

# The Humbleyard 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 Humbleyard Practice on 20 December 2016.

Overall the practice is rated as good.

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

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

care and decisions about their treatment. Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice in line with, or above, others for most aspects of care.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt well supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider should make an improvement is:

- Ensure near miss errors identified by staff before medicines were dispensed to patients are recorded and monitored.
- Ensure that carers are proactively identified.

# Summary of findings

- Ensure that verbal complaints are recorded consistently.

We saw one element of outstanding practice:

- The practice proactively monitored children who did not attend their appointment and followed them up for potential safeguarding reasons. We viewed documented actions and responses for these situations and found this provided a safe approach to

reviewing safeguarding needs for children. In October 2015 the practice had audited a week of consultations to confirm adherence to their policy of recording who accompanies a child to a consultation, and to check that staff were recording consent for vaccinations or intimate examinations.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The practice proactively monitored for children that were not brought to their appointment and followed them up for potential safeguarding reasons. The practice had also undertaken a two cycle audit on the details recorded of who accompanied a child at consultation.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- 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 100% of the total number of points available, with 8% 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).
- Staff assessed needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice in line with, or above, others for most aspects of care.
- Feedback from patients about their care was positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## 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.
- Data from the National GP Patient Survey published in July 2016 showed that 90% of patients surveyed were able to get an appointment at a convenient time, compared to the local average of 91% and the national average of 92%.
- 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 only shared with staff and other stakeholders if they were directly involved.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it and felt supported in their delivery.
- 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



# Summary of findings

good quality care. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were 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 lead GP 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 virtual patient participation group was 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 was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice contacted patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- 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.

Good



### People with long term conditions

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

- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2015/2016 showed that performance for diabetes related indicators was 100%, which was above the local average of 91% and national average of 90%. Exception reporting for diabetes related indicators was in line with local and national averages.
- Longer appointments and home visits were available when needed.
- Patients with complex needs had a named GP and a structured annual review to check their health and medicines needs were being met. There was a robust recall system in place to ensure that patients were invited and attended annual reviews.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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.
- The practice proactively monitored for children who did not attend their appointment and followed up on these for potential safeguarding reasons. The practice had also undertaken a two cycle audit on the details recorded of who accompanied a child at consultation.
- Immunisation rates were in line with local and national averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 24 to 64 registered at the practice who were screened for cervical cancer in line with national guidance was 80%, which was above the local average of 77% and the national average of 74%.
- 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.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years. The practice had undertaken 413 assessments from 852 invites during 2015/16.

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.

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had 78 registered patients with a learning disability of which of whom 64 required an annual review. During 2015/16 all 64 had received a review.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Patients who were carers were identified and signposted to local carers' groups. The practice had 148 (0.8%) 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 percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months during 2015/16 was 80%, which was 7% below the local average and 4% below the national average.
- The practice had 119 registered patients experiencing poor mental health, of which 80 required an annual review. All of these patients had received an annual review in 2015/16.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# 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 performed in line with local and national averages in most areas. 219 survey forms were distributed and 130 were returned. This represented a 59% completion rate.

- 70% found it easy to get through to this surgery by phone compared to a local average of 70% and a national average of 73%.
- 89% were able to get an appointment to see or speak to someone the last time they tried (local average 86%, national average 85%).
- 88% described the overall experience of their GP surgery as fairly good or very good (local average 86%, national average 85%).
- 84% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (local average 78%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards, all of which were positive about the standard of care received. Patients felt that the practice provided a friendly, professional and kind service, praising both individual members of staff and the practice as a whole. Two comment cards, despite being positive, contained comments on the experienced difficulties in obtaining an appointment with a clinician of choice.

We spoke with three patients during the inspection. All patients said the care they received was good and that staff were kind, friendly, caring and approachable. Two patients told us that waiting times occasionally extended somewhat but that they received an in-depth level of care for which they didn't mind waiting.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure near miss errors identified by staff before medicines were dispensed to patients are recorded and monitored.
- Ensure that carers are proactively identified.
- Ensure that verbal complaints are recorded consistently.

## Outstanding practice

- The practice proactively monitored children who did not attend their appointment and followed them up for potential safeguarding reasons. We viewed documented actions and responses for these situations and found this provided a safe approach to reviewing safeguarding needs for children. In October

2015 the practice had audited a week of consultations to confirm adherence to their policy of recording who accompanies a child to a consultation, and to check that staff were recording consent for vaccinations or intimate examinations.

# The Humbleyard Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team included a CQC lead inspector, a GP specialist adviser, a practice manager specialist advisor and a CQC pharmacy inspector.

## Background to The Humbleyard Practice

The Humbleyard Practice, is a practice divided into three locations. The main registered location is Cringleford Surgery, situated in Cringleford, Norwich, Norfolk. There are two branch surgeries: Hethersett Surgery in Hethersett, Norwich and Mulbarton Surgery in Mulbarton, Norwich.

The practice is contracted to provide general medical services to approximately 18,500 registered patients.

According to information taken from Public Health England, the practice population has a smaller percentage of patients aged 10 to 39, and a higher percentage of patient aged 60 and over, in comparison to the national average for practices in England. The practice's surgeries border an urban area and has a considerably lower level of deprivation in comparison to national averages. Income deprivation levels affecting older people and children are also lower than the local and national averages.

The practice clinical team consists of 11 GP partners, of which five are male and six are female, and two salaried GPs, both female. There are seven practice nurses, one diabetic specialist nurse and five healthcare assistants. The clinical team are supported by a business manager, three

surgery managers (one at each location), a finance and compliance manager, ten dispensing staff, a research nurse, three summarisers, three secretaries and 14 receptionists / administrators.

All three locations of the practice are open from 8.30am to 6.30pm. The Cringleford Surgery offers appointments from 9.10am to 5.50pm on Monday, from 8.30am to 5.50pm on Tuesday and Thursday and from 8.50am to 5.50pm on Wednesday and Friday. The Hethersett Surgery offers appointments from 8.30am to 5.50pm Monday to Friday. The Mulbarton Surgery offers appointments from 8.50am to 5.50pm Monday to Friday. The practices are not open for appointments during a lunchtime period.

Out-of-hours care was provided by IC24 via the NHS 111 service.

Appointments with GPs or nurses can be booked four to six weeks in advance

## 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 20 December 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 an effective system in place for reporting and recording significant events:

- Staff told us they would inform the management of any incidents and there was a recording form available on the practice's computer system. The incident recording supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice reviewed their significant events on a weekly basis and also carried out an annual analysis to identify trends and make changes when necessary. We saw evidence that learning was proactively shared with staff and other services to address areas for improvement or adjustment.

We reviewed safety records, incident reports, patient safety alerts, including those from the Medicines and Healthcare Products Regulatory Authority (MHRA) and Central Alerting System (CAS) and minutes of meetings where these were discussed. There was a lead member of staff responsible for cascading patient safety alerts, such as those from the MHRA.

### 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 outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports

where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All GPs were trained to child safeguarding level three. The practice proactively monitored for children that were not brought to their appointment and followed up on these incidents for potential safeguarding reasons. We viewed documented actions and responses for these situations and found this provided a safe approach to reviewing safeguarding needs for children. In October 2015 the practice had audited a week of consultations to confirm adherence to their policy of recording who accompanies a child to a consultation; and to check that staff were recording consent for vaccinations or intimate examinations. The practice had also instigated the undertaking of a safeguarding review of their systems, records and processes by an external (level four qualified) assessor, this provided additional reassurance to the practice staff and their patients that appropriate, safe systems were in use for safeguarding matters.

- Notices throughout the practice 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. An administrative member of staff was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. They had been trained and guided by a nurse infection control lead in the practice for approximately two years and were supported by one of the GP partners who was the clinical infection control lead. There was an infection control protocol in place and staff had received up to date training. There were individual cleaning guides for cleaners in each room. Annual infection control audits were undertaken at each of the sites and we saw evidence that action plans were in place to address any improvements identified as a result. For example, descaling of taps and changing of curtains had been highlighted and completed.
- The practice provided cryotherapy services to its patients and we saw that the liquid nitrogen (liquid

## Are services safe?

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.

- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken prior to staff's employment. For example, proof of their identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Medicine Management

- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained. The practice had audited their dispensing service showing good outcomes for patients. Dispensing staff were appropriately qualified and had their competency annually reviewed. Dispensing staff carried out dispensing reviews of patients to ensure that medicines were being used safely and correctly.
- The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed. There were a variety of ways available to patients to order their repeat prescriptions. Prescriptions were reviewed and signed by GPs before they were given to the patient to ensure safety. There was a system in place for the management of high risk medicines which included regular monitoring in accordance with national guidance.
- The practice had recently made improvements to the security of the dispensary at the Cringleford branch surgery. Dispensary staff told us that access to medicines was limited to authorised staff. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. Records showed medicine refrigerator temperature checks were carried out to ensure medicines requiring refrigeration were stored at appropriate temperatures. Processes were in place to check medicines for expiry stored within the Hethersett branch surgery dispensary to ensure they were safe for use. However, recent checks the practice had carried out at the Cringleford branch surgery had not been recorded.
- Emergency medicines we checked were within their expiry date. Processes were also in place to check medicines following alerts and recalls of medicines.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had standard procedures in place that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. There were arrangements in place for the destruction of controlled drugs. The practice carried out regular audits of controlled drugs. Dispensing staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Some dispensing errors were logged and then reviewed, however, near miss errors identified by staff before medicines were dispensed to patients were not recorded and monitored by the practice to help make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

### 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 at each of the locations with a poster which identified local health and safety representatives. The waiting rooms in all three locations were overseen by reception.
- The practice had up to date fire risk assessments and had experienced a fire incident within the last two years. Staff commented that procedures had worked well during the incident. All electrical equipment was checked annually 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, for example, control of substances hazardous to health. Legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings) certificates were in place but these dated back to 2012 and had highlighted a number of actions. Some of the actions from the assessment including those around plumbing work were in the process of being addressed by an external professional. Some other actions from the assessment had been addressed,

## Are services safe?

for example, the managers of each of the three locations were trained to test the water temperatures. The practice informed us they planned to undertake a new certification test upon completion of the ongoing plumbing work.

- 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. Some staff were multi skilled and could cover other roles when required at all three 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 emergency medicines were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date.
- The practice had a defibrillator available on all three premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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.

# 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 100% of the total number of points available. The practice reported 8% exception reporting overall, which was lower than the local average of 11.4% and lower than the national average of 9.8%. Data from 2015/16 showed performance for all indicators was better or the same in comparison to the CCG and national averages with the practice achieving 100% for each.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Clinical audits demonstrated quality improvement. A variety of clinical audits had been completed. For example, in October 2015 the practice audited a week of consultations to confirm adherence to their policy of recording who accompanies a child to a consultation; and to check that staff were recording consent for vaccinations or intimate examinations. At initial audit 85% of GP consultations had the details recorded of who accompanied a child at consultation, for nurses this was 68%. In 72% of consultations with both GPs and nurses consent had been recorded appropriately for immunisations, vaccines or intimate examinations.

After reviewing the results the practice undertook more training and made the practice recording policy available on all computers. The practice also developed a prompt on their computer system to remind clinicians of the need to record the information. The use of locums was reduced by 80% over the period between audit and re-audit. On re-audit the result showed that 87% of GP consultations had the details recorded of who accompanied a child at consultation, for nurses this had improved to 97%. Consultations with both GPs and nurses where consent had been recorded appropriately for immunisations, vaccines or intimate examinations had increased to 97% also.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered topics including 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 providing travel vaccinations we saw that training was up to date; we also saw that all GPs in the practice had undergone child protection safeguarding training level three.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of their competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings or with peers.
- 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, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal in the past 12 months.

### Coordinating patient care and information sharing



# Are services effective?

(for example, treatment is effective)

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 regular basis when care plans were routinely reviewed and updated for patients with complex needs. For those patients that were considered for hospital admission avoidance the practice worked closely with other services. They discussed these patients on a weekly basis internally and on a monthly basis with community services. We saw evidence of improved patient outcomes because of effective information sharing.

## Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, alcohol consumption, and smoking cessation. Patients were signposted to the relevant service.

The percentage of women registered at the practice that were screened for cervical cancer in the previous 42 months (if aged 24-49) or 66 months (if aged 50-64) was 80%, which was above the local average of 77% and the national average of 74%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. 2014/15 data indicated that the breast cancer screening rate for the past 36 months was 81% of the target population, which was in line with the CCG average of 80% and above the national average of 72%. Furthermore, the bowel cancer screening rate for the past 30 months was 71% of the target population, which was above the CCG average of 66% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds in 2015/16 ranged from 78% to 98% (local average 74% to 97%, national average 73% to 95%) and five year olds from 95% to 98% (local average 93% to 97%, national average 87% to 95%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had undertaken 413 assessments from 852 invites during 2015/16.

# 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.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff could offer them a private room to discuss their needs.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards, all of which were positive about the standard of care received. Patients felt that the practice provided a friendly, professional and kind service, praising both individual members of staff and the practice as a whole. Two comment cards, despite being positive, contained comments on the experienced difficulties in obtaining an appointment with a clinician of choice.

We spoke with three patients during the inspection. All patients said the care they received was good and that staff were kind, friendly, caring and approachable. Two patients told us that waiting times occasionally extended somewhat but that they received an in-depth level of care for which they didn't mind waiting.

Results from the National GP Patient Survey published in July 2016 were comparable to, or above, local and national averages for patient satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the National GP Patient Survey published in July 2016 showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were above or comparable to local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 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 86% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

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

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 148 patients as

carers (0.8% of the practice list). Information for carers was available in the practice. Written information was available in the waiting room to direct carers to the various avenues of support available to them.

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

- There were longer appointments available for patients who required one.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, services for carers and promotion of mental health awareness. There were also displays providing information on cancer.
- The practice provided cryotherapy services to its patients.
- Online appointment booking, prescription ordering and access to medical records was available.
- Five GPs provided minor surgery. This allowed patients to have this treatment done at the practice rather than travelling to the hospital.

### Access to the service

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

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 76%.

- 70% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- 71% of patients said that they got to see or speak to their preferred GP, compared to the CCG average of 57% and the national average of 59%.

All three locations of the practice were open from 8.30am to 6.30pm. The Cringleford Surgery offered appointments from 9.10am to 5.50pm on Monday, from 8.30am to 5.50pm on Tuesday and Thursday and from 8.50am to 5.50pm on Wednesday and Friday. The Hethersett Surgery offered appointments from 8.30am to 5.50pm Monday to Friday. The Mulbarton Surgery offered appointments from 8.50am to 5.50pm Monday to Friday.

Out-of-hours care was provided by IC24 via the NHS 111 service.

Appointments with GPs or nurses could be booked four to six weeks in advance

### Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system on the practice's website and in their information leaflet. 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, or were ongoing, and responded to in a timely manner. Complaints were only shared with staff if they were directly involved to encourage learning and development. There was scope to expand this into a learning process for the whole practice, which the practice informed us they would do in the future. Verbal complaints that were dealt with immediately were not always recorded. The practice explained that they would also start doing this.

# 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 had a mission statement which stated they were “committed to providing high quality primary healthcare services to their patients, improving the overall health of the practice population and facilitating access to a high quality secondary care service with all local NHS Trusts and other qualified providers of clinical service”.

The practice’s primary values included “delivering high quality primary healthcare services in a safe environment to our patients and involve them in the decision making about their care and treatment”, “to lead and take responsibility, not blame others” and “to understand patients’ problems, their cause and find solutions to those problems” amongst others.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a list of policies and procedures in place to govern its activity, which were readily available to all members of staff through the practice’s internally designed “Humbleyard Wiki” system. We looked at a number of policies and procedures and found that they were up to date and had been reviewed regularly.

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

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

There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. From a review of records including action points

from staff meetings, audits and significant event recording, we saw that information was reviewed to identify areas for improvements and to help ensure that patients received safe and appropriate care and treatments. Learning from incidents was shared with staff through meetings, notices and other forums.

GPs had undertaken clinical audits which were used to monitor quality and systems to identify where action should be taken and drive improvements

### Leadership and culture

On the day of inspection the partners in the practice, and the business and surgery managers, 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 leadership team were always approachable, friendly and supportive.

There was a clear leadership structure in place and staff felt supported by the partnership and the management. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff were involved in discussions about how to run and develop the practice, and the leadership team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

GPs were supported to address their professional development needs for revalidation.

Health care assistant were clinically supported by the research nurse in 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.

There was a virtual patient participation group (PPG) with over 200 members. We did not speak with any representatives of the PPG at the time of our inspection. The practice informed us that notices and application forms were available in the waiting rooms and reception areas.

# Are services well-led?

Good 

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

There was also a notice and link to the application form on the website.

The practice had undertaken a patient survey in 2014, generating 470 responses. In this survey, amongst other results, 413 patients had rated the way they were treated by the receptionists as “very good” or “excellent”, three had rated it “poor” and one “very poor”.

440 patients were either “satisfied” or “very satisfied” with their doctor, three were “dissatisfied” and none were “very dissatisfied”, 14 had not seen a doctor.

416 patients were either “satisfied” or “very satisfied” with their nurse practitioner/practice nurse/health care assistant, none were “dissatisfied” or “very dissatisfied”. 39 had not seen a member of the nursing team.

The practice had also 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. Staff told us that they felt empowered by management to make suggestions or recommendations for practice.

## 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.

The practice proactively monitored for children that were not brought to their appointment and followed up on these incidents for potential safeguarding reasons. We viewed documented actions and responses for these situations and found this provided a very safe approach to reviewing safeguarding needs for children. In October 2015 the practice had audited a week of consultations to confirm adherence to their policy of recording who accompanies a child to a consultation; and to check that staff were recording consent for vaccinations or intimate examinations. The practice had also instigated the undertaking of a safeguarding review of their systems, records and processes by an external (level four qualified) assessor, this provided additional reassurance to the practice staff and their patients that appropriate, safe systems were in use for safeguarding matters.