

Blofield Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12

Detailed findings from this inspection

Our inspection team	13
Background to Blofield Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Blofield Surgery on 29 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system was in place for reporting and recording significant events and complaints. However, we noted that the learning extracted from the events was not comprehensive and therefore opportunities to minimise risks to patients were missed.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it relatively 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 supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice used a range of assessments to manage the risks to patients.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- The practice should put systems in place to record the movement of medicines stock throughout the practice and dispensary to ensure an audit trail for all medicines.
- The practice should ensure there are effective systems in place to identify trends and training needs from significant events and complaints

Summary of findings

- Ensure there is a regular programme of two cycle audits undertaken by clinicians.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events. We saw a system that showed the practice responded to significant events and complaints. However, we noted that the learning extracted from the events was not comprehensive and opportunities were missed to minimise risks to patients.
- When things went wrong patients received reasonable support, truthful information, and a written apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Annual infection control audits had been undertaken and we saw evidence of audits and action plans to address any improvements identified as a result. Shorter audits to check cleanliness were also undertaken with improvement seen in each audit.
- The practice had a legionella policy and documented risk assessment in place.
- The practice ensured all medicines needing cold storage were kept in an appropriate fridge.
- Staff recruitment checks had been undertaken prior to employment including, photographic proof of identification and qualifications, registration with the appropriate professional body and appropriate checks through the Disclosure and Barring Service (DBS) had been carried out on all appropriate staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All members of staff who acted as chaperones had received a DBS check.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and utilities.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Performance for asthma, atrial fibrillation,

Summary of findings

cancer, chronic obstructive pulmonary disease, depression, epilepsy, heart failure, hypertension, learning disabilities, palliative care and rheumatoid arthritis were all above or in-line with clinical commissioning group (CCG) and national averages with the practice achieving 100% across each indicator.

However, the rate of exception reporting for some indicators was higher than both CCG and national averages, (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)

- 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.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example:
- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.
- Information for patients about the services available was easy to understand and accessible.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 97 patients as carers (2% of the practice list). The practice had a protocol for the identification of carers and a mechanism for the referral of carers for support, which included for young carers under 21 years. Written information was available to direct carers to the various avenues of support available to them and the practice had a dedicated staff member for carers.

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.
- Appointments were available outside school and core business hours to accommodate the needs of children and working people.
- 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 required same day consultation. Telephone appointments were available to patients if required.
- The practice provided a delivery service of medication for patients who found it difficult to attend the practice.
- Patients said they generally 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.
- 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. However, we noted that the learning extracted from complaints was not comprehensive and opportunities were missed to minimise risks to patients. In addition the practice did not log verbal feedback or audit complaints received over a period of time; the opportunity to learn from trends and prevent further complaints was not used.

Good



Are services well-led?

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

Good



Summary of findings

- 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.
- 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 patient participation group (PPG) was active with a new virtual group running alongside the PPG group to encourage widespread patient comment.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. All home visits were triaged by a clinician to prioritise visits and ensure appropriate clinical intervention.
- The practice would contact all patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- The practice offered health checks for patients aged over 75.
- 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

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. There was a dedicated member of staff who oversaw all recalls for patients with long term conditions and liaised with the nursing team to ensure patients were reviewed.
- Performance for diabetes related indicators was better in comparison to both the CCG average of 93% and the national average of 89% with the practice achieving 96%, with an 11% exception reporting. This was in line with the CCG average of 12% and the England average of 11%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



Summary of findings

- 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 undertook quarterly safeguarding meetings with the practice GP lead and deputy, management and the administration officer. A did not attend policy had been developed for children who missed appointments to ensure the practice had oversight of their care and treatment. Monthly meetings were held between the GP safeguarding lead and health visitors.
- Childhood immunisation rates were comparable to CCG/ national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 63% to 99%, which was comparable to the CCG range of 70% to 99% and five year olds from 67% to 100%, which is comparable to the CCG range of 70% to 98%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 85%, which was above the CCG average of 77% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Appointments were available before and after usual working hours as well as during the day. Telephone appointments were available in addition to on-line appointments and repeat prescription requests, on-line prescription enquiries and emails.

Good



Summary of findings

- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The bowel cancer screening rate for the past 30 months was 70% of the target population, which was above the CCG average of 65% and the national average of 58%. The breast cancer screening rate for the past 36 months was 83% of the target population, which was above the CCG average of 80% and the national average of 72%.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. The practice had identified 40 patients with a learning disability on the practice register, 30 of these patients where a health check was appropriate. 21 of these patients had received a health check with invitations sent to the remaining patients
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. The practice undertook quarterly meetings to discuss vulnerable adults and met monthly with the health visitor to review vulnerable children and families.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 80%. This was comparable to the CCG average of 82% and the national average of 84%. At the time of our inspection the practice had invited 55 patients identified as having dementia for a health

Summary of findings

check, of these 37 had undergone a review since April 2016, others were scheduled with an appointment or had declined. The practice referred patients to various support services as required.

- Performance for mental health related indicators was better in comparison to both the CCG average of 96% and the national average of 92%, with the practice achieving 98%. However, the practice had an exception reporting rate of 42% for this indicator, which was higher than the CCG average of 20% and the national average of 11%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice patient participation group (PPG) had organised a talk for patients and carers by the director of the Norfolk and Suffolk Dementia Alliance about the incidence and contributing causes of dementia.
- 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 July 2016. The results showed the practice was performing above local and national averages. 215 survey forms were distributed and 145 were returned. This represented a 67% response rate.

- 96% of patients found it easy to get through to this practice by phone compared to the CCG average of 78% and the national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 90% and the national average of 85%.
- 96% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. 21 of the 22 comment cards we received were positive about the service experienced; however one card also raised concern about appointment availability. One card expressed dissatisfaction with the service. Other patients said they felt the practice offered an excellent service and staff were professional, helpful, caring and treated them with great dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with seven patients and two 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.

Areas for improvement

Action the service SHOULD take to improve

- The practice should put systems in place to record the movement of medicines stock throughout the practice and dispensary to ensure an audit trail for all medicines.
- The practice should ensure there are effective systems in place to identify trends and training needs from significant events and complaints
- Ensure there is a regular programme of two cycle audits undertaken by clinicians.

Blofield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Blofield Surgery

Blofield Surgery is located in Blofield, a rural village seven miles east of Norwich, Norfolk. The practice is run by a partnership of two male GPs. The practice employs three salaried GPs, a nurse practitioner and a nurse prescriber, a practice nurse lead and a practice nurse and a health care assistant. The clinical team is supported by a practice manager, a dispensary manager, a deputy practice manager, a practice administrator and two administration officers. There are teams of dispensers, administrative and reception staff, medical secretaries, cleaning staff and an apprentice. The practice dispenses to over 91% of its patients.

The registered practice population of 6,208 are predominantly of white British background, and the practice deprivation score is low compared with the rest of the country. According to Public Health England information, the practice age profile has higher percentages of patients from 5 to 19 years and over 40 to 85+ years compared to the practice average across England. It has lower percentages of patients between the ages of 0 – 5 years and 20 to 39 years.

The practice is open between 8am and 6.30pm Monday to Friday. GP appointments are from 8.30am to 10.30am every morning and 3.30pm to 5.20pm daily. Nurse appointments

are from 9am to 1pm every morning and 2pm to 5.15pm daily, with phlebotomy appointments daily from 8.10 am to 10.40am. Extended hours appointments are offered in the form of telephone appointments between 7.30am and 8 am Monday, Tuesday, Thursday and Friday. These telephone appointments are provided by the two GP partners and can be booked via reception. Once an appointment is made the GP will call the patient at an allotted time between 7.30am or 7.45am.

GPs also conduct telephone consultations from 11.30am daily to discuss urgent medical matters. In addition to pre-bookable appointments that can be booked up to eight weeks in advance, urgent appointments are also available for people that need them. The practice operates a system where there are same day appointments available with the nurse practitioner and the nurse prescriber with other appointments available with the practice nurse and health care assistant for emergencies. The dispensary is open from 8am to 1pm and 2.30pm to 6.30pm Monday to Friday. Prescription requests can be made on-line, by post, at the dispensary front desk or by using the dispensary post box.

The practice holds a General Medical Services (GMS) contract to provide GP services which is commissioned by NHS England. A GMS contract is a nationally negotiated contract to provide care to patients. The practice offers a range of enhanced services commissioned by their local CCG: including improving patient on-line access, extended hours access and support for people with dementia. Out of hours care is provided via the NHS 111 service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

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 29 September 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.
- 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 a system in place for reporting and recording significant events.

- Staff told us they would inform their manager or 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, detailed information and a written apology.
- The practice carried out an analysis of the significant events. However, there was scope to improve the analysis to ensure training needs were identified.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed. We saw a system that showed the practice responded to significant events and complaints. However, we noted that the learning extracted from the events was not comprehensive and opportunities were missed to minimise risks to patients. For example, where the wrong medication was given to a patient the learning need identified was the inconvenience to the patient having to attend the practice a second time and the requirement for any staff training needs had not been identified.

We saw evidence that where lessons were identified they were shared with staff and action was taken to improve safety in the practice. However, we noted that the practice did not keep a log of significant events or complaints and there was no oversight or audit of these to ensure that trends and training needs were identified and actions from these was completed to prevent these happening again.

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 and nurses were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All 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. The 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. Annual and six monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Managing medicines

The dispensary was open from 8am to 1pm and 2.30pm to 6.30pm Monday to Friday. Prescription requests could be made on-line, by post, at the dispensary front desk or by using the dispensary post box. The practice had signed up to the Dispensing Services Quality Scheme (DSQS) which rewards practices for providing high quality services to patients of their dispensary. As part of this scheme the practice had to ensure that face to face reviews with 10% of

Are services safe?

patients are carried out to assess compliance and understanding of the medicines being prescribed. The dispensers confirmed that they carried out 60% of the reviews and the GP's carried out 40%.

The surgery building was covered by a security alarm system which included the dispensary. The dispensary had air conditioning and there was a room temperature gauge which was checked twice daily and appropriate records kept.

There was a pharmaceutical refrigerator for the storage of patient medications and drugs which needed to be kept at low temperatures. The refrigerator was secure and the temperature was monitored regularly using two monitoring gauges. The readings were recorded and a process was in place should the cold chain be broken. Medicines were stored securely and in a clean and tidy manner and were within their expiry date. The dispensary had a process by which dispensary staff were able to immediately order supplies as soon as stocks became low.

The dispensing staff ensured that all prescriptions were signed by a GP prior to medication being dispensed. Processes were in place for the review of high risk medicines. Scanning technology was used for both the receiving and dispensing of medicines. The dispensary was able to evidence their Standard Operating Procedures (SOPs) which were dated and signed by all appropriate staff (these are practice specific written instructions about how to dispense medicines safely). The practice offered a medicine delivery service which was undertaken by two members of staff, and SOPs were in place for this service. We saw that all SOPs had been reviewed annually.

Five members of staff who were involved in the dispensing process had achieved the appropriate National Vocational Qualification (NVQ) level two diplomas, one was currently undertaking the NVQ level two diploma, and one member of staff had achieved NVQ level three. Staff had also received ongoing training including controlled drugs, repeat prescriptions, basic life support training and fire training. There was a named GP responsible for the dispensary and monthly meetings took place with the dispensary manager to discuss issues relating to dispensing procedures, policies, concerns or incidents. Records were kept of any 'near misses' and significant events that had taken place, although there was not a robust procedure to evidence that learning outcomes had been discussed or trends identified.

The pharmacy held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and there were procedures in place to manage them safely. There was also a procedure for the destruction of controlled drugs and the relevant paperwork was completed and signed as required. Controlled drugs were kept securely and regular monthly stock checks were carried out. Only authorised personnel were able to access the controlled drugs.

Medicines required by the surgery for use within the practice were obtained from the pharmacy although no records were kept of what was being used or how often stocks were replenished, therefore no audit trail for all medicines was carried out.

The dispensary kept records of the medicines in each individual GP bag and these were replenished as necessary and records updated. Checks were undertaken to ensure that the contents of each bag married up to the record held on the computer system.

Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were received by the dispensary manager and immediately acted upon (this is a government agency which approves and licenses medicines, allowing them to be prescribed in the UK. The principal aim of the agency is to safeguard the public's health). The MHRA alert was then signed, dated and sent back to the practice manager.

Dispensing patients had the choice of collecting their medication from the dispensary or other local pharmacy. The practice dispensed to approximately 91% of their patients. The prescriptions were sorted depending upon where the patient had specified collection. A book was kept for prescriptions being collected by other pharmacists and this was dated and signed upon collection.

There was a standard operating procedure for the preparation of monitored dosage systems (these are boxes containing medications organised into compartments by day and time in order to simplify the taking of medications). The preparation of boxes was undertaken in a separate room to the dispensary to ensure there were no distractions. The dispensary produced approximately 70 boxes per week.

Are services safe?

Unwanted and expired medications were disposed of in line with waste regulations and confidential waste was appropriately handled. There was a private area available in which patients could discuss any areas of concern or queries.

There was good communication between the pharmacy and the GPs, and changes to medication were checked with a GP before dispensing. This could be due to a patient attending hospital and a consultant making changes or additions. The dispensary provided information for patients on the medications being dispensed.

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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- 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 were 98% of the total number of points available, with 12% 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 was one percentage points above the local CCG average and two percentage points above national averages.

Performance at this practice was in line with or better than other practices within the CCG and nationally. However, exception reporting rates were higher than average for some QOF indicators.

Data from 2014/15 showed:

- Performance for diabetes related indicators was better in comparison to both the CCG average of 93% and the national average of 89%, with the practice achieving 96% with an 11% exception reporting, which was better than the CCG average of 12% and the England average of 11%.
- Performance for mental health related indicators was also better in comparison to both the CCG average of

96% and the national average of 92%, with the practice achieving 98% with a 42% exception reporting, which was worse than the CCG average of 20% and the national average of 11%.

- Performance for asthma, atrial fibrillation, cancer, chronic obstructive pulmonary disease, depression, epilepsy, heart failure, hypertension, learning disability, palliative care and rheumatoid arthritis were all above or in-line with CCG and national averages with the practice achieving 100% across each indicator. However, the rate of exception reporting for some indicators was higher than both CCG and national averages. For example, exception reporting for asthma was 13% which was worse than the CCG average of 9% and a national average of 7%, and a 20% exception reporting rate for cancer which was worse than the CCG average of 19% and the national average of 15%. We looked at the practice QOF performance and exception reporting for the year 2015 to 2016 and saw that exception reporting for cancer was at 3% compared to the national average of 2%. Therefore in comparison to the previous year's 20% exception reporting there had been an improvement. We saw that of the 545 QOF points available for the year 2015 to 2016 the practice reported a 542 point achievement. This information had not been validated at the time of the inspection.

We discussed the higher rates of exception reporting for the QOF year 2014/2015 with the practice. The practice was not able to clarify all the reasons for the previous year's high exception reporting. We were told there were some instances such as reviews undertaken in hospital for patients with long term conditions such as COPD where the practice had not captured all the information from the review in the patient's records. The patient did not therefore attend the practice for a review and after three letters reminding the patient to attend a review at the practice an exception code was added to the patient's records. In addition to this, we were told where certain recommended treatments were not appropriate the practice would except the patient from the indicator. The practice continued to encourage attendance from patients for health and medication reviews to ensure they were not overlooked and agreed there was scope to improve their oversight of exception reporting.

The practice regularly monitored clinical data using a reflective review process and discussed and disseminated findings with clinical staff and relevant organisations.

Are services effective?

(for example, treatment is effective)

- Clinical audits had been completed in the last year; there were completed audits where the improvements made were implemented and monitored. These included completed audits on the use and monitoring of anticoagulation medicine used in the management of conditions such as myocardial infarction, atrial fibrillation and deep vein thrombosis. In January 2016 the practice identified 15 patients who met the criteria for the audit and reviewed the recording and care pathways of each patient. The results of the first audit evidenced that all 15 patients 100% had received the appropriate treatment and that this was recorded in their notes. The practice had identified three action points including ensuring when GPs changed review dates, time would be allocated to update the computer system and to inform patients, with time for new dosing sheets sent out to patients. The practice had planned to re-run this audit in June 2016; however this had not been completed. The practice recognised that their performance for the number of two cycle clinical audits needed to be improved.
- Other audits included reviews on the usage of long acting reversible contraception, vaccinations uptake such as shingles, meningitis and childhood immunisations, and an audit in dispensary of acute prescription items owed to patients. Although there were no significant findings from this audit it highlighted the importance of stock control in the dispensary and of re-ordering stock when items were used. The practice planned to re-run this audit in February 2017.
- The practice participated in non-clinical audits including data quality, and infection control. We saw evidence of repeated effective infection control audits where action plans evidenced on-going improvements. The practice also took part in local audits, national benchmarking, accreditation, peer review and research.
- 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 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. The practice had moved to a process of 360 degree appraisals for all members of staff. This is a process of appraisal which includes feedback from other members of staff and the people who work around them and includes a self-evaluation by the employee. This typically includes the employee's managers and peers. We saw that 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. For example the lead nurse provided training modules for all staff which included; infection control updates, safety alerts protocols and procedures, the maintenance servicing, calibration and use of equipment, hand hygiene, specimen handling, needle stick injuries, spillages, chaperones and the isolation of patients for infection prevention and control purposes.

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.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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

Are services effective?

(for example, treatment is effective)

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.
- There was a designated clinical member of staff responsible for identifying and recording all those patients who had an agreed deprivation of liberty in place (the Deprivation of Liberty Safeguards can only be used if a person will be deprived of their liberty in a care home or hospital. In other settings the Court of Protection can authorise a deprivation of liberty. Care homes or hospitals must ask a local authority if they can deprive a person of their liberty. This is called requesting a standard authorisation). This ensured the practice had a comprehensive register of all such vulnerable patients.
- 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:

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and sexual health advice. Patients were then signposted to the relevant service either internally (with a GP or nurse) or an external provider.

- There were special notes and reminders for clinicians on patient records to highlight patient's personal needs and circumstances. For example where vulnerable or if they had a named carer. The practice emergency admission rate was the second lowest for the locality.

The practice's uptake for the cervical screening programme was 85%, which was above the CCG average of 77% and the national average of 74%. 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 bowel and breast cancer screening. The bowel cancer screening rate for the past 30 months was 70% of the target population, which was above the CCG average of 65% and the national average of 58%. The breast cancer screening rate for the past 36 months was 83% of the target population, which was above the CCG average of 80% and the national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 63% to 99%, which was comparable to the CCG range of 70% to 99% and five year olds from 67% to 100%, which is comparable to the CCG range of 70% to 98%.

The practice had identified 40 patients with a learning disability on the practice register, 30 of these patients where a health check was appropriate. 21 of these patients had received a health check with invitations sent to the remaining patients. The percentage of patients experiencing poor mental health who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 89%. This was comparable to the CCG average of 89% and the national average of 88%. Of the 38 patients identified as experiencing poor mental health on the

Are services effective?

(for example, treatment is effective)

practice register and invited for a health check, 21 had received a health check in the past twelve months with appointments scheduled for the remaining patients in November 2016.

The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 80%, this was comparable to the CCG average of 82% and the national average of 84%. At the time of our inspection the practice had invited 55 patients identified as having dementia for a health check, of these 37 had undergone a review since April 2016, others were scheduled with an appointment or had declined. The practice referred patients to various support services as required.

The practice had administered flu vaccinations to 64% of patients aged over 65 years old and 67% of patients on the practice at risk register during the 2015 to 2016 flu vaccination clinics.

Patients had access to appropriate health assessments and checks. These included health checks for new patients where appropriate and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice PPG had formed a walking group; this was headed by a PPG member to encourage and promote health and wellbeing and to combat social isolation. Patients could refer directly to the group via reception.

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.

21 of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced however one card raised concern about appointment availability. One card expressed dissatisfaction with the service. Other patients said they felt the practice offered an excellent service and staff were professional, helpful, caring and treated them with great dignity and respect.

We spoke with seven patients and two 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 July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey 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:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. There was a select a language option on the practice website with over 80 languages available.
- Information leaflets were available in easy read format.

Are services caring?

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 97 patients as carers (2% of the practice list). The practice had a protocol for the identification of carers and a mechanism for the

referral of carers for support which included for young carers under 21 years. Written information was available to direct carers to the various avenues of support available to them and there was a dedicated staff member for carers who ensured all newly identified carers were written to with information and guidance on support available.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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.

- Appointments were available outside school and core business hours to accommodate the needs of children and working people.
- 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. A telephone appointment was available to patients if required.
- There were facilities for patients with disabilities and translation services were available.
- The practice worked closely with community midwives, mental health link workers, and promoted provision of these services from the surgery premises where possible. The practice regularly worked with other health care professionals in the case management of vulnerable patients. The practice undertook quarterly meetings to discuss vulnerable adults and met monthly with the health visitor to review vulnerable children and families.
- The practice dispensed weekly packs for people who needed support to manage their medicines.
- There were longer appointments available for patients with a learning disability.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Services for children and young people included chlamydia testing kits for young people and access to the C Card scheme. This is a free condom scheme available to young people 24 years or younger who register, which provided free condoms from the practice or any other outlet which is part of the scheme.

- The practice provided a range of nurse-led services including minor illness clinics, leg ulcer treatment and dressings, phlebotomy services, audiology services, immunisations, shingles, flu and pneumococcal vaccinations, sexual health and family planning services.
- The midwife provided antenatal clinics once a week from the practice.
- The practice offered minor surgery on site including joint injections to reduce unnecessary travel for patients.
- The practice supported the management of patients prescribed an anticoagulant medicine, offering a finger prick blood test and computer analysis to determine a dosing regime and follow up requirements. This had the added benefit that patients did not have to undergo venepuncture and the results of the test, follow up appointment and dosing were available immediately. The practice reported that this face to face meeting with the clinician supported effective information sharing with the patient and improved access to reviews.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. GP appointments were from 8.30am to 10.30am every morning and 3.30pm to 5.20pm daily. Nurse appointments were from 9am to 1pm every morning and 2pm to 5.15pm daily, with phlebotomy appointments daily from 8.10 am to 10.40am. Extended hours appointments were offered in the form of telephone appointments between 7.30am and 8 am Monday, Tuesday, Thursday and Friday. These telephone appointments were provided by the two GP partners and could be booked via reception. Once an appointment was made the GP called the patient at an allotted times between 7.30am and 7.45am. GPs also conducted telephone consultations from 11.30am daily to discuss urgent medical matters.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice operated a system where there were same day appointments available with the nurse practitioner and the nurse prescriber with other appointments available with GPs and nurses for emergencies.

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

Are services responsive to people's needs?

(for example, to feedback?)

- 85% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 96% of patients said they could get through easily to the practice by phone compared to 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.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

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

Listening and learning from concerns and complaints

The practice had systems 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, both in the waiting area and on the practice web site.

We looked at four complaints received from September 2015 to February 2016. Each complaint had been detailed and learning from the incident was recorded. However we noted that the learning extracted from the events was not comprehensive and opportunities were missed to minimise risks to patients. In addition we noted that where complaints were identified as significant events there was scope to improve the systems in place to audit them.

We noted that the practice did not log verbal feedback or audit complaints received over a period of time; the opportunity to learn from trends and prevent further complaints was not used. We discussed this with the practice, they told us that they would implement a system to capture the feedback, audit complaints, identify and action any learning needs and share with the practice teams.

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 with 'the patient first and always'.

The practice had a mission statement which was displayed in the practice statement of purpose and the practice and staff we spoke with knew and understood the values. The aim of the practice was to provide the highest quality healthcare to all if its patients within the NHS resources available. By having a well-trained and motivated team the practice was committed to delivering an effective and efficient service, making clinicians as accessible as possible.

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 and consideration of the future growth of the patient list size, for example the implication of a new housing development of over 2,000 homes over the next five years.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- 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 and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The 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.

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

- Staff told us the practice held regular team meetings.
- 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.
- 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 practice had gathered feedback from patients through the patient participation group (PPG) and through surveys, a suggestion box in reception and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG were encouraging patients to make better use of the practice on-line appointments and

Are services well-led?

Good 

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

prescription service. The practice and PPG encouraged feedback from as many patients as possible and had introduced a virtual PPG to run alongside the PPG group, with the aim to bring the views of a wider patient population to the PPG meetings. The PPG organised a talk by the director of the Norfolk and Suffolk Dementia Alliance about the incidence and contributing causes of dementia. We were told this was very well attended (between 50 to 100 people) with an emphasis on supporting patients and carers at home and encouraging everyone to become dementia friends. Local support organisations were highlighted and volunteers requested. There was a strong culture of charity work within the staff at the practice. We were told practice staff had supported this event by raising funds to pay for the accommodation and had provided refreshments for the public on the day. As a result the PPG and practice were in discussion regarding other talks which may benefit the health and wellbeing of patients.

- The practice produced a bi-annual newsletter for patients. The September edition provided information on shingles vaccinations, the forthcoming flu clinics, information from the pharmacy and information on a range of services, including a PPG run walking group headed by a PPG member to encourage and promote health and wellbeing and combat social isolation.
- The practice had gathered feedback from staff through staff meetings, 360 degree appraisals, and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 recruited a nurse practitioner who dealt mainly with on the day urgent appointments allowing more routine appointments with GPs, health care assistants to support the nursing team with plans to develop enhanced training for long term condition management. In addition the practice had recruited an administration apprentice who worked to support and free up the practice reception/administration team and supported the lead practice nurse with oversight of equipment and stock control.

The practice was in the process of expanding and had recently submitted an initial bid to expand and develop the premises in view of the growing population of Blofield and the surrounding areas and was exploring future models of care.

Other areas of improvement included the review of the practice telephone system, the continuous review of the practice appointment system and timings due to the changing patient demographics and patient survey feedback. The practice was also in the process of recruiting an additional health care assistant and was exploring the recruitment of an additional practice nurse and reception team leader.