# Birchwood Surgery

## Quality Report

Park Lane
North Walsham
NR28 0BQ
Tel: 01692 402035
Website: www.birchwoodsurgery.nhs.uk

Date of inspection visit: 4 March 2016
Date of publication: 13/04/2016

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? | Requires improvement |
| Are services effective? | Good |
| Are services caring? | Good |
| Are services responsive to people's needs? | Good |
| Are services well-led? | Good |

# Summary of findings

## Contents



## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at Birchwood Surgery on 4 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The area where the provider must make an improvement is:

- Patient Specific Directives must be in place for healthcare assistants to be able to provide certain types of vaccinations.

The areas where the provider should make improvements are:

# Summary of findings

- Ensure patients in the waiting rooms and throughout the premises are monitored, in case they become suddenly unwell.
- Review the arrangements for the segregation of clean and dirty areas for hand washing and waste disposal direct to sewage. The practice were limited in changing this as it would involve costly building work and had noted the shortcoming in their business plans and risk assessments.
- Ensure cold chain temperature recording is complete with actions and comments when temperatures exceed the recommended range.
- The practice had decided to treat patients alongside one another in a treatment room. There should be clear signage to inform patients that they can request improved privacy if they wish as conversations could be overheard. The practice should actively solicit patients' views on the shared treatment area and act on them as necessary.
- Ensure all staff receive timely and adequate appraisals.

We saw several areas of outstanding practice:

- All GP appointments were 15 minutes in length. This had been in place for approximately three to four years and the practice informed us they had noted a drop in waiting times as a result.
- The practice sent out questionnaires to patients with certain long term conditions in preparation for their review attendance. These pre appointment questionnaires assisted clinical staff in preparing for the reviews and allowed more time during consultation to focus on the patient.

**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?**

Requires improvement

The practice is rated as requires improvement 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were generally well assessed and well managed but improvement was needed in the monitoring of patients in waiting areas. We also found that separation of dirty and clean areas for infection control had to be implemented.
- One healthcare assistant was providing patients with flu vaccinations under a directive for specified healthcare professionals which did not include healthcare assistants.

**Are services effective?**

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were higher or in line with local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all clinical staff. The appraisal process for non-clinical staff required improvement.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

**Are services caring?**

Good

The practice is rated as good for providing caring services.

# Summary of findings

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

**Are services responsive to people's needs?**

Good

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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

**Are services well-led?**

Good

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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

# Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There was a GP, nurse and emergency care practitioner available for doing home visits every day.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were above local and national averages.
- The practice provided rheumatology clinics led by a nurse specialist.
- Two nurses were trained in wound care and a nurse led leg ulcer clinic was in place at the practice.

### People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management, and patients at risk of hospital admission were identified as a priority.
- The practice participated in the Quality and Outcomes Framework (QOF - is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions e.g. diabetes and implementing preventative measures. The results are published annually). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. In 2014/2015 the practice achieved 99.3% of the total number of points available, which was above the national average of 94.7% and the local average of 97.3%. The practice reported 11.1% exception reporting which was above CCG (10.4%) and national (9.2%) average.
- Longer appointments and home visits were available when needed.

# Summary of findings

- 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.
- The practice nurses made phone calls to patients with certain long term conditions (for example those with chronic obstructive pulmonary disease) who had been discharged from hospital to assist them, with their needs and queries. This had led to a decrease in re-admissions for these patients.
- A hospital consultant diabetes clinic was held at the practice so that patients did not have to travel to the hospital for this service. This was also open for use for patients from other local practices.
- The practice offered a variety of long term conditions clinics and had dedicated administrative staff sent out questionnaires to patients with certain long term conditions in preparation for their attendance.

**Families, children and young people**

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations.
- One of the nurses offered a nurse led gynaecology and family planning clinic as well as sexual health support in the community.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 87.7%, which was above the CCG and England averages.
- 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.

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

Good

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

# Summary of findings

- 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.

**People whose circumstances may make them vulnerable**

Good

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

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Patients who were carers were proactively identified and signposted to local carers' groups.
- GPs carried out home visits for patients with palliative care needs.
- 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.
- GPs visited local care homes at least once a week. Twice weekly if required.
- The practice carried out annual health checks for people with a learning disability and 58 out of 90 of these patients had received a review since April 2015.

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

Good

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

- 91.5% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan, which

was 2.4% above the CCG average and 3.2% above the national average. The exception reporting for this indicator was 24.4%, which was 1.1% below the CCG average but 11.8% above the national average.

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice hosted external services such as wellbeing clinics and counselling services to allow this treatment to be delivered to patients closer to their home and to eradicate the need to travel to the hospital for this. The practice provided facilities free of charge for these services.
- The practice had developed a mindfulness library from which patients could loan books if deemed useful by the GPs.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they might have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice had 103 registered patients with dementia of which 72 had received an annual review since April 2015.
- 45 of 65 patients with mental health needs had a care review recorded since April 2015.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published in January 2016. The results showed the practice was performing above or line with local and national averages. 238 survey forms were distributed and 122 were returned. This is a 51.3% response rate.

- 87% found it easy to get through to this surgery by phone compared to the local average of 78% and national average of 73%.
- 93% were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 90% and national average of 85%.
- 95% described the overall experience of their GP surgery as good compared to the local average of 89% and national average of 85%.
- 91% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the local average of 83% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. 11 of the 13 CQC patient comment cards we received contained positive and complimentary patient views about the service. Patients said they felt the practice offered a satisfactory service, and that staff were polite, helpful, caring and treated them with dignity and respect. Two of the comment cards contained constructive critical comments on the care and compassion these patients had received from GPs. We spoke with three patients, who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They spoke highly of the services offered by the practice and the attitudes of all staff in the practice.

## Areas for improvement

**Action the service MUST take to improve**

- Patient Specific Directives must be in place for healthcare assistants to be able to provide certain types of vaccinations.

**Action the service SHOULD take to improve**

- Ensure patients in the waiting rooms and throughout the premises are monitored, in case they become suddenly unwell.
- Review the arrangements for the segregation of clean and dirty areas for hand washing and waste disposal direct to sewage. The practice were limited in changing this as it would involve costly building work and had noted the shortcoming in their business plans and risk assessments.
- Ensure cold chain temperature recording is complete with actions and comments when temperatures exceed the recommended range.
- The practice had decided to treat patients alongside one another in a treatment room. There should be clear signage to inform patients that they can request improved privacy if they wish as conversations could be overheard. The practice should actively solicit patients' views on the shared treatment area and act on them as necessary.
- Ensure all staff receive timely and adequate appraisals.

# Summary of findings

## Outstanding practice

- All GP appointments were 15 minutes in length. This had been in place for approximately three to four years and the practice informed us they had noted a drop in waiting times as a result.
- The practice sent out questionnaires to patients with certain long term conditions in preparation for their review attendance. These pre appointment questionnaires assisted clinical staff in preparing for the reviews and allowed more time during consultation to focus on the patient.

# Birchwood Surgery

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

A CQC lead inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Birchwood Surgery

Birchwood surgery is situated in North Walsham, Norfolk. The practice provides services for approximately 11400 patients. The practice dispenses medications to patients and holds a General Medical Services contract with NHS North Norfolk CCG.

According to Public Health England, the patient population has a considerably lower than average number of patients aged under 15 and 20 to 45 compared to the practice average across England. It has a higher proportion of patients aged 50 and above compared to the practice average across England. Income deprivation affecting children and older people is lower than the practice average across England but higher than the local average.

The practice team consists of five GP partners, one female and four male. There are also two salaried GPs. The nursing team consists of one nurse practitioner, six practice nurses, one emergency care practitioner and three health care assistants. The clinical staff is supported by a team of dispensary, secretarial and reception staff led by three managers.

The practice's opening times at the time of the inspection were 08:00 to 18.00 Monday to Friday. Extended hours were offered on Friday morning at 07:00 to 08:00. During out-of-hours GP services were provided by IC24 from the practice's premises.

The practice is a training practice and four registrars were active at the practice at the time of our inspection.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 March 2016. 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

# Detailed findings

- 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.

Requires improvement

# Are services safe?

## Our findings

**Safe track record and learning**

The practice had a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents, and there was also a recording form available. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. We saw minutes of meetings during which significant events were discussed.

The practice had a system in place for recording incidents with medicines that had affected people who used the service. These reports were reviewed by the dispensary team and action taken accordingly to prevent reoccurrence.

We reviewed safety records, incident reports, patient safety alerts and updates; we saw minutes of clinical meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) and guidance alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The information was monitored by designated members of staff, for example medicine related updates and alerts were monitored by the dispensary team, they were then shared with other staff in the form of a hand-out which had to be signed off when seen. We saw that where required, actions were taken. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

**Overview of safety systems and processes**

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies were available to all staff, and clearly outlined who to contact for further guidance if they 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 relevant to their role. GPs were trained to Safeguarding Level 3 for children.
- A notice in the waiting room of the practice advised patients that chaperones were available. Nurses or health care assistants acted as chaperones if required. All staff, other than nurses, who acted as chaperones were trained for the role and had received a disclosure and barring 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 might have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy. A practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. They were assisted by a health care assistant. There was an IPC protocol in place and staff had received up to date training. We saw evidence that annual IPC audits were routinely undertaken and actions had been taken to address any shortfalls identified as a result, for example inappropriate bins were replaced with pedal operated ones where necessary. We saw that waste segregation and labelling took place appropriately. Appropriate standards of cleanliness and hygiene were generally followed but we were shown that in a clinical area with two treatment cubicles there was a 'dirty' sink (used as sluice sink for contaminated liquids) next to a 'clean' sink. This setup did not ensure a clear divide was present between a 'clean' and 'dirty' area to minimise cross contamination. Staff explained there were rigorous cleaning procedures for when the 'dirty' sink would be used and that there was no other place to have a 'dirty' area. They also explained that there had been no incidents related to any cross contamination or infection following treatment in the cubicles. Nor had there been complaints from patients.
- Recruitment checks were carried out and staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to staff's employment. For example, references, qualifications, registration with the appropriate professional body and the checks through the DBS. The business manager informed us that the practice had not undertaken DBS checks for any of the nurses as they had been employed in, or prior to, 2012.

They explained that they would undertake DBS checks on any new nurses they would employ. During our inspection the manager also informed us that they would undertake DBS checks for the existing nurses to ensure patients were safe.

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. We were shown evidence that the practice had commenced succession planning for several GPs that were likely to enter retirement within the next five years.
- There were procedures in place for monitoring and managing risks to patient and staff safety. However, in several areas of the practice's premises we saw that patients were not always monitored by staff for deteriorating health and wellbeing as some areas in the practice, including a large waiting area, were not directly overseen by staff or CCTV. GPs advised us that they would normally sit vulnerable patients in seats where they could be overseen by staff. There was a health and safety policy available with several posters throughout the practice which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out premises related risk assessments twice a year. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises, such as control of substances hazardous to health and infection control. The practice had undertaken an internal risk assessment for legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

**Medicines management**

We checked how medicines were stored and handled at the practice. Medicines were stored securely, in a clean and tidy manner and were only accessible to authorised staff. Medicines were within their expiry date and fit for use. There was a system in place to identify medicines with a short 'use by' date so that staff could make people aware of this on receiving their prescription. There was room temperature monitoring in the dispensary area of the practice to ensure medicines were kept within the recommended temperature range, there was an air conditioning unit available for use if required.Systems were in place to action any medicine recalls.

We saw that medicines requiring cold storage were kept in refrigerators both in the dispensary and in the treatment room. However, for one of the fridges containing vaccines, records did not assure us that appropriate actions were taken when the temperature that was recorded was outside the recommended range (this can for example occur when checking stock). We did see that for the remaining fridges this was all accurate with actions and explanations noted when temperatures had exceeded the recommended range.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by practice staff. Controlled drugs were stored securely and only authorised staff could access them.

There was an emergency doctors' bag stored within a consultation room for use on home visits. There was a list of medicines kept within this bag which included two types of controlled drugs. There was a record book maintained for the receipt and supply of controlled drugs within the emergency bag. There was no written procedure to cover the safe management of the medicines stored within the emergency bag but management of the controlled drugs within the bag was in line with best practice.

The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. Members of staff involved in the dispensing process had received appropriate training and received annual appraisals and competency checks. The dispensing team had set objectives and participated in a minimum number of team meetings which provided continuing professional development and there was evidence of staff suggestions being actioned to improve practice. There was evidence of audit taking place within the dispensary team.

Dispensing staff ensured that repeat prescriptions were signed before medicines were handed to patients. Safe systems of dispensing were in operation.

Requires improvement

# Are services safe?

The nurses either prescribed or administered vaccines using directives that had been produced in line with legal requirements and national guidance. One healthcare assistant was providing patients with flu vaccinations under a directive for specified healthcare professionals which did not include healthcare assistants. Whilst the practice had identified that the healthcare assistants was competent to carry out the administration of the flu vaccine by them having undergone specific training; the clinical decision to administer must initially be made by a prescriber and this needs to be carried out on an individual basis and a Patient Specific Direction must be in place.

Prescription pads and blank prescription forms for use in printers were safely stored and handled in accordance with national guidance.

**Arrangements to deal with 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. Staff were also aware of panic alarm buttons. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises, along with oxygen with adult and children's masks.

There was a first aid kit available. Emergency medicines were easily accessible to staff near the reception area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

The practice assessed patients' 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 people's needs.

**Management, monitoring and improving outcomes for people**

The practice participated in the Quality and Outcomes Framework (QOF - is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions e.g. diabetes and implementing preventative measures. The results are published annually). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. In 2014/2015 the practice achieved 99.3% of the total number of points available, which was above the national average of 94.7% and the local average of 97.3%. The practice reported 11.1% exception reporting which was above CCG (10.4%) and national (9.2%) average. Data from 2014/2015 showed:

- Performance for asthma, atrial fibrillation, cancer, dementia, depression, epilepsy, heart failure, hypertension, learning disability, mental health, osteoporosis: secondary prevention of fragility fractures, palliative care, peripheral arterial disease, rheumatoid arthritis, secondary prevention of coronary heart disease and stroke and transient ischaemic attack related indicators were better or the same in comparison to the CCG and national averages with the practice achieving 100% across each indicator. Clinical exception reporting was in several cases above national and local averages but at times also in line or below.
- Performance for diabetes related indicators was 99.3%, which was 5.6 percentage points above the CCG average and 10.1 percentage points above the national average. Exception reporting was lower than the CCG and national averages in seven of ten diabetes related indicators.
- Performance for chronic kidney disease related indicators was 96.1%, which was 1.7 percentage points above the CCG average and 1.4 percentage points above the national average. Exception reporting was higher than the CCG (1.6 percentage points above) and national (4.5 percentage points above) average.
- Performance for chronic obstructive pulmonary disease related indicators was 99.7%, which was 2.9 percentage points above the CCG average and 3.7 percentage points above the national average. Exception reporting was higher than the CCG and national average across the five related indicators.
- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw evidence of completed audit cycles where the improvements found were implemented and monitored. Findings were used by the practice to improve services. We discussed a number of clinical audits with the GPs on the day of the inspection. For example, an audit on Allopurinol (a drug to treat gout or kidney stones) prescribing for gout, following staff research had resulted in amended medication update criteria at medication reviews to ensure annual blood tests were done for patients. A conclusion was made to improve the monitoring and titration of dosage of Allopurinol as there had been little improvement after a second audit.

**Effective staffing**

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had an induction programme for newly appointed members of staff that covered topics such as health and safety, confidentiality and organisation rules.
- Staff had access to appropriate training to meet learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. Appraisals were mostly undertaken and all clinical staff had received an appraisal within the last 12 months. We saw that

Good

# Are services effective?

## (for example, treatment is effective)

appraisals were overdue for administrative staff. The practice informed us that they had revised their stance on undertaking appraisals and would ensure that all staff received a timely review of their performance.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to, and made use of, e-learning training modules, in-house and external training.

**Coordinating patient care and information sharing**

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis (there was one on the day of our inspection) and that care plans were routinely reviewed and updated.

Information such as NHS patient information leaflets were available in the patient waiting room.

**Consent to care and treatment**

Patients' consent to care and treatment was always sought 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, assessments of their capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

**Supporting patients to live healthier lives**

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

- The practice had a comprehensive cervical screening programme. The practice's percentage of patients receiving the intervention according to 2014-2015 data was 87.7%, which was above the England average of 81.8%. Patients that had not attended for a screening appointment were followed up with letters and via the telephone.
- Childhood immunisation rates for the vaccinations given to under twos ranged from 96.2 % to 100% compared to the local average of 95.6% to 98.5%, and for five year olds from 95.0% to 100.0% compared to the local average of 92.3% to 98.0%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Where abnormalities or risk factors were identified, the practice informed us that follow-ups on the outcomes of health assessments and checks were made.

The practice nurses proactively made phone calls to certain long term condition patients (for example those with chronic obstructive pulmonary disease) who had been discharged from hospital to assist with their needs and queries. This had led to a decrease in re-admissions for these patients.

Good

# Are services caring?

## Our findings

**Respect, dignity, compassion and empathy**

We observed that 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 and that conversations taking place in these rooms could not be overheard. However, during our inspection we noted that the door to the treatment room had a window in it which was not obscured and could potentially provide a direct view into the treatment area. Curtains were present in the treatment area but the practice advised us that they would address any concerns around visibility through the door. The practice's treatment area was set up so that there were two cubicles in one treatment room. Although there was brick wall separating the cubicles conversations could be overheard if there was more than one patient being treated at a time; similar to a hospital ward setup. The practice explained that it benefitted from being able to treat two patients at the same time if required but did have other treatment rooms available if patients requested this. The practice also informed us they had not received any complaints surrounding confidentiality.

Patient phone calls were taken in a designated office behind the reception desk, ensuring privacy and confidentiality. The reception desk had an indicated queuing line and notice and patients could request a private room to speak to a receptionist.

11 of the 13 CQC patient comment cards we received contained positive and complimentary patient views about the service. Patients said they felt the practice offered a satisfactory service, and that staff were polite, helpful, caring and treated them with dignity and respect. Two of the comment cards contained constructive critical comments on the care and compassion these patients had received from GPs.

We spoke with three patients, who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They spoke highly of the services offered by the practice and the attitudes of all staff in the practice.

Results from the National GP Patient Survey published in January 2016 were above or comparable to CCG and national averages for patient satisfaction scores in most areas. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 94% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 95% patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and national average of 87%.

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

Patients told us that 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.

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

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 94% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.

Good

# Are services caring?

- 88% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language.

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

Information in the patient waiting rooms told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers, 129 (approximately 1.2%) patients on the practice list had been identified as carers and were being supported, for example, by offering them health checks and referral for organisations such as social services for support. 68 patients were identified as being cared for.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

The practice worked with NHS England and the Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. The practice held information about the prevalence of specific diseases. This information was reflected in the services provided through screening programmes, vaccination programmes and family planning.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care:

- Online appointment booking and prescription ordering was available for patients.
- The practice had a duty team consisting of a GP, nurse and an emergency care practitioner who could deal with urgent appointments and visits.
- All GP appointments were 15 minutes in length. This had been in place for approximately three to four years and the practice informed us they had noted a drop in waiting times as a result.
- Home visits were available for older patients or patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- Wheelchairs were available on the premises for patients that required these.
- All clinical rooms had wide door frames and large rooms with space for wheelchairs and prams/pushchairs to manoeuvre.
- GPs visited local care homes at least one a week. Twice weekly if required.
- The practice hosted external services such as wellbeing clinics and counselling services to allow this treatment to be delivered to patients closer to their home and to eradicate the need to travel to the hospital for this. The practice provided facilities free of charge for these services.
- The practice had developed a mindfulness library from which patients could borrow books if deemed useful by the GPs.
- Flexible appointments were available as well as set clinic times. The practice offered a variety of clinics and had dedicated administrative staff who would send out questionnaires to patients with certain long term conditions in preparation for their review attendance. These pre appointment questionnaires assisted clinical staff in preparing for the reviews and allowed more time during consultation to focus on the patient.
- Two nurses were trained in wound care and a nurse led leg ulcer clinic was in place at the practice. This was a self-funded initiative from the practice and was implemented following suggestion from one of the nurses.
- One of the nurses offered a nurse led gynaecology and family planning clinic as well as sexual health support in the community.
- Midwives provided regular clinics from the practice's premises.
- A hospital consultant diabetes clinic was held at the practice so that patients did not have to travel to the hospital for this service. This was also open for use for patients from other local practices.
- The practice provided rheumatology clinics led by a nurse specialist.

**Access to the service**

The practice's opening times at the time of the inspection were 08:00 to 18.00 Monday to Friday. Extended hours were offered on Friday morning at 07:00 to 08:00.During out-of-hours GP services were provided by IC24 from the practice's premises.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 87% patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 73%.
- 89% patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.
- 81% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 72% and national average of 65%.

**Listening and learning from concerns and complaints**

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

The practice had an effective system in place for handling complaints, compliments 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. Complaints were discussed at practice and clinical meetings.

We saw that information was available to help patients understand the complaints system on the practice's website and at the reception desk. Information about how to make a complaint was also displayed in the practice 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 and responded to in a timely and empathetic manner. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. Actions taken included further training in clinical subjects.

# 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 "provide high quality healthcare in a traditional family practice setting" with core values encompassing openness, fairness, respect, accountability, hard work, support and education. The practice felt this was underpinned by their loyal and stable staff.

The practice had a robust strategy and supporting business plans which reflected the vision and values which were monitored. The manager explained that staff were asked for feedback as to what they would like to see incorporated within the plan for development.

The practice was part of a local group of GP practices in North Norfolk. A group brought together to work together on business and clinical matters and to share learning and development in preparation for future health care reforms.

**Governance arrangements**

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

- Communication across the practice was structured around key scheduled meetings. There were weekly meetings involving the GPs and the practice manager, regular nurses' meetings and staff meetings involving all administrative staff. 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.
- There was a clear staffing structure and planning and staff were aware of their own roles and responsibilities. Some staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness.
- The practice used clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- GPs were supported to address their professional development needs for revalidation.
- Learning from incidents and complaints was shared with staff through meetings, notices and other forums.
- From a review of records including action points from staff meetings, audits, complaints 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.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- Nurse led clinics and a duty clinical team of three members provided responsive care if required and aided the 15 minute appointment slots set up for GPs. Which in turn had reduced waiting times.
- GPs had undertaken clinical audits which were used to monitor quality and systems to identify where action should be taken and drive improvements. Outcomes of these were shared with other local practices to increase learning and understanding in the area.

**Leadership and culture**

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. Staff told us that various regular team meetings were held and that there was an open culture within the practice. They had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected and valued by the partners in the practice. We saw in minutes from meetings that a variety of topics were openly discussed with staff, including previous morale concerns. Staff were involved in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

One of the GP partners and the business manager were governing body members for the local CCG.

**Seeking and acting on feedback from patients, the public and staff**

# Are services well-led?

Good

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

The practice encouraged and valued feedback from patients by proactively engaging patients in the delivery of the service.

There was a small but active patient participation group (PPG) which met formally two or three times a year. These meetings were attended by the business manager and a GP. We spoke with two representatives of the PPG which had three members at the time of our inspection. They commented that suggestions from the PPG were welcomed by the practice and that they had been consulted on their patients' viewpoint. The PPG commented that staff were friendly and helpful.

The practice had also gathered feedback from staff through staff meetings, appraisals and daily informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. One of the nurses explained that they had provided recent respiratory devices training to one of the GPs.

The practice provided a quarterly newsletter for patients which was available in the practice and on the website.

The practice had introduced the NHS Friends and Family test (FFT) as another way for patients to let them know how well they were doing. For example, FFT data available to us showed that:

- In July 2015, from 15 responses, 100% recommended the practice compared to 89% nationally.
- In August 2015, from 19 responses, 95% recommended the practice compared to 88% nationally.
- In October 2015, from 15 responses, 100% recommended the practice compared to 90% nationally.

**Continuous improvement**

The practice is a training practice and had four GP registrars at the time of our inspection. We spoke with three of them who all claimed they had good access to clinical supervision and protected tutorial time.

The practice had trialled a CCG scheme that used computer software which took patients' risk factors into account to assess how likely it would for them to fall ill. This trial had proven successful and was planned to be rolled out across other local practices.

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>Patient Specific Directives must be in place for healthcare assistants to be able to provide certain types of vaccinations<br><br>12 (1) Care and treatment must be provided in a safe way to service users.<br><br>12 (2) without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include-<br><br>12 (2) (c) ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. |