 72% and the national average of 73%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had an engaged patient participation group (PPG) which influenced practice development.
- There was a strong focus on continuous learning and improvement at all levels.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.

# 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

Good



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

- The practice worked alongside the Frail and Elderly Team funded by the CCG to lower emergency admissions to hospital and increase the support in the community for frail and vulnerable patients.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- GPs at the practice carried out regular visits to a local care home.
- The practice triaged all home visit requests to facilitate earlier visits where hospital admission may be an outcome.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were above local and national averages.

### People with long term conditions

Good



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

- Both GPs and 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 showed that performance for diabetes related indicators was 83%, which was below the CCG average by 9% and the national average by 6%. Exception reporting for diabetes related indicators was 5%, 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).

# Summary of findings

- The practice held clinics with a diabetic nurse facilitator, and offered an in-house insulin conversion service. This was funded by the practice and led by a practice nurse who had received additional training in diabetes care.
- Longer appointments and home visits were available when needed.
- Patients with complex needs had a named GP and a structured annual review to check their health and medicines needs were being met. There was a robust recall system in place to ensure that patients were invited and attended annual reviews.
- 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.

## Families, children and young people

Good



The practice is rated as good for the care of families, children and young people. It is rated as outstanding for providing responsive care to this population group.

- 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.
- The practice had undertaken a two cycle audit on children who did not attend appointments, and developed a safeguarding risk assessment process for those who did not attend. Furthermore, the practice introduced a new system for booking immunisation appointments that allowed parents improved flexibility in scheduling an appointment. The results of this audit showed a 33% reduction in children not attending appointments.
- Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 77%, which was below the CCG average of 84% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked alongside a local residential school for children and young adults with autism. The practice

# Summary of findings

recognised that the clinical environment could be difficult for these patients, and liaised with the school to find out how the process could be improved. The practice held a dedicated quieter time for these patients to attend appointments, and were in the process of collecting photographs of key staff to be given to the school to help students familiarise themselves with practice staff. Furthermore, the practice were undergoing personalised training from the school on how they can best meet the needs of the students.

- The practice offered a full range of contraception services and chlamydia screening.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

Good



The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years.
- Extended hours appointments were available between 8.30am and 12pm every other Saturday. This time had been chosen following patient feedback.

## People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, and held six weekly multidisciplinary team meetings.

# Summary of findings

- 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.
- The practice manager had participated in a study undertaken by Healthwatch Norfolk that examined how war veterans accessed primary care. This had led to the practice manager drafting their war veterans policy, which was then adopted by Healthwatch groups throughout the county.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

Good



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

- 75% of patients diagnosed with dementia had received a face to face care review in the last 12 months, which was below the CCG average of 86% and the national average of 84%. The practice had not excepted any patients from this service.
- 77% of patients experiencing poor mental health had a comprehensive care plan, which was below the CCG average of 90% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, such as the local Wellbeing Service.
- 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 significantly above local and national averages in all areas. 234 survey forms were distributed and 121 were returned. This represented a 52% completion rate.

- 85% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 87% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).
- 80% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG and national averages 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all very positive about the standard of care received. Eight comment cards noted that there was sometimes a long wait for a non-urgent appointment, but stated that the care received by the practice staff was of a high standard. Patients felt that the practice provided an efficient, responsive and caring service, praising both individual members of staff and the practice as a whole.

We spoke with eight patients during the inspection. All eight patients said the care they received was 'excellent', and that staff were approachable, committed, friendly and caring. Patients told us that staff treated them with respect and dignity at all times.

# East Harling & Kenninghall 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 second CQC inspector.

### Background to East Harling & Kenninghall Medical Practice

East Harling and Kenninghall Medical Practice is a two-site practice situated in the villages of East Harling and Kenninghall, Norwich. The practice provides services for approximately 7,994 patients. It holds a General Medical Services contract with South Norfolk CCG.

According to information taken from Public Health England, the patient population is in line with the practice average across England. However, there is a lower than average number of patients aged between 20 and 39. The practice is situated in an area with a low level of socio-economic deprivation.

The practice team consists of two male GPs, three female GPs, a practice manager, an assistant practice manager, three practice nurses, an emergency care practitioner and two healthcare assistants. It also has teams of reception, administration, secretarial and dispensary staff.

East Harling and Kenninghall Medical Practice is open from Monday to Friday. It offers appointments at its East Harling site between 8.30am and 6pm daily. Appointments at the Kenninghall site are available between 8.30am and 6pm on

Mondays, Tuesdays, Thursdays and Fridays, and between 8.30am and 1pm on Wednesdays. Extended hours appointments are available every other Saturday between 8.30am and 12pm at alternate sites. Out of hours care is provided by IC24 via the 111 service.

### Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 June 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
- Reviewed an anonymised sample of the personal care or treatment records of patients.

# Detailed findings

- 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 to identify trends and make changes when necessary.

We reviewed safety records, incident reports, patient safety alerts, including those from the Medicines and Healthcare Products Regulatory Authority (MHRA), and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. The practice had undertaken an audit of bariatric safety following a safety alert cascaded from the Central Alerting System.

The practice also recorded exemplary practice within its significant event log. For example, a healthcare assistant was commended for her quick response to a patient presenting with symptoms of a stroke.

### 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. All clinical staff were trained to child safeguarding level three. The practice had undertaken a two cycle audit on children who did not attend appointments and developed a safeguarding risk assessment process for those who did not attend. Furthermore, the practice introduced a new system for booking immunisation appointments that provided parents with improved flexibility in scheduling an appointment. The results of this audit showed a 33% reduction in children not attending appointments.
- 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 practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training every six months. Six monthly infection control audits were undertaken alongside two yearly handwashing audits. We saw evidence that action was taken to address any improvements identified as a result of audit.
- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken prior to staff's employment. For example, proof of their identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Medicines management

There were clear operating procedures in place for the dispensary that accurately reflected practice. Dispensary

## Are services safe?

staff recorded significant events and described a comprehensive system for their analysis and review. Dispensary staff used an error log to record near-miss or picking errors that allowed trends to be identified.

All repeat prescriptions were signed before the medicines were given to patients. Dispensary staff could identify when a medicine review was due and explained that they would alert the relevant GP before issuing the prescription if the review was out of date. There was a comprehensive programme of medicine audits at the practice and there were systems in place to ensure people received the appropriate monitoring required with high risk medicines.

All dispensary staff had received appropriate training and held qualifications in line with the requirements of the Dispensary Services Quality Scheme (DSQS), a national scheme that rewards practices for providing high quality services to patients of their dispensary. Dispensary staff had annual appraisals leading to production of development plans as well as annual competency checks.

The practice held stocks of controlled drugs (CDs) (medicines that require extra checks and special storage requirements because of their potential for misuse) and had in place suitable arrangements for the storage, recording and destruction of CDs. For example, access to the CD cupboard was restricted and keys held securely, and there were appropriate arrangements in place for the destruction and recording of both patient returned and out of date CDs. Dispensary staff told us they understood how to investigate a CD discrepancy and were aware of how to contact the regional CD accountable officer.

Medicines were stored securely in the dispensary and access was restricted to relevant staff. Dispensary staff checked stock to ensure medicines were within their expiry date on a monthly basis. All of the medicines we checked were within their expiry date. Staff checked the temperatures in the dispensary fridges daily which ensured medicines were stored at the appropriate temperature. Dispensary staff knew what to do in the event of a fridge failure.

Blank prescription forms were held securely on arrival in the practice and records were held of the serial numbers of the forms received. Staff had a process for tracking prescription stationery through the surgery.

The practice had a longstanding medicine delivery service for patients in outlying villages who requested home delivery. The delivery driver was employed by the practice and had an appropriate confidentiality agreement and DBS check in place.

A comprehensive list of patient group directions (PGDs) had been written to develop the scope of practice for the emergency care practitioner (ECP) working within the practice. These were overseen by a GP who acted as a mentor for the ECP. Practice nurses also used a range of PGDs, for example, when administering immunisations.

### 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 of both sites which identified local health and safety representatives. Practice staff received regular health and safety training, which was bespoke to the practice.
- 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.

## Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in the treatment rooms on both sites.
- Both sites had a defibrillator available on the premises and oxygen with adult and children's masks. First aid kits and accident books were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- 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 92% of the total number of points available, with 7% exception reporting. 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 83%, which was below the CCG average by 9% and the national average by 6%. Exception reporting for these indicators was 5%, which was lower than the CCG average of 12% and the national average of 11%. The practice had recently introduced monthly clinics with a diabetic nurse facilitator, and offered an in-house insulin conversion service. This was funded by the practice and led by a practice nurse who had received additional training in diabetes care.
- Performance for chronic obstructive pulmonary disease related indicators was 100%, which was above the CCG average by 3% and the national averages by 4%. Exception reporting for these indicators was 11%, which was lower than the CCG average of 13% and the national average of 12%.
- Performance for mental health related indicators was 93%, which was below the CCG average by 2% and in

line with the national average. Exception reporting for these indicators was 12%, which was lower than the CCG average of 15% and higher than the national average of 11%.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Clinical audits demonstrated quality improvement. Clinical audits had been completed in the last year, two 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 bisphosphonates (a medicine used to slow down or treat bone damage).

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 topics including as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of their 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 scope of their work. This included ongoing support,

# Are services effective?

## (for example, treatment is effective)

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.

### 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 six weekly 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 process for seeking consent was monitored through patient records audits.

### 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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 77%, which was below the CCG average of 84% and 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 79% of the target population, which was below the CCG average of 80% and above the national average of 72%. Furthermore, the bowel cancer screening rate for the past 30 months was 67% of the target population, which was in line with the CCG average and above the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds in 2014/2015 ranged from 92% to 100% and five year olds from 89% to 95%.

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.

# 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 32 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 three members of the patient participation group (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 patients felt they were treated with compassion, dignity and respect. The practice was generally above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the CCG and national averages of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG and national averages of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.
- 85% 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%.

- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 96% 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%.
- 84% 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%.
- 83% 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%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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

## Are services caring?

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 144 patients as carers (2% of the practice list).

Staff told us that families who had suffered bereavement were contacted by their usual GP. This was either by a telephone call or in writing in the form of a sympathy card with a personalised message. The consultation was made available at a time and location to meet the family's needs.

# 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 offered an in-house anticoagulation service, meaning that patients could receive care closer to home.

- The practice offered extended hours' appointments on alternate Saturday mornings for patients who could not attend during normal opening hours.
- There were longer appointments available for patients who required one.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. Advice was offered on which vaccinations were required and where non NHS vaccinations could be obtained.
- There were disabled facilities, a hearing loop and translation services available.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, services for carers 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 advice and signposting 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.
- The practice identified and visited the isolated, frail and housebound regularly. Chronic disease management was provided for vulnerable patients at home and the practice was active in developing care plans and admission avoidance strategies for frail and vulnerable patients.

### Access to the service

Both practice sites were open from Monday to Friday. Appointments were available at the East Harling site between 8.30am and 6pm daily. Appointments at the Kenninghall site were available between 8.30am and 6pm on Mondays, Tuesdays, Thursdays and Fridays, and between 8.30am and 1pm on Wednesdays. Extended hours appointments were available every other Saturday between 8.30am and 12pm at alternate sites. Out of hours care was provided by IC24 via the NHS111 service.

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

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and the national average of 75%.
- 85% 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%.

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

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints 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. Complaints were shared with staff to encourage learning and development. Furthermore, the practice manager analysed the topics of complaints to accurately identify trends. This led to changes in practice when required.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice's aim was 'to provide personalised, high quality healthcare that is both appropriate and safe for our patients.' The practice endeavoured to achieve this by 'treating our patients, as we would wish to be treated ourselves, with respect, dignity and courtesy. Our emphasis is to be responsive to our patient's needs whilst managing their expectations.'

The practice had a robust strategy and supporting business plans, which reflected the vision and values and were reviewed annually with all staff and the PPG. There was a proactive approach to succession planning in the practice. The practice had clearly identified potential and actual changes to practice, and made in depth consideration to how they would be managed.

The practice manager and partners held active roles outside of the practice, for example, the practice manager worked with the Local Medical Council and was engaged with the local and neighbouring clinical commissioning groups.

In addition to this, the practice manager had participated in a study undertaken by Healthwatch Norfolk that examined how war veterans accessed primary care. This had led to the practice manager drafting their war veterans policy, which was then shared with practices throughout the county.

### 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 six weekly. 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.

### Leadership and culture

On the day of inspection the partners 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 were approachable, friendly and supportive.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. This included support training for all staff on communicating with patients about notifiable safety incidents.

There was a clear leadership structure in place and staff felt supported by management. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted the team also held regular social events. 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 three members of the group, who were proactive in developing the group further and supporting practice staff to achieve good outcomes for patients. They reported that the suggestions made by the PPG to improve

# Are services well-led?

Good 

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

the service were listened to and acted upon by the practice. The PPG had recently commenced a quarterly newsletter for patients, with practice news, health education topics and useful contact numbers.

The practice had also gathered feedback from staff through 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. For example, a time off in lieu policy had been created in consultation with staff.

## **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, such as the point of care anticoagulation testing service.

Furthermore, we found that staff working at the practice were encouraged to develop their skills. For example, practice nurses were given protected learning time and attended training courses for the management of long term conditions. The staff we spoke with felt well supported any training undertaken, and commented that education was prioritised in the practice. The practice had developed a healthcare training package for the newly recruited ECP, which was comprehensive and included strong GP mentorship.