

# Watton Medical Practice

## Quality Report

24 Gregor Shanks Way  
Watton  
Thetford  
IP25 6FA  
Tel: 01953 881247  
Website: [www.wattonmedicalpractice.co.uk](http://www.wattonmedicalpractice.co.uk)

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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 

# Key findings

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## Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Watton Medical Practice on 20 March 2018. The surgery was inspected on 15 August 2017 and rated as requires improvement overall; with a rating of requires improvement for all domains and population groups. The practice was given requirement notices for regulation 12 (safe care and treatment) and regulation 17 (good governance). This inspection was to inspect whether sufficient changes had been made in response to those requirement notices.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Arrangements were in place to support safe prescribing and the prescribing policy had been updated.
- Infection prevention and control was well monitored in the practice. During this inspection there were no out of date items found in clinical rooms.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- We found some exception reporting was above local and national averages, however there was evidence that this had improved since the last inspection.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice was aware of the low results for the GP Patient Survey and they had already changed the

# Summary of findings

appointments system to improve access. The practice had also completed their own survey which showed marked improvements in patient satisfaction.

- Staff reported that they felt confident about the changes made and were positive about the future of the practice.
- There were infrequent administration and reception meetings to share learning. However, there were systems within the practice to keep staff up to date with information.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

- Continue to review and improve exception reporting, specifically that relating to mental health.
- Continue to review and improve patient satisfaction relating to access, specifically for outcomes relating to access via the telephone.
- Continue to review and improve patient satisfaction relating to caring outcomes.
- Improve the frequency of administration and reception staff meetings to ensure appropriate information is discussed.

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

# Summary of findings

## The six population groups and what we found

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

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

# Watton 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 advisor and a practice manager specialist advisor.

## Background to Watton Medical Practice

Watton Medical Practice provides services to approximately 12,200 patients in Watton, a rural area south of Norwich. The practice has three GP partners (all male), two salaried GPs (female) and also employs locum GPs. There is a practice manager and finance manager. The practice employs a nurse manager, three senior nurses, two nurse practitioners, two practice nurses, two healthcare assistants and an emergency care practitioner. Other staff include a team of receptionists, administration staff and secretaries. The practice holds a General Medical Services contract with South Norfolk Clinical Commissioning Group (CCG).

Watton Medical Practice has completed the contractual process of forming an alliance with two other local practices to further enhance the services offered to patients. The alliance was due to Watton Medical Practice struggling with low staffing numbers and the practice therefore found it difficult to continue providing medical services to its population. The alliance is part of a four year plan of driving improvement in Watton Medical Practice.

The practice is open between 8am and 6.30pm Monday to Thursday. The practice offers extended hours appointments between 7am to 8am on Tuesdays and 6.30pm to 8pm on Wednesdays. The practice is open between 8.30am and 5pm on a Friday and closes between 12.20pm and 2pm on Wednesdays. During this time, a duty GP is available for any medical emergencies. Appointments can be booked up to six weeks in advance with GPs and nurses. Urgent appointments are available for people that need them, as well as telephone appointments. Online appointments are available.

When the practice is closed patients are automatically diverted to the GP out of hour's service provided by Integrated Care 24. Patients can also access advice via the NHS 111 service.

We reviewed the most recent data available to us from Public Health England which showed the practice has a smaller number of patients aged 30 to 44 years old compared with the national average. It has a larger number of patients aged 65 to 85 compared to the national average. Income deprivation affecting children is 15%, which is higher than the CCG average of 13% and lower than the national average of 20%. Income deprivation affecting older people is 13%, which is higher than the CCG average of 12% and lower than the national average of 16%. Life expectancy for patients at the practice is 80 years for males and 84 years for females; this is comparable to both the CCG and England life expectancy which is 79 years and 83 years.

# Are services safe?

## Our findings

### We rated the practice, and all of the population groups, as good for providing safe services.

At our previous inspection on 15 August 2017, we rated the practice as requires improvement for providing safe services because:

- The practice demonstrated safe prescribing; however, the policy needed to be reviewed to reflect the safe authorisation of medicines trail that was evidenced on the day of inspection.
- We found patients on high risk medicines were adequately managed, however it was unclear who had clinical responsibility for this. Patient safety alerts appeared to have been actioned, however there was no defined system for who was responsible for managing these.
- On the day of inspection, we found clinical items in a treatment room which had passed their expiry date.

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which staff were following. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were accessible to all staff and staff were able to identify who to go to for further guidance. External safeguarding bodies' information was available in all clinical rooms.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. This included midwives, health visitors and district nurses. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required (DBS

checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- All staff received up-to-date safeguarding and safety training appropriate to their role. Nurses and GPs were trained to safeguarding level three. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The practice carried out an annual audit and completed highlighted actions. There were also monthly infection control audits carried out to support good practice. The practice had completed hand hygiene audits and had cleaning schedules for the rooms. Sharps bins and curtains were in date and changed regularly. There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. This included completing electrical and calibration testing.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff which was tailored to their role. The practice ensured, where possible, that they used GP locums who had worked in the practice previously to improve continuity of care. The practice could evidence that the use of locum GPs had reduced since the alliance with two other local practices.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The practice had set up a patient information board in the waiting area. This had details on to educate patients to recognise the symptoms of sepsis.

# Are services safe?

- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters we viewed included all of the necessary information.

## Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. The practice had reviewed the prescribing policy and liaised with the clinical commissioning group to ensure it was safe.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. Patients spoken to also reflected this.
- Patients on high risk medicines, such as methotrexate and warfarin, were closely monitored by the clinicians. Records we viewed showed that patients had the appropriate monitoring and the partners in the practice were responsible for this.

## Track record on safety

The practice had a good safety record for many areas.

- There were comprehensive risk assessments in relation to safety issues. This included risk assessments for fire safety, legionella and health and safety. Action plans for these risk assessments had been completed.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. The practice had not reviewed or assessed the risks relating to hanging cords for blinds in patient areas. However the practice immediately provided evidence this had been actioned and blind cords were secured.
- The alliance had a plan for improvement in the practice and this identified risks. This was regularly reviewed.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents. Leaders and managers supported them when they raised concerns.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. All significant events were shared in clinical governance and nurse meetings. However, there was limited evidence of formal sharing of events for administration staff due to infrequent meetings. Staff were aware of how to access the minutes and the practice updated a board in the staff room with incidents. The practice implemented change as a result of significant events. For example, a patient had been given medicine by an online service and the practice found the report from this service to be inadequate. As a result, the practice liaised with the clinical commissioning group and reported the incident to them.
- There was a system for receiving and acting on safety alerts. All alerts went to the practice manager, GPs and a data clerk. Searches were carried out and tasks were sent to the GP to action these. The GP then fed back to the data clerk who updated a log. The log had been set

## Are services safe?

up to identify all alerts and the actions undertaken so that these could be closely monitored. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice, and all of the population groups, as good for providing effective services, except people experiencing poor mental health (including people with dementia), which was rated as requires improvement. This was because:**

- Exception reporting for mental health indicators was above local and national averages. Unverified data for 2017/18 did not show an improvement in this.

At our previous inspection on 15 August 2017, we rated the practice as requires improvement for providing effective services because:

- The practice needed to address levels of exception reporting as they were higher than the local and national averages.
- There were limited clinical audits that demonstrated quality improvement.

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Current best guidance was discussed regularly during meetings and supervision sessions.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice prescribed hypnotics in line with local and national averages.
- The practice prescribed antibiotic items, including Cephalosporins, Co-Amoxiclav and Quinolones, in line with local and national averages.
- The practice was prescribing antibacterial prescription items in line with local and national averages.
- We saw no evidence of discrimination when making care and treatment decisions in the records we viewed.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medicines. The practice had 12% of their patients aged over 75.
- The practice employed a nurse to complete care home visits. The practice had a higher than average proportion of patients in care homes and provided support to six local care homes. The nurse could evidence that the demand on GPs for visits had decreased by 93% in the past four months due to the capacity for nurse visits. The nurse had also carried out an audit on 10 patients who had more than three attendances to hospital in the past year. Since the nurse had been providing an increased service, only one patient out of the 10 audited had a hospital admission between December 2017 and March 2018. Two patients out of the 10 audited at the end of their life had also died in their preferred place of care.
- The practice followed up on older patients discharged from hospital. Prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training in areas such as diabetes and respiratory issues.
- The practice held dedicated clinics for hypertension, diabetes, respiratory conditions and cardiovascular conditions.
- The practice was not an outlier for nationally reported data relating to long-term conditions including diabetes, asthma, chronic obstructive pulmonary disease (COPD), hypertension and atrial fibrillation data. However, exception reporting for COPD was above national and local averages. Unverified data from 2017/18 showed that exception reporting for all sub indicators had reduced.

# Are services effective?

## (for example, treatment is effective)

- Performance for heart failure related indicators was 83%; this was below the CCG average of 95% and the national average of 98%. Exception reporting was 10% compared to the CCG average of 12% and national average of 9%.

### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above. The practice achievement ranged from 93% to 97%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice had systems in place to monitor patients after they had given birth for diabetes if they had gestational diabetes.

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

- The practice's uptake for cervical screening was 87%, which was above the 80% coverage target for the national screening programme. However, exception reporting was 21% which was above the local and national averages of 7%. The practice had reviewed each patient that would be considered for exception reporting before excluding them to ensure this was being completed appropriately.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

### People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice could evidence regular meetings with the multidisciplinary team to discuss patients at the end of life. The nurse employed to visit care homes had a

specialism in end of life care and worked closely with the care homes and GPs to ensure care plans were up to date and that medicines required at the end of life were prescribed in a timely manner.

- The practice had 48 patients registered with a learning disability. All of these patients had received a recent health review.
- There was a GP lead who was trained in providing support to victims of domestic abuse.

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

- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was below the CCG average of 86% and comparable to the national average of 83%.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the CCG average of 93% and above the national average of 90%. However, the exception reporting for this indicator was 39%, compared to the CCG average of 17% and national average of 13%. Unverified data for 2017/18 showed that this had not improved.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 97%, compared to the CCG average of 92% and national average of 90%. However, exception reporting for this indicator was 30%, compared to the CCG average of 16% and national average of 10%. Unverified data for 2017/18 showed that this had not improved.

### Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 96%. The overall exception reporting rate was 14% compared with the CCG and national averages of 10%. This had reduced from 17% in 2015/16 (QOF is a system intended to improve the quality of general practice and reward good practice).

# Are services effective?

## (for example, treatment is effective)

Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

- Performance for diabetes related indicators was 85%; this was comparable to the CCG average of 90% and the national average of 91%. Exception reporting was 13% compared to the CCG and national averages of 11%. The prevalence of diabetes was 8% which was above the CCG and national average of 7%.
- Performance for dementia related indicators was 100%, which was above the CCG average of 96% and above the national average of 97%. Exception reporting was 15%, which was above the CCG average of 11% and the national average of 10%. The prevalence of dementia was 2% which was above the CCG and national averages of 1%.
- The performance for depression was 100%. This was above the CCG average of 96% and above the national average of 93%. The prevalence of patients recorded as having depression was 8%, which was the same as the CCG average and below the national average of 9%. Exception reporting rate was 35%, which was higher than the CCG and national averages of 23%. Unverified data from 2017/18 showed this had significantly reduced to 2%.
- Performance for COPD was 100% which was above the local average of 95% and national average of 96%. Exception reporting was 20%, which was above the CCG and national averages of 13%. Unverified data from 2017/18 showed that exception reporting for all sub indicators had reduced. For example, there were five sub indicators for COPD exception reporting. Four of these were now in line with or below local and national averages. One was 10% above the local average; however this had reduced by 6% from 2016/17.
- Performance for asthma was 100%, which was above the CCG average of 95% and national average of 97%. Exception reporting was 19% which was above the CCG average of 9% and national average of 6%. Unverified data showed that two of the three sub indicators for asthma had significantly reduced and were now below local and national averages. One sub indicator was 12% above local averages.

The practice had noted that exception reporting for 2016/17 was above local and national averages. As a result, they had reviewed the exception reporting system and made improvements. These included discussing patients prior to exception reporting them and reducing the use of locum GPs. This in turn had reduced exception reporting in some, but not all areas. This was ongoing work that the practice were continuing to implement at the time of the inspection.

The practice used information about care and treatment to make improvements. The practice was actively involved in quality improvement activity and had reviewed an updated the audits programme. Since our last inspection in August 2017, the practice had completed six audits.

- For example, the practice had completed a two cycle audit of patients living in care homes who had received home visits. This looked at whether the correct clinician had attended the patient, accident and emergency admissions and out of hours visits. After the first audit, the practice had implemented a nurse practitioner role to lead on care home visits. The re-audit, carried out five months later, showed a 53% decrease in visits overall and a 93% reduction in the need for a GP visit. This had increased GP capacity by 3,600 hours in this time period in the practice.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, the practice had supported a healthcare assistant to gain an assistant practitioner qualification and was supporting another nurse to gain a prescribing qualification.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the

# Are services effective?

## (for example, treatment is effective)

Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

- The nursing team had a lead GP for support and were given clinical supervision monthly. Staff spoken to reported this was worthwhile and helpful. Both clinical and non-clinical staff reported that there was an open door policy with all GPs and that they felt the partners and management team were approachable.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. This included the local district nurses, health visitors and midwives.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice ensured that all patients discharged from hospital were reviewed. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice worked closely with the local nursing and residential homes to ensure advanced care planning was documented.
- The practice held regular multi-disciplinary case review meetings where patients on the palliative care register were discussed.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice had achieved 90% for patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. This was comparable to the CCG average of 94% and the national average of 94%. Unverified data showed this had improved to 100%. The exception reporting rate was 72%, which was significantly above the CCG average of 25% and above the national average of 25%. Unverified data from 2017/18 showed this had reduced significantly to 1%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. The practice had recently implemented an 'education' board in the waiting room. This was changed monthly to cover different areas of health. For example, the current educational topic was on sepsis. There was also a plan in place to put a TV in this area with educational DVDs about healthcare.
- Staff discussed changes to care or treatment with patients and their carers as necessary. The clinical staff used appointments with patients with dementia to identify and care needs for the patient, and also to identify whether they had a carer.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

## Are services effective? (for example, treatment is effective)

- The practice were able to evidence that they gained written consent for minor surgeries where appropriate.

# Are services caring?

## Our findings

We rated the practice, and all of the population groups, as good for providing caring services.

At our previous inspection on 15 August 2017, we rated the practice as requires improvement for providing effective services because:

- Data from the national GP patient survey, published in July 2017, showed patients rated the practice below others for all aspects of care.
- The practice had identified 0.75% of the population as carers which was lower than the national reporting expectancy of 1%.

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff demonstrated that they understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Three of the five patient Care Quality Commission comment cards we received were positive about the service experienced. The other two made reference to appointments being difficult to obtain.

Results from the July 2017 annual national GP patient survey showed patients did not always feel they were treated with compassion, dignity and respect. 221 surveys were sent out and 106 were returned. This represented a 48% completion rate. The practice was generally below local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) and national averages of 89%.
- 73% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.

- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.
- 67% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.
- 80% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 84% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 91% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared with the CCG and national averages of 87%.

The practice had implemented changes in the practice to improve patient satisfaction. For example, the practice had reduced the amount of locum GPs used to improve continuity of care. The practice had a project ongoing to improve communication with patients to gain further feedback on how to improve their service. The results of the survey were also discussed at a meeting to ensure all team members had awareness. The appointments system had been changed to allow for more pre-bookable appointments which had allowed improved consultation times. To ensure these changes were effective for patients, the practice had employed an external company to complete a patient satisfaction survey. This was completed on 9 March 2018 and had gained feedback from 171 patients. Results showed:

- 85% said the clinician was good at listening to them.
- 83% were satisfied with the length of the visit.
- 83% said the clinician treated them with concern.
- 88% said the clinician showed them respect.
- 87% said they received a warm greeting.

## Are services caring?

- Overall, 83% of patient ratings about the practice were good, very good or excellent.

Although this data was not split into GP and nurse consultations, the data showed a marked improvement across all clinicians. The practice were happy with these results and were keen to continue to improve them.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. The electronic check in screen was available in five different languages.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 149 patients as carers (approximately 1.3% of the practice list). This had significantly improved from the last inspection, when the practice had identified 89 carers.

- The practice had worked hard to increase the number of identified carers in order to offer support. The practice offered a carers leaflet and referral to appropriate services.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey published in July 2017 showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG and national averages of 90%.
- 74% 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 had implemented changes in the practice to improve patient satisfaction. To ensure these changes were effective for patients, the practice had employed an external company to complete a patient satisfaction survey. This was completed on 9 March 2018 and had gained feedback from 171 patients. Results showed:

- 85% of patients were satisfied with the clinicians explanations.
- 84% were able to express concerns and fears.
- 80% were satisfied with the self-care promoted by the clinician.
- 84% were happy with the recommendation made by the clinician.

Although this data was not split into GP and nurse consultations, the data shows a marked improvement across all clinicians. The practice were happy with these results and were keen to continue to improve them.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.

## Are services caring?

- The practice complied with the Data Protection Act 1998.
- Patients could be seen by clinicians of the same sex, where required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

At our previous inspection on 15 August 2017, we rated the practice as requires improvement for providing effective services because:

- The results of the national GP patient survey, published in July 2017, were lower than average for questions relating to accessing services.

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended hours appointments were available between 7am to 8am on Tuesdays and 6.30pm to 8pm on Wednesdays.
- The practice improved services where possible in response to unmet needs. For example, the practice had employed a nurse to carry out visits to the care homes supported by the practice. There was evidence available since the nurse had started of decreased visits required by GPs by 93% and a reduction of unplanned admissions to hospital.
- The facilities and premises were appropriate for the services delivered. When re-designing the waiting room, the practice considered the needs of patients with dementia.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the new appointments system allowed for a greater number of appointments and improved use of the skill set within the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services, including district nurses and the palliative care team.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme. The practice ensured each patient was informed of this in writing.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice. There was a plan to upskill a healthcare assistant to be able to carry out routine health checks for housebound patients with a nurse, such as taking blood pressure and weight measurements.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice employed dedicated administration staff to structure recalls for patients.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice made use of an in-practice electrocardiogram machine and home blood pressure measuring equipment to help patients actively manage their condition. The practice had received feedback that some patients were unsure of how to use this. In response, they had put a detailed video on their social media page.
- The practice also enabled the local specialist diabetes nurse to visit the practice once per week to enhance the care of patients with complex diabetes.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

# Are services responsive to people's needs?

## (for example, to feedback?)

- The practice held regular meetings with the midwives and had contact with the health visitors.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours on Tuesday mornings and Wednesday evenings.
- The practice had reviewed access and added telephone consultations which supported patients who were unable to attend the practice during normal working hours.
- The practice had recently set up a social media page to interact with patients in this group and as another way to gain feedback.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice supported a local care home for patients with a learning disability and completed health checks in this environment.
- The practice highlighted patients that had visual or hearing impairments and ensured this was recorded clearly on their notes. This enabled reception and clinical staff to offer enhanced support.
- The practice had an electronic check in screen available in different languages for patients.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. The practice was actively involved with the national 'this is me' dementia campaign and supported patients with this process.
- The practice completed regular dementia screening and referred patients to the local services available.
- When re-designing the waiting room, the practice had specifically considered the needs of patients with

dementia. For example, they had changed the carpet, bathroom colours, handrails and improved the signage. They had also printed the picture of the duty doctor and placed this in reception.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system had been changed to include telephone appointments and pre bookable appointments.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to or below local and national averages. 221 surveys were sent out and 106 were returned. This represented a 48% completion rate. For example:

- 55% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 24% 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 71%.
- 75% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 86% and the national average of 84%.
- 74% of patients said their last appointment was convenient compared with the CCG average of 84% and the national average of 81%.
- 49% of patients described their experience of making an appointment as good compared with the CCG and national averages of 73%.
- 39% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 58%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 20% of patients said they usually got to see or speak to their preferred GP compared with the CCG and national averages of 56%.

The practice had recognised that the appointments system in place was inefficient. In April 2017, once merged with the two local practices, the management team undertook a full review of the appointment and phone system and implemented changes including staff training, more pre-bookable appointments and improved the allocation of queries to appropriate staff.

The practice had evaluated the new system and found that staff feedback was positive. The practice had also reduced the use of locum staff due to improved efficiency, which had led to greater continuity of care for patients. There was a clear plan for continued evaluation and adaption of the new system.

To ensure these changes were effective for patients, the practice had employed an external company to complete a patient satisfaction survey. This was completed on 9 March 2018 and had gained feedback from 171 patients. Results showed:

- 66% of patients were satisfied with the practice opening hours (an increase of 11%).
- 40% were satisfied with the phone access (an increase of 16%).
- 53% were satisfied with the waiting times (an increase of 14%).
- 41% got to speak to the practitioner of choice (an increase of 21%).
- 66% of patients were satisfied with the day and time of their appointment (an increase of 17%).

- Overall, 83% of patient ratings about the practice were good, very good or excellent.

Although the practice were aware these results were still low compared to the local and national averages, they were positive about the improvements made in a short space of time.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The practice had introduced new measures to improve the way they gained patient feedback. This included a suggestion box in reception, an email address for patients to contact and 'you said, we did' boards in reception to inform patients of the changes made in the practice.
- The complaint policy and procedures were in line with recognised guidance. 38 complaints were received in the last year. The practice had seen a reduction in the number of access complaints since the new appointments system.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, the practice had given the administration team extra training to deal with correspondence due to the high incidence of administration complaints.

# Are services well-led?

Good 

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

## Our findings

### We rated the practice as good for providing a well-led service.

At our previous inspection on 15 August 2017, we rated the practice as requires improvement for providing well led services because:

- The practice had policies and procedures to govern activity; however the prescribing policy was not detailed enough to reflect current practice.
- A governance framework supported the delivery of the strategy and good quality care. However, this required improvement in areas such as the sharing of significant events, trend analysis of complaints and quality improvement through auditing.
- The practice sought feedback from staff and patients and we saw examples where feedback had been acted on; however patient satisfaction data was below average in all areas.

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The management team had made clear changes to the physical environment, including the waiting room layout and digital environment, including the ability for patients to email complaints, compliments and suggestions. The practice had also set up a social media account. This was a way for the practice to convey important information about the practice and also to receive feedback.
- There was a practice plan which identified the risk areas, issues and actions to address these. Outcomes were identified and actions and progress was monitored.

### Vision and strategy

The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.

- The practice values were clearly documented and available for staff to access.
- The practice vision was ‘to provide sustainable, innovative health and social care. Improving health outcomes by engaging the population in beneficial screening and lifestyle changes. Provide immediate and ongoing care which is local, accessible, integrated and of high quality’.
- The practice was keen to involve the patients in the future of the practice and was planning a competition with the local schools to design the new logo for the practice and alliance.
- Letters were sent out to all patients regarding the alliance with the local practices and the development was covered in the local media. Local councillors, MPs and community groups were also informed. Representatives from the practice had met other local health and social care organisations, as well as community and voluntary groups to ensure they were kept up to date and their views were considered as plans for the practice develop.
- The new provider’s strategy was in line with health and social priorities across the region.

### Culture

There was willingness for staff to improve the services provided at the practice. Staff we spoke with were positive about the changes that had occurred and those that were planned.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice and reported that since the last inspection, morale had been high. Staff were committed to making the necessary changes and improving care for patients.
- Leaders and managers acted on behaviour and performance which was inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

# Are services well-led?

Good 

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

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. Staff commented that the management team were approachable and open to change.
- There were systems to identify and monitor that staff had received training and support appropriate to their role. Staff had received support and felt involved in the new processes.
- All staff were considered valued members of the practice team. Clinical staff were given protected time for professional development and evaluation of their clinical work.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The practice followed current policies which supported good processes. For example, the practice had updated the prescribing policy to ensure it reflected safe practice. The governance and management of partnerships, joint working arrangements and shared services across the alliance promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. Staff were able to clearly identify the leads in these roles.
- The practice had made improvements in the exception reporting for the Quality and Outcomes Framework. This was ongoing work but the practice could demonstrate significant improvements in depression and cancer exception reporting's.
- The practice did not hold regular reception or administration staff meetings. Staff were able to access information on the shared area of the computer and there was a staff information board to keep everyone up to date. This board included the number of significant events and complaints received, staff updates and training.

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. These risks had been identified in the four year plan for improvement. The practice had also responded to the areas for improvement identified in the last report and had completed their action plan to meet the regulations.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audits of their consultations, prescribing and referral decisions. Practice leaders had oversight of safety alerts, incidents, and complaints.
- A number of clinical audits had been completed and others had been identified, particularly for the nursing team to complete. The practice was currently reviewing the audit cycles to ensure there were two cycles to evidence quality improvement.
- The practice had plans in place and had trained staff for major incidents. The practice also had systems to inform patients of incidents. For example, when there were recent adverse weather conditions, the practice had informed patients via social media that the practice was operating as usual.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. However, the practice performance for mental health indicators was below local and national averages and exception reporting was above local and national averages.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. For

# Are services well-led?

Good 

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

example, the practice had implemented a plan last year to address higher than average exception reporting and the results of this could be evidenced in some of the reduced outcomes this year.

- The practice used information technology systems to monitor and improve the quality of care. For example, the practice had a blood pressure monitor in the reception area for patients to use. This encouraged self-care and education for patients.
- The practice submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- Since the last inspection, the practice had set up an active patient participation group (PPG). There had been two meetings so far, and the first meeting had set up the aims and objectives of the group. The demographics of the group covered most patient groups. The PPG were positive about their communication with the practice so far and had initiatives they planned to work on including improving communication relating to prescriptions.

- The practice was keen to improve relations with patients. They had a clear action plan which had been implemented. This action plan included; work with an external company which specialises in patient relations and communications, an overhaul of the appointments system, comparisons of patient survey data, an external patient satisfaction survey, a reforming of the patient participation group and a social media page. The practice were committed to improving patient experience in the practice and could evidence improvement through surveys.
- The service was transparent, collaborative and open with stakeholders about performance. They met regularly with the clinical commissioning group to discuss the progress of the alliance with the other two local practices and had liaised with them after the last inspection to drive improvement.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The practice was keen to upskill staff within the practice. For example, the practice had supported a healthcare assistant to gain an assistant practitioner foundation degree. There were further plans to upskill another healthcare assistant to this level and provide the opportunity for a nurse to complete the prescribing course.
- Staff knew about improvement methods and had the skills to use them. Staff reported they were aware of the alliance and felt involved in planning changes within the practice.