

Coltishall 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 the Coltishall Surgery and its branch in Spixworth, on 26 July 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 an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed but there was improvement required around patient supervision in certain areas of the practice and patient information required improved storage.
- 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.
- 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 provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure patients in the waiting rooms and throughout the premises are monitored, in case they become suddenly unwell.
- Ensure the dispensary area is secure and supervised at all times with access for designated staff only.

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 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 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.
- Risks to patients were assessed and generally well managed. Improvement was needed in certain areas of the practice to keep patients who may become more unwell quickly under observation. The practice needed to improve the storage of patient sensitive information.
- There was room to improve the dispensary area, ensuring it is secure and supervised at all times with access for designated staff only. This includes eradicating the risk of medicines going missing by implementing robust systems to account for medicines.

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 above average compared to the national results. The most recent published results showed that the practice had achieved 99.9% of the total number of points available. This was 2.4% above the local average and 5% above the England average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.

Good



Summary of findings

- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice generally in line with the average for most aspects of care.
- Patients we spoke to 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.

Good



- Practice staff reviewed the needs of its local population and engaged with the local Clinical Commissioning Group.
- Patients said 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. A recent refurbishment at the Coltishall location resulted in a considerable upgrade to the facilities available in the premises.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Are services well-led?

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

Good



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

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was very active.

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.

- 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.
- 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.
- The practice provided GP cover to local care homes and each had an allocated lead GP. For one home GPs offered ward rounds twice a week, to treat patients, offer advice to staff and to pre-empt any patient's escalating health issues.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice employed a diabetic nurse specialist to improve services available for patients with diabetes reducing the need to travel to hospital.
- 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). Performance for diabetes related indicators was higher compared to the CCG and national average. With the practice achieving 99.9%, this was 6.3% above the CCG average and 10.8% above the national average.
- Longer appointments and home visits were available when needed.
- 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.

Good



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.
- Immunisation rates were in line with or above the local averages for most standard childhood immunisations.
- 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 had a comprehensive cervical screening programme. The practice's percentage of patients receiving screening according to 2014-2015 data was 83.7%, which was below the local average of 84.4% and above the England average of 81.8%. Patients that had not attended for a screening appointment were followed up with letters and telephone calls.
- 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.
- Extended hours appointments were available from 7am on weekdays at the Coltishall location.

Good



People whose circumstances may make them vulnerable

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 those with a learning disability. The practice had 19 registered patients with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Patients who were carers were proactively identified and signposted to local carers' groups. The practice had 223 patients registered as carers.
- 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).

- The practice had 90 registered patients with dementia, of which 61 had received an annual review in the last 12 months.
- 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). 2014-15 performance for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record was 90.7%, this was 1.6% above the CCG average and 2.4% above the national average.
- 2014-15 QOF performance for the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 86.2%, this was 5.1% above the CCG average and 2.2% above the national average.
- 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 had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- 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 in line with local and national averages. 216 survey forms were distributed and 118 were returned. This represented a 55% completion rate.

- 90% 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%.
- 95% 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%.
- 86% 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%.

- 82% 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%.

We received 12 Care Quality Commission comment cards, which were all positive about the service experienced. The comments stated that the patient felt the practice offered an excellent service and that staff were kind, caring and treated them with dignity and respect. Various cards stated that patients felt listened to and considered the practice well organised.

We spoke with two members of the patient participation group (PPG) and two other patients. They 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

- Ensure patients in the waiting rooms and throughout the premises are monitored, in case they become suddenly unwell.
- Ensure the dispensary area is secure and supervised at all times with access for designated staff only.

Coltishall 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, an inspector dedicated to inspect the dispensary and a practice manager specialist adviser.

Background to Coltishall Medical Practice

The Coltishall Surgery and its branch Spixworth Surgery are situated in Coltishall and Spixworth, Norfolk. The practice provides services for approximately 8600 patients. It holds a General Medical Services contract with NHS North Norfolk. A recent refurbishment at the Coltishall location resulted in a considerable upgrade to the facilities in the premises.

According to Public Health England, the patient population has a lower number of patients aged 0 to 40 and a higher number of patients aged 45 and over in comparison to the practice average across England. It has a considerably higher proportion of patients aged 60 to 74 compared to the practice average across England. Income deprivation affecting children and older people is lower than the practice average in the area and across England.

The practice has three male GP partners, and two salaried female GPs. An additional GP is due to start in August 2016. There is one nurse practitioner and one advanced nurse practitioner due to start in September 2016, two practice nurses, one health care assistant and one phlebotomist. The practice also employs a practice manager, a deputy

practice manager, a reception manager, a dispensary manager and a team of reception, administration and dispensary staff as well as two secretaries and two medical summarisers.

The practice was open from Monday to Friday 7am to 6.30pm. Extended hours clinics were available daily from 7am. The Coltishall practice did not close for lunch. Out-of-hours care was provided by Integrated Care 24.

The dispensary opening hours were Monday to Friday from 8.30am until 6pm.

Appointments could be booked four weeks in advance to see a GPs and two months for nurses.

The practice is a training practice and teaches medical students and had plans in place to undertake GP registrars training (trainee doctors) in 2017.

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.

Detailed findings

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 26 July 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 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 an effective system in place for reporting and recording significant events.

- We reviewed safety records, incident reports, patient safety alerts and minutes of weekly meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again. Monthly reviews were undertaken on significant events and complaints.
- Staff told us they would inform their line manager of any incidents either verbally or via email. We saw that managers investigated incidents immediately if required and shared these at the weekly practice meetings. The incident recording supported the recording of notifiable incidents under the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The information was monitored by a designated member of staff for relevance and shared with other staff, as guided by the content of the alert. Any actions required as a result were brought to the attention of the relevant clinician(s) to ensure issues were dealt with. Clinicians we spoke with confirmed that this took place.

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. Safeguarding 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.

Guidelines were on display in the consultation rooms. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies or healthcare professionals (for example health visitors and school nurses). Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3.

- We saw that patients were not always monitored by staff for deteriorating health and wellbeing as one area in the practice (a second waiting area) was not directly overseen by staff or CCTV. GPs advised us that they would normally sit vulnerable patients in seats where they were observed by staff.
- A notice 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 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).
- At the branch location in Spixworth we saw that patient identifiable files were stored behind the reception desk. Some of the names on these files could be read by those standing at the front desk. When we raised this with the practice, they addressed this immediately and rearranged the system so that names were not visible. Despite the storage not being an ideal situation there was limited space for an alternative approach.
- 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 and attended annual conferences in the locality. There was an infection control protocol in place and all staff had received up to date training. An infection control audit was undertaken in 2015 and we saw evidence that action was taken to address any improvements identified as a result. For example, the practice had identified training needs for some staff and delivered this in house as a result. Due to the refurbishment the practice had not yet undertaken the audit for 2016. We were told that this would be undertaken in the near future.

Are services safe?

- The practice provided cryotherapy services to its patients and we saw that the liquid nitrogen (liquid nitrogen is used to remove certain types of warts and lesions by freezing them) was stored securely in a storage cupboard with appropriate user guidance, protective equipment and protocols in place. The storage cupboard had ventilation in situ but improvement could be made on the appropriateness of the vent and fan as well as the size of the storage room. We were advised that the nitrogen was likely to be moved into the refurbished area, which provided safer storage facilities for this type of substance.
- We reviewed a number of 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 DBS.
- Patients could request repeat prescriptions by telephone, on line or in writing. The practice had a procedure whereby repeats could be reissued by the dispensary for patients on long term medication once authorised by a GP. Patients could also use the services of a separate pharmacy if preferred.
- Blank prescriptions were kept secure at all times and locked away when the dispensary was closed.
- Unwanted medication returned by patients, was kept in a separate container, the dispensers checked for controlled drugs as these would need to be disposed of following specific guidelines. Unwanted and expired medications were disposed of in line with waste regulations and confidential waste was appropriately handled. Medicines that required cold storage were kept in refrigerators which were maintained at the required temperatures.
- A large sample of medicines were checked and all found to be in date. There were medicines available for use in an emergency. Clinical staff re-stocked the medicines trolley as and when they ran out of supplies and monitored the contents on a regular basis. The pharmacy manager agreed to keep a list of medicines used on the emergency trolley and record expiry dates and quantity of medicines being requested. Medicines were displayed in a clean and tidy manner.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. The practice staff were following these. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted, and the keys held securely. There were arrangements in place for the destruction of controlled drugs and for raising concerns around controlled drugs with the controlled drugs accountable officer in their area. A controlled drug check list was also used to ensure all procedures had been completed prior to the medication being given to the patient. Weekly checks were carried out to include stock rotation, stock levels and out of date stock. All stock was bar coded which helped alleviate errors by indicating when the wrong medication was selected by a dispenser as well as advising when stocks were low.
- As part of the Dispensing Services Quality Scheme, the practice must ensure that face to face reviews with 10% of patients be carried out to assess compliance and

Medicines Management

- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of service maintained. There were 4 dispensers two of whom had completed NVQ level 3 and two had completed NVQ level 2. There was a GP lead for the dispensary and staff confirmed that regular meetings took place to discuss general issues or any areas of concern. Any medicine incidents or near misses were recorded on a spreadsheet for learning and discussion at regular departmental meetings. These included the wrong prescription being given to a patient and an incorrect label on a bag.
- Staff evidenced 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).
- Medication changes were always reviewed by a GP to ensure safety, for example following discharge from hospital or outpatient department. All prescriptions were reviewed by a GP prior to being given to a patient or medication released. The process of issuing repeat prescriptions was evidenced and found to be safe. The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were reviewed regularly and accurately reflected current practice.

Are services safe?

understanding of the medicines being prescribed.

During the inspection it was confirmed that Dispensing Review of the Use of Medicines (DRUMs) were currently being carried out by the GPS.

- The practice had standard operating procedure for the preparation of monitored dosage systems commonly known as dosette boxes (these are boxes containing medications organised into compartments by day and time in order to simplify the taking of medications). The practice produced approximately 12 boxes per week and advised that these were filled during the quietest periods of the day, when there were two dispensers on duty to ensure there were no distractions.
- There were appropriate systems in place to ensure the safe dispensing of high risk drugs such as Warfarin (an anticoagulant normally used in the prevention of thrombosis) and Methotrexate, (used to treat certain types of cancer, severe psoriasis and rheumatoid arthritis).
- The practice provided information for patients on medication and printed out manufacturers' leaflets when necessary.
- A new extension had just been completed, this included an area which co-hosted the reception and the dispensary. The area was a potential walk through for all staff members wishing to access other areas of the building. It was impossible for the dispensers to know whether any medications were missing or could not be accounted for. There were locks on the windows and at the end of the day both the dispensary and reception doors were locked so that access was not possible for anyone entering the building. Any cleaning or maintenance was carried out during opening hours. There were two occasions during the day where there was only one dispenser available. Therefore the dispensary could be unstaffed for short periods if the dispenser had to leave the unit allowing potential access to the medicines. The dispensary manager confirmed that a meeting would take place with all GPs with regards to the highlighted security arrangements.
- There was no air conditioning in the dispensary, however fans were kept on during the day and the temperature was monitored and recorded daily. At the time of the inspection the dispensary was found to be cool and the room temperature good.

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 thorough health and safety policy in place and premises related risk assessments were undertaken. The practice had up to date fire risk assessments, carried out regular fire alarm tests and we saw that a fire drill was undertaken a year prior to our inspection. There were clear directions of what to do in the event of a fire. There were emergency buttons on the computer to raise an alarm.
- 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, undertaken annually for both locations (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. The practice's staff worked at both locations.

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 was a wide array of emergency medicines available. Emergency medicines were accessible and all staff knew of their location. All the emergency medicines we checked were in date and stored securely and a defibrillator was available on the premises and oxygen with adult and children's masks. The practice had to deal with an emergency incident on the day of inspection and we saw this was dealt with without excessive interruption to the daily routines.
- 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 services.

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 99.9% of the total number of points available. This was 2.4% above the local average and 5% above the England average.

- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, dementia, depression, epilepsy, heart failure, hypertension, learning disability, mental health, osteoporosis: secondary prevention of fragility fractures, palliative care, peripheral arterial disease, rheumatoid arthritis, secondary prevention of coronary heart disease and stroke and transient ischaemic attack were better or the same in comparison to the CCG and national averages with the practice achieving 100% across each indicator.
- Performance for diabetes related indicators was higher compared to the CCG and national average. With the practice achieving 99.9%, this was 6.3% above the CCG average and 10.8% above the national average.

The practice reported 10.2% exception reporting, which was 0.2% below CCG and 1% above national average (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). Data from 2014/2015 showed the following examples:

- Exception reporting for 'the percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months' was 24.2% which was 10.2 percentage points above CCG average and 13.1 above the England average.
- Exception reporting for 'the percentage of patients with COPD with a record of FEV1 in the preceding 12 months' was 26.6%, which was 11.3 percentage points above CCG average and 11.5 above the England average.
- Exception reporting for 'the percentage of patients aged 8 or over with asthma (diagnosed on or after 1 April 2006), on the register, with measures of variability or reversibility recorded between 3 months before or anytime after diagnosis' was 18.5%, which was 13.3 percentage points above CCG average and 13.8 above the England average.
- Information on exception reporting indicated that patients were generally invited for reviews but several patients had failed to respond to three invitations for review, or in several cases there had been a change of diagnosis. We saw data that indicated that exception reporting for COPD related indicators for 2015-16 averaged at 16.8%; and exception reporting for asthma related indicators for 2015-16 averaged at 11.1%. This data was not yet validated nationally at the time of inspection.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw evidence of a large variety of audits that the practice had undertaken. We saw evidence of multiple and completed audit cycles where the improvements found were implemented and monitored.

The evidence dated back to 2007 with a comprehensive audit plan. There was a programme of clinical as well as non-clinical audits.

For example, we saw evidence of a joint and soft tissue injection patient satisfaction survey undertaken in February 2016 with the aim to try to reduce referrals for ultrasound guided joint and soft tissue injections. The

Are services effective?

(for example, treatment is effective)

audit concluded that of the 25 participating patients 12% felt they didn't receive satisfactory information prior to the injection, 52% felt the pain was much better and 44% were completely satisfied. These outcomes were below the standard set; as a result the auditing GP explained they would focus on injection technique to attempt to meet the standard at re-audit in the future.

Another audit we reviewed was on registered patients who were issued quinolones (synthetic, bactericidal antibacterial agents) in the three months prior to October 2015, with a repeat audit done in March 2016 with the same criteria. The purpose of this audit was to see whether the practice was following the Norfolk antibiotic formulary and to assess the results with globally increasing concern about antibiotic resistance. At the first cycle 24 patients were prescribed quinolones and at the second cycle this had reduced to 21. The main reasons for the prescribing indicated by the audit were prostatitis (inflammation of the prostate gland) / epididymitis (an inflammation of the epididymis. The epididymis is a tube located at the back of the testicles that stores and carries sperm) and recurrent urinary tract infection (UTI). Actions as a result of the audit included revision of the antibiotic formulary and the guidelines of recurrent UTI prescribing. A re-audit was planned for six months later.

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. It included role specific training on various elements of the different roles including safeguarding, health and safety and confidentiality.
- 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. Staff we spoke with confirmed this took place and told us they had ample development opportunities. We were told that if staff undertook training in their own time the practice reimbursed them. We saw that some staff were overdue an appraisal by approximately four months but a schedule for completion was in place. The practice manager

explained that they were in the process of undertaking the appraisals but that due to the recent building refurbishment this was somewhat delayed. We saw that there were comprehensive pre-appraisal questionnaires and robust action plans following appraisal. Staff informed us they felt well supported.

- Staff had access to mandatory learning, and made use of, e-learning training modules, in-house and external training. When we reviewed the training records we saw that mandatory training was mostly up to date for all staff.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Where there had been difficulties in engaging with other services through no fault of the practice we saw that the practice had taken steps to address this with local authorities.

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.

Are services effective?

(for example, treatment is effective)

- 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.

Supporting patients to live healthier lives

Patients who might be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers and those at risk of developing a long-term condition. Patients were then signposted to the relevant service.

The practice had a comprehensive cervical screening programme. The practice's percentage of patients receiving the intervention according to 2014-2015 data was 83.7%, which was below the local average of 84.4% and above the England average of 81.8%. Patients that had not attended for a screening appointment were followed up with letters and telephone calls.

The practice also encouraged its patients to attend national screening programmes for breast and bowel

cancer screening. The breast cancer screening rate for the past 36 months was 81.7% of the target population, which was higher than the CCG average of 79.8% and national average of 72.2%. Furthermore, the bowel cancer screening rate for the past 30 months was 68.3% of the target population, which was above the CCG average of 66.3% and the national average of 58.3%.

Childhood immunisation rates for the vaccinations given to under twos (118 eligible patients) during 2014-15 ranged from 94.9% to 98.6% compared to the local average of 95.5% to 98.5% and for five year olds (96 eligible patients) from 95.8% to 100% compared to the local average of 92.3% to 98.0%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40-74. Where abnormalities or risk factors were identified, the practice informed us that follow-ups on the outcomes of health assessments and checks were made.

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.

We received 12 Care Quality Commission comment cards, which were all positive about the service experienced. The comments stated that the patient felt the practice offered an excellent service and that staff were kind, caring and treated them with dignity and respect. Various cards stated that patients felt listened to and considered the practice well organised.

We spoke with two members of the patient participation group (PPG) and two other patients. They all told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey published in July 2016 were generally in line with CCG and national averages for patient satisfaction scores. For example:

- 86% of patients said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 85% 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%.
- 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 89% and the national average of 85%.
- 88% 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 the national average of 91%.

- 95% 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

All seven patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to, 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. Patients did state that they occasionally encountered difficulties in obtaining appointments, specifically with a clinician of their choice.

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

- 89% 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%.
- 81% 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%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.
- 88% 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%.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 223 (approximately 3.2%) patients as carers. Written information was available to carers to inform them of the various avenues of support available to them.

Staff told us that families who had suffered bereavement were contacted by their usual GP. This 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.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice looked after older patients living in local care homes and supported living housing; each had an allocated lead GP and home visits were undertaken more than once a week where required.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- There were disabled facilities and translation services available. The check in screen could be used in variety of languages.
- Online appointment booking, prescription ordering and access to medical records was available.

Access to the service

The practice was open from Monday to Friday 7am to 6.30pm. Extended hours clinics were available daily from 7am. The Coltishall practice did not close for lunch. Out-of-hours care was provided by Urgent Care Cambridge.

The dispensary opening hours were Monday to Friday from 8.30am until 6.00pm.

Appointments could be booked four weeks in advance for GPs and two months for nurses.

In response to an appointment system demand survey in May 2015 the practice had reviewed the results and introduced an action plan. As a result the practice had introduced a new type of appointment for one week follow up consultations for patients that required one. If this appointment was not confirmed within 48 hours of being given the appointment it would be converted to an open appointment slot.

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

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.
- 65% of patients usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 71% and the national average of 65%.
- 80% of patients describe their experience of making an appointment as good compared to the CCG average of 79% and the national average of 73%.
- 66% of patients usually get to see or speak to their preferred GP compared to the CCG average of 58% and the national average of 59%.

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 were designated responsible persons who handled all complaints in the practice. The practice reviewed the complaints on a regular basis. The practice had received 22 complaints in the previous year, these were a combination of both verbal and written complaints, and records were available on both varieties.

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. There was a system in place for staff to learn from complaints through discussion at monthly clinical governance meetings or via direct feedback.

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 mission statement included that they aimed 'to provide the best possible quality service for their patients within a confidential and safe environment by working together' and 'to show patients courtesy and respect at all times irrespective of ethnic origin, religious belief, personal attributes or the nature of the health problem'. There were six further aims which included a focus on staff competency and disease prevention and patient involvement in treatment and decision making.
- The practice had a robust strategy and supporting business plans which reflected the vision and values which were regularly monitored.

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 rota planning and staff were aware of 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. The various teams in the practice each had their own lead individual.
- The GPs and nurses were supported to address their professional development needs for revalidation.
- Staff were supported through a system of appraisals and continued professional development, although some of these were overdue by several months we saw evidence of in-depth pre appraisal processes and action plans.
- Practice specific policies were implemented and were available to all staff.
- There were sufficient arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice proactively reviewed its processes in response to survey data to with the aim to improve access to appointments.
- Improvement was needed to ensure patients were not left unobserved in a waiting area in the practice.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

Staff told us that various regular team meetings were held. Staff explained that they had the opportunity to raise any issues at these meetings, were confident in doing so and felt supported if they did. Staff said they felt respected and valued by the partners in the practice.

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. The partners encouraged a culture of openness and honesty.

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 PPG, surveys, the National GP Patient Survey and complaints received. The PPG, which consisted of 11 permanent members and 38 virtual ones, gave feedback to the practice through quarterly meetings with designated members of staff. The PPG informed us they were working with the practice to try and improve the service delivery. The group organised fund raising events and worked closely with other local volunteer groups (eg Friends of the Surgery and a Good Neighbours Group) to enhance and support the practice, for example by providing hospital drives for patients that were unable to make their own way to hospital. They also organised (clinical) information events with specialist speakers and posted regular news articles in local circulars.

The PPG had undertaken annual patient surveys for several years, of which we saw evidence. The latest survey from 2015 focussed on appointment booking, online services, PPG interest and general improvement suggestions. The results from 286 responses indicated that overall

Are services well-led?

Good 

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

satisfaction with the care and services was considered excellent by 44%, very good by 48%, acceptable by 6% and poor by 2% of participants. The PPG explained that the 2% of poor results reflected on difficulties in accessing appointments.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice had devised a new type of appointment in response to the difficulties patients experienced in obtaining appointments of choice. Although survey data and patients we spoke with did not indicate access issues were severe, the practice insisted they wanted to improve in this subject.

The practice was a training practice and taught medical students. One of the GPs had been approved to undertake GP registrars' training (trainee doctors) in 2017.