Old Mill Surgery

Quality Report

Hardley Road
Poringland
Norwich
NR14 7FA
Tel: 01508492929
Website: www.oldmillandmillgatessurgery.nhs.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?	Outstanding
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 the Old Mill Surgery on 14 June. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events, including dispensary significant events.
- The practice had clearly defined and embedded systems to manage safeguarding concerns.
- The practice needed to carry out fire alarm testing as detailed in the fire risk assessment.
- The dispensary did not monitor room temperatures and the system in place for the tracking of prescription pads required review.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- The practice were performing in line with local and national averages. Unverified data for the Quality and Outcomes Framework showed improvements from 2015/16 to 2016/17.
- The practice held regular meetings with a variety of multidisciplinary teams.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- The practice had identified less than 1% of their patient population as carers; however they had an action plan in place to increase this number.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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.

Summary of findings

- The practice had completed numerous surveys to gather patient feedback and had acted upon these.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We saw areas of outstanding practice:

- The practice had completed a survey for housebound patients to ensure they were meeting their needs. As a result of this survey, each patient had an individualised action plan to make access to and the provision of healthcare easier. For example, some patients relied on family members to book appointments and pick up medications. The practice had ensured they knew which family members were involved and liaised with them, as well as ensuring this was documented in the patient's notes.
- The practice had completed a survey to get patient feedback about a walking group. The response was positive and as a result, the practice worked with a local Norfolk scheme to devise a route for patients to encourage 30 minutes of activity per day. Feedback from the group was positive in relation to health and social factors, including reducing loneliness in the older population. The practice also offered to weigh patients and take blood pressure measurements to monitor the benefits of this walking group and were able to evidence a reduction in blood pressure and weight for some of the group.
- The practice worked closely with the patient participation group (PPG) and had set up open evenings with the aim of educating patients. These were held twice per year and were open to all of the community, including those patients not registered with the practice. Topics included dementia, stroke, diabetes and heart disease. The turnout for these events had been positive, with 85 people attending one of the events. The practice engaged with external stakeholders to provide information, such as University of East Anglia lecturers, medical consultants, the Alzheimer's Society and the Clinical Commissioning Group. The feedback from the open evenings was positive.

The areas where the provider should make improvements are:

- Continue to identify and offer support to carers.
- Embed a system to carry out actions detailed in the fire risk assessment on a regular basis.
- Embed a system to track blank prescription pads.

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?

Good

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice did not effectively monitor the tracking of prescription pads.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. The practice needed to embed a system to complete the actions from the fire risk assessment on a regular basis.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Good

The practice is rated as good for providing effective services.

- The practice were performing in line with local and national averages. Unverified data from the Quality and Outcomes Framework for 2016/17 showed patient outcomes had improved from 2015/16.
- Staff were aware of current evidence based guidance and this was discussed at meetings.
- Clinical audits demonstrated quality improvement such as a decrease in antibiotic prescribing.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. This included the heart failure nurse, health visitor and district nurses.

Summary of findings

- End of life care was coordinated with other services involved such as the palliative care nurse.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey, published in July 2017, showed patients rated the practice in line with and above local and national averages for several aspects of care.
- Survey information we reviewed showed that 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 accessible. The practice had a hearing loop and translation services were available.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We received 37 comment cards and all 37 were positive about the standard of care received from the practice.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice had completed a survey for housebound patients and had produced an action plan as a result of the survey.
- The practice had set up, with help from a local group, a walking group for patients. This had resulted in patients reporting improvements in physical, mental and social health as well as a reduction in weight and blood pressure for some patients.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia. The practice had a dementia champion and all staff had completed dementia awareness training.
- The practice had completed domestic abuse training and had implemented a strategy to get helplines numbers to patients in a discreet manner.
- The practice worked proactively with the PPG to set up education events twice per year. These were well attended and feedback was positive.
- Patients we spoke with 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.

Summary of findings

- The practice had taken part in an NHS England programme and had reviewed access to services. As a result, the practice had started to utilise staff skills and educate patients of appropriateness of appointments. This included signposting patients to relevant services.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice had a room where mothers could breastfeed and offered this room to midwives to hold breastfeeding teaching groups.
- Information about how to complain was available and evidence from two examples reviewed 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 it and had helped to develop this.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group. The practice had completed multiple patient surveys and acted upon results.
- There was a focus on continuous learning and improvement at all levels. Staff training was deemed to be a priority and was built into staff rotas.

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 was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs, and also for annual diabetic reviews.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care. The practice also met regularly with the hospice nurse. Patients at the end of life were provided with the GPs out of hours contact details.
- The practice followed up on older patients discharged from hospital via a telephone call and ensured their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, a nurse who specialised in dementia care held regular clinics at the practice once a month and the practice worked closely with them.
- Older patients were provided with health promotion advice and support to help them to maintain their health and independence for as long as possible. For example, Age UK attended the most recent flu clinic to advise older people on several aspects of care.
- The practice work with the PPG to deliver educational sessions on numerous educational topics. For example, dementia, diabetes and medicines management. These were well attended, for example 85 people attended the dementia evening. The PPG also assisted at flu clinics.
- The practice had a system in place to follow up patients that did not attend for bowel and breast screening and encouraged patients to attend the screening. As a result, the outcomes for these screenings were above local and national averages.
- The practice also helped to set up a walking group to improve health outcomes such as lower blood pressure and social outcomes such as decrease loneliness. The outcomes from health, social and patient feedback had all been positive.

People with long term conditions

Good

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

Summary of findings

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes indicators from the Quality and Outcomes Framework was 75%, this was 16% below the Clinical Commissioning Group (CCG) average and 15% below the England average. The exception reporting rate was 4%, which was lower than the CCG excepting reporting rate of 15% and the England exception reporting rate of 12%. The prevalence of diabetes was 6%, which was equal to the CCG and national averages of 6%. However, unverified data submitted for 2016/17 showed diabetes related indicators had improved to 97%.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care, such as community nurses.
- The practice hosted an annual eye screening service for diabetics and undertook diabetic foot screening at the practice.
- The diabetic specialist nurse attended the practice once per month.
- The practice offered a weekly dedicated anticoagulation clinic at both sites which offered a full dosing service.

Families, children and young people

Good

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

- From the sample of documented examples we reviewed 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. The practice also held a register of vulnerable children and followed up children who did not attend appointments.
- Immunisation rates were high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.

Summary of findings

- The practice provided support for women that had given birth. For example, the practice made contact after childbirth and offered support to the family, as well as six week mother and baby checks.
- Appointments were available outside of school hours and the premises were suitable for children and babies, including a play area in the waiting room.
- The practice worked with midwives and health visitors support this population group.
- The practice held seasonal flu clinics in the school holidays for children to improve the uptake. The nurses were trained to offer sexual health advice.
- The practice had an active social media page to encourage young people to engage with the service. The practice also had chlamydia screening kits in patient toilets.
- The practice had completed a charity event and proceeds went to a local charity. This was an annual event and this year's proceeds were going to a local charity that supported children's hospices in the area.

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).

- The needs of these populations 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, the practice offered extended opening hours on a Monday and Tuesday. The practice also offered telephone consultations.
- 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, including health checks for 40 to 70 year olds.
- The practice offered text message reminders for appointments and communicated with patients via email if this was preferred.
- The practice offered a secure WIFI network in the surgery for patients' use, so working patients could access this while waiting for appointments.

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.

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and those registered as carers. The practice offered an annual review for patients with a learning disability; all patients were offered a check and 23 out of 43 patients had attended these checks in the past year. Longer appointments were available for patients with a learning disability as standard. The practice supported two local learning disabilities care homes and offered home visits to them as required.
- The practice offered a carers information package that included information of local services and helpful numbers, such as social services. The practice completed carers health checks.
- The practice had completed a survey of housebound patients to assess if they were meeting their needs and had compiled personalised action plans for each of the patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients such as community nurses, social services and admiral nurses. The practice held monthly gold standard framework meetings to ensure they met the needs of patients and liaised with the appropriate teams.
- Staff had undertaken domestic abuse and dementia awareness training and had implemented strategies to offer support to patients suffering from domestic abuse. This included signposting patients in a discreet manner.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations. There was also an alert on the records of vulnerable patients.
- Reception staff contacted vulnerable patients by telephone to check on their welfare if it had been a long time since they were seen, or if they did not use the text message service.
- The practice had a system in place to follow up patients who did not attend their appointment. The practice also printed off appointments for vulnerable patients.
- The practice had implemented a recall system for vulnerable patients. This was completed monthly to ensure vulnerable patients had appropriate follow up after testing. This was included as the practice recognised that vulnerable patients may not always attend the practice and this further strengthened follow up of this group.
- The practice actively promoted the Accessible Information Standards in the waiting room and information was available in an easy read format.

Summary of findings

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).

- The practice carried out advance care planning for patients living with dementia.
- 89% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84% and local average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, the practice had a dementia champion and had completed dementia awareness training for all staff.
- The practice had worked with the patient participation group to carry out a dementia opening evening to educate patients on the condition. The event was attended by 85 people and feedback was positive. In the previous year the practice had held a charity event which raised money for a local dementia café.
- Patients at risk of dementia were identified and offered an assessment. The practice also had a dementia champion.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia. For example, the practice liaised with the admiral nurse.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations. For example, the practice offered a 'wellbeing' service.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. These patients were also discussed at monthly multidisciplinary team meetings.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with and above local and national averages. 222 survey forms were distributed and 130 were returned. This represented a 59% completion rate.

- 93% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) and national averages of 85%.
- 82% of patients described their experience of making an appointment as good compared with the CCG and national averages of 73%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national averages of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received. For example, many cards commented on how approachable the staff were and the caring attitude of all staff.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Positive comments were also made about the facilities and dispensary service.

Areas for improvement

Action the service SHOULD take to improve

- Continue to identify and offer support to carers.
- Embed a system to carry out actions detailed in the fire risk assessment on a regular basis.
- Embed a system to track blank prescription pads.

Outstanding practice

- The practice had completed a survey for housebound patients to ensure they were meeting their needs. As a result of this survey, each patient had an individualised action plan to make access to and the provision of healthcare easier. For example, some patients relied on family members to book appointments and pick up medications. The practice had ensured they knew which family members were involved and liaised with them, as well as ensuring this was documented in the patient's notes.
- The practice had completed a survey to get patient feedback about a walking group. The response was positive and as a result, the practice worked with a local Norfolk scheme to devise a route for patients to encourage 30 minutes of activity per day. Feedback from the group was positive in relation to health and social factors, including reducing loneliness in the older population. The practice also offered to weigh patients and take blood pressure measurements to monitor the benefits of this walking group and were able to evidence a reduction in blood pressure and weight for some of the group.
- The practice worked closely with the patient participation group (PPG) and had set up open evenings with the aim of educating patients. These were held twice per year and were open to all of the community, including those patients not registered with the practice. Topics included dementia, stroke, diabetes and heart disease. The turnout for these events had been positive, with 85 people attending one of the events. The practice engaged with external stakeholders to provide information, such as University of East Anglia lecturers, medical consultants, the Alzheimer's Society and the Clinical Commissioning Group. The feedback from the open evenings was positive.

Old Mill Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Old Mill Surgery

Old Mill Surgery provides services to approximately 7,700 patients in Poringland, a residential area south of Norwich. The practice also has a branch site in the village of Hempnall which provides services to the surrounding villages.

The practice has seven GPs; three female and four male. There is a practice manager and assistant practice manager on site. The practice employs one nurse practitioner, four practice nurses, one healthcare assistant and a phlebotomist. Other staff include seven dispensers, a dispensing manager, six receptionists, a lead receptionist, three secretaries and one administration assistant. The practice holds a General Medical Services contract with South Norfolk Clinical Commissioning Group (CCG).

Old Mill Surgery has been an approved training practice since 2011. The surgery teaches years one and three medical students, as well as registrars. Registrars are doctors who are training to become GPs.

The practice is open between 8am and 6pm Monday to Friday. The practice is closed between 1pm and 2pm daily at the Hempnall branch. The Hempnall branch is closed from 1pm on a Thursday. Extended hours appointments are available on a Monday at the Hempnall site from 6pm to 7.50pm and at the Poringland site on a Tuesday from 6pm to 7.50pm. Appointments can be booked up to two months in advance with GPs and nurses. Urgent appointments are available for people that need them, as well as telephone appointments. Online appointments are available. There is a duty doctor on call between 1pm to 2 pm and after 6pm, until 6.30pm.

When the practice is closed patients are automatically diverted to the GP out of hour's service provided by the 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 20 to 39 years old compared with the national average. It has a larger number of patients aged 55 to 85 compared to the national average. Income deprivation affecting children is 8%, which is lower than the CCG average of 13% and the national average of 20%. Income deprivation affecting older people is 9%, which is lower than the CCG average of 12% and national average of 16%. Life expectancy for patients at the practice is 82 years for males and 85 years for females; this is comparable to the CCG and England expectancy which is 79 years and 83 years.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as local care homes to share what they knew. We carried out an announced visit on 14 June 2017. During our visit we:

- Spoke with a range of staff including GPs, nurses, management staff and receptionists and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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 living 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.

Good

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. Staff we spoke with were able to identify a significant event, learning that had taken place and a change in practice.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried an annual analysis of significant events.
- The practice monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. We reviewed meeting minutes where safeguarding was discussed. These were clinical meetings which were held once per month. The practice invited the health visitor and district nurse team to attend these and adult and children safeguarding matters were discussed.
- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and most had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The nurse practitioner was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The IPC lead had completed audits on patients with MRSA (a type of bacteria that is resistant to antibiotics) and C-Diff (a bacteria that can infect the bowel) and as a result had implemented a system for tracking and following up these patients.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained. The practice had audited their dispensing service showing good outcomes for patients

and patients gave positive feedback about the dispensing service. Dispensing staff had completed appropriate training and had their competency annually reviewed.

- The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed. There were a variety of ways available to patients to order their repeat prescriptions. All prescriptions were reviewed and signed by a GP before they were given to the patient to ensure safety. There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results. We checked eight patient records which confirmed that the procedure was being followed.
- Medicines were stored within dispensary areas at both branches. Following the inspection, the practice further restricted the members of staff that could enter the dispensary. Records showed medicine refrigerator temperature checks were carried out to ensure medicines and vaccines requiring refrigeration were stored at appropriate temperatures, however, the practice did not monitor dispensary room temperatures to ensure medicines are not stored at excessive temperatures. After the inspection, the practice provided evidence that a thermometer had been purchased and a log had been set up to record room temperatures twice per day.
- Processes were in place to check medicines for expiry dates to ensure they were safe for use and also to check medicines following alerts and recalls of medicines. Emergency medicines we checked were within their expiry date. Blank prescription forms were kept securely; however, improvements were needed to record logs to ensure they were tracked through the practice and handled in accordance with national guidance. After the inspection, the practice provided evidence of a log to monitor the tracking of blank prescription pads.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had standard procedures in place that set out how they were managed. There were arrangements in place for the destruction of controlled drugs. The practice carried out regular audits of controlled drugs and dispensing staff were aware of how to raise concerns with the controlled drugs accountable officer in their area.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. The practice should develop written procedures for the management of dispensing errors. After the inspection, the practice provided evidence of a written procedure for dispensing errors.
- One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received support from the medical staff for this extended role through a system of appraisals, clinical meetings and review of patients seen by the nurse. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. A health care assistant was trained to administer vaccines and medicines and patient specific directions from a prescriber were produced appropriately. Both the Patient group directions and patient specific directions were signed and dated accordingly.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and a risk assessment had been completed.
- The practice had an up to date fire risk assessment and had carried out most actions. However they had not carried out regular fire alarm testing. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

Good

Are services safe?

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were shared with staff through monthly meetings and review of patient notes.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 88% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%.

This practice was an outlier for some QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 75%, this was 16% below the CCG average and 15% below the England average. The exception reporting rate was 4%, which was lower than the CCG average of 15% and the national average rate of 12%. The prevalence of diabetes was 6% which was equal to the CCG and national averages of 6%. Unverified data submitted for 2016/17 showed overall performance for diabetes related indicators had improved to 97%.
- Performance for mental health related indicators was 83%. This was 14% below the CCG average and 10% below the England average. The exception reporting rate was 8%, which was lower than the CCG average of 14% and England average of 11%. The prevalence of patients with recorded mental health conditions in the practice was 1%, which was equal to the CCG and national averages. Unverified data submitted for 2016/17 showed overall performance for mental health related indicators had improved to 94%.
- Performance for dementia related indicators was 100%, which was 1% above the CCG average and 3% above the England average. The exception reporting rate was 6%, which was below the CCG average of 15% and England average of 13%. The prevalence of dementia was 1% which was equal to the CCG and national averages.
- Performance for rheumatoid arthritis was 17%, which was 75% below the CCG average and 79% below the national average. Exception reporting was 2%, which was below the CCG average of 10% and national average of 8%. The prevalence of rheumatoid arthritis was 1% which was equal to the CCG and national average. Unverified data submitted for 2016/17 showed overall performance for rheumatoid arthritis related indicators had improved to 95%.
- The prevalence of patients recorded as having depression was 4%, which was lower than the CCG and national prevalence of 8%. The performance for depression was 86%. This was 8% below the CCG average and 7% below the England average. The exception reporting rate was 20%, which was lower than the CCG average of 23% and England average of 22%. Unverified data submitted for 2016/17 showed overall performance for depression related indicators had improved to 88%.

The overall performance for QOF from the unverified data for 2016/17 had improved from 88% to 95%. The practice had an action plan in place from last year which included an overhaul of the recall system. Recall was now on patients' birthdays to ensure a memorable date for patients, and also to ensure patients were followed up in a systematic way by the practice. The practice had a delegated person responsible for the recall of patients. This recall included a phone call and letters to remind patients to attend for annual check-ups.

There was evidence of quality improvement including clinical audit:

- There had been nine clinical audits commenced in the last two years, six of these were completed audits where the improvements made were implemented and monitored.

Good

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, recent action taken in response to a clinical audit resulted in a reduction in the prescribing of an antibiotic by 29% over the past year.
- The practice were responsive to data from external stakeholders, such as the CCG. For example, the practice took part in benchmarking and as a result had reviewed data relating to out patient referrals to ensure they were appropriate.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions had completed courses on asthma, COPD and diabetes. The practice were also supporting a non-clinical member of staff to undertake health care assistant training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. The patient group directives and patient specific directions were up to date and signed.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, education meetings once per month, facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, face to face training from external companies and in-house 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 investigation and test results.
- From the sample of 11 documented examples we reviewed we found the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. These included meeting with the health visitor, heart failure nurse and district nurses.

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 hospice nurse was invited to attend meetings to discuss patient's needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff could demonstrate competency assessing consent for those under 18 and vulnerable patients.

Good

Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and the practice actively offered carers health checks.
- A midwife was available at the practice and smoking cessation advice was available from the nursing team. A stoma nurse was also available at the practice to ensure patients would not have to travel for this service.

The practice's uptake for the cervical screening programme was 84%, which was higher than the CCG average of 77% and the England average of 73%. Patients who did not attend for their cervical screening test were followed up to encourage attendance. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice had a process to phone these patients to encourage uptake.

- 70% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months which was higher than the CCG average of 66% and the England average of 58%.
- 86% of females aged 50 to 70 had been screened for breast cancer in the last 36 months which was higher than the CCG average of 79% and an England average of 73%.

Childhood immunisation rates were above CCG and England averages. Flexible appointments were available for patients receiving childhood immunisations and the practice also held immunisation clinics.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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. There was a sign at reception to advise patients of this.
- Patients could be treated by a clinician of the same sex.

All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with eight patients including four members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. One patient commented positively on the response of the practice after having a baby. The practice phoned the patient to congratulate on the birth of the baby and offered their services if required. The practice also offered a six week mother and baby check.

Results from the national GP patient survey, published in July 2017, showed patients felt they were treated with compassion, dignity and respect. The practice was in line and above local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients said the GP was good at listening to them, which was comparable with the clinical commissioning group (CCG) and national averages of 89%.
- 95% of patients said the GP gave them enough time, which was comparable to the CCG average of 87% and the national average of 86%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern which was comparable to CCG average of 85% and the national average of 86%.
- 94% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 94% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 98% 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%.
- 94% 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%.
- 91% of patients said they found the receptionists at the practice helpful compared with the CCG and national averages of 87%.

The views of external stakeholders were positive and in line with our findings. For example, the managers of the two local care homes where some of the practice's patients lived all praised the care provided by the practice. The main care home had a nominated GP who visited patients each week and the other care home commented positively about the availability of home visits and communication by the practice. We also received positive comments regarding the dispensary.

Care planning and involvement in decisions about care and treatment

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

that care plans were personalised. Children and young people were treated in an age-appropriate way and recognised as individuals. For example, one patient commented positively about the nature of the nursing and GP staff when treating their child.

Results from the national GP patient survey, published in July 2017, showed patients responded positively to 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:

- 92% 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%.
- 91% 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 national average of 82%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG and national averages of 90%.
- 86% 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 national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. A member of staff also spoke seven languages and could assist patients with translation when required.
- A member of staff was learning sign language in order to assist patients and had undertaken deaf awareness training. There was also a hearing loop available.
- Information leaflets were available in easy read format and the practice utilised the Accessible Standard Information. Information about the standard was available in the waiting room.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations, including information about dementia, cancer, stroke and carers. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 68 patients as carers (less than 1% of the practice list) The practice were aware that this number was low and had an action plan to improve this. This action plan included increasing awareness of carers through information, education evenings and ensuring patients are asked if they are a carer. A carer's pack was available to direct carers to the various avenues of support available to them. The practice offered carers' health checks to patients identified as carers.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday at the Hempnall site from 6pm to 7.50pm and at the Poringland site on a Tuesday from 6pm to 7.50pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients if requested and reviews of patients with learning disabilities were extended. The practice supported two local learning disabilities care homes and offered home visits to them as required.
- The practice had completed a survey for patients regarding waiting times at the surgery. They had found patients in general did not complain about waiting times; however some reported it would help to know what the waiting time was. As a result of the survey, the practice now informed patients if there was a delayed waiting time to see a clinician.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had completed a survey for housebound patients to ensure they were meeting the needs of the patients. This survey included questions about access to the surgery, obtaining and taking medicines and keeping warm in winter months. As a result of this survey, each patient had an individualised action plan to make access to and the provision of healthcare easier. For example, some patients relied on family members to book appointments and pick up medications. The practice had ensured they knew which family members were involved and liaised with them, as well as ensuring this was documented in the patient's notes. The practice also gave information about local services to address any issues that arose in the survey, including keeping warm during the winter.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice had undertaken domestic abuse training after highlighting this as a training need. As a result of the training, the practice had implemented a system to discreetly signpost patients who needed advice or support.
- The practice had a dementia champion and the staff had all undertaken dementia awareness training.
- The practice phoned vulnerable patients that had not attended or contacted the practice in recent months to ensure they were managing their health.
- The practice sent text message reminders of appointments and test results. The practice had also identified those patients that did not use texts and phoned them to remind them of appointments.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included a hearing loop, and interpretation services available. A member of staff was also learning sign language and had undertaken deaf awareness training to assist patients.
- The practice had completed a survey to get patient feedback about a walking group. The response was positive and as a result, the practice worked with a local Norfolk scheme to devise a route for patients to encourage 30 minutes of activity per day. Feedback from the group was positive in relation to health and social factors, including reducing loneliness in the older population. The practice also offered to weigh patients and take blood pressure measurements to monitor the benefits of this walking group and were able to evidence a reduction in blood pressure and weight for some of the group. The practice had a room where mothers could breastfeed in private, if they preferred. This room was also offered to local midwives to carry out breastfeeding teaching sessions.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services, such as low counters and access for disabled patients. The practice also offered an extra 199 appointments to cope with winter pressures.
- To help reduce patients not attending appointments, patients over 75 and under 16 were verbally chased and

checked to ensure there were no safeguarding problems. Other patients received a letter following three missed appointments reminding them of the importance of either cancelling or attending appointments.

- The practice had considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- The practice worked closely with the patient participation group and had set up open evenings with the aim of educating patients. These were held twice per year and were open all of the community, including those patients not registered with the practice. Topics included dementia, stroke, diabetes and heart disease. The turnout for these events had been positive; 85 people attended one of the events. The practice engaged with external stakeholders to provide information, such as University of East Anglia lecturers, medical consultants, the Alzheimer's Society and the CCG. The feedback from the open evenings was positive.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. The practice was closed between 1pm and 2pm daily at the Hempnall branch. The Hempnall branch was closed from 1pm on a Thursday. Extended hours appointments were available on a Monday at the Hempnall site from 6pm to 7.50pm and at the Poringland site on a Tuesday from 6pm to 7.50pm. In addition to pre-bookable appointments that could be booked up to two months in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey, published in July 2017, showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 83% of patients were satisfied with the practice's opening hours compared with the CCG average of 73% and the national average of 76%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 71%.
- 94% 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%.
- 89% of patients said their last appointment was convenient compared with the CCG average of 84% and the national average of 81%.
- 82% of patients described their experience of making an appointment as good compared with the CCG and national averages of 73%.
- 58% of patients said they don't normally have to wait too long to be seen, which was higher than the CCG of 57% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them and told us they could see a GP of their choice when booking in advance. The practice had a system to assess:

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

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

The practice had taken part in a productive general practice programme which is a programme offered by NHS England to help general practices deliver high-quality care. The practice involved a member of staff from each department to ensure views of all the staff groups were recognised. The practice focussed on access and as a result of feedback, they had found that patients were being booked to clinicians who were not best suited to their needs. The practice had pro-actively started informing patients of clinicians roles and signposted them to the most relevant clinician. The practice also signposted patients to relevant support groups in the area.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was information available in reception and on the website.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way.The practice demonstrated openness and transparency with dealing with complaints etc. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice had improved communication between primary and secondary care.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The vision was to 'provide our patients with exceptional and personalised care, at every contact, every time'.

- The practice had a mission statement which was displayed on the practice website and in the waiting areas and staff knew and understood the values. All of the staff were involved in the decision of that the vision was, as it was decided at a whole team meeting and input from staff was encouraged.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas such as clinical governance, safeguarding and chronic disease management.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. This included business meetings, whole team meetings, clinical meetings, education meetings and departmental meetings.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were processes and arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following complaints.

Leadership and culture

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

Old Mill Surgery was an approved training practice since 2011. The surgery taught years one and three medical students, as well as registrars. Registrars are doctors who are training to become GPs.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and hospice nurses to monitor vulnerable patients. GPs, when required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were available for practice staff to view.

Are services well-led?

Good

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- A GP had developed an 'email digest' for staff which included any relevant updates to guidelines, safety alerts and best practice. This was emailed monthly to all staff and was available on the staff intranet.
- The practice website displayed profiles of the GPs which included information relating to their education and qualifications, their General Medical Council numbers and their personal interests. The website also detailed what types of patients can be seen by the nurses and healthcare assistants.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the PPG and through surveys and complaints received. Surveys included one of housebound patients, one on waiting times to see a clinician at the practice, one on what services patients would like to see implemented, and a patient experience questionnaire. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had completed a survey on the waste of medicines and had communicated this to patients via a newsletter and the PPG notice board in the waiting area.
- The NHS Friends and Family test, complaints and compliments received.
- Staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and the practice held social evets such as garden parties. Staff told us they felt involved and engaged to improve how the practice was run. For example, staff had the opportunity to develop the mission and values of the practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, including the productive general practice programme which had made positive changes to the appointments system. The staff felt able to ask for training and supported by the practice to do this. For example, the practice were keen to train a member of staff to be a healthcare assistant. The practice were exploring the idea of offering a family planning coil implant service.