

# Ludham and Stalham Green Surgeries

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this service

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

# Summary of findings

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## Overall summary

We carried out an announced comprehensive inspection at Ludham and Stalham Green Surgeries on 10 January 2017. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. Where relevant, information was also shared with other practices in the area via a practice manager's forum, upon instigation of the practice manager.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was positive. Patients said they were treated with compassion, dignity and respect and they were involved in their

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

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

The area where the provider should make an improvement is:

- Ensure that the procedures following uncollected medicines and for dispensing high risk medicines is consistent across both dispensaries.

We saw various elements of outstanding practice:

# Summary of findings

- There were various means through which the management team had gone the extra mile to support staff and patients. For example, the practice manager had made various visits to staff that had been sick long term. There were arrangements in place for those members of staff that lived alone to ensure they arrived home safely if they were the last to leave the premises. Individual stress assessments had been undertaken with staff, who had also attended a stress management workshop in November 2015. In addition, the practice had been awarded the Royal College of General Practitioners (RCGP) East Anglia Faculty Practice Team Award in October 2016.
- The practice hosted the Alzheimer's Society Dementia Café on a monthly basis. This was done during practice closure afternoons so that patients making use of this facility would experience the privacy they may wish for or require.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. Several months prior to our inspection the practice manager had introduced discussion of significant events at the practice managers' monthly meetings within the commissioning group.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The practice proactively monitored for children that were not brought to their appointment and followed up on these for potential safeguarding reasons.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 96% of the total number of points available, with 7% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- Staff assessed needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as outstanding for providing caring services.

Outstanding



# Summary of findings

- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice higher than others for most aspects of care.
- Feedback from patients about their care was positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 127 patients as carers (approximately 2% of the practice list). Information for carers was available in the practice. Written information was available in the waiting room to direct carers to the various avenues of support available to them. A member of the administration staff had been appointed carers champion to enable further and continuous support for carers.
- Staff told us that if families had suffered bereavement, their usual GP visited them and provided further 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. Both staff and patients had commented that the practice went above and beyond the call of duty to support those suffering a bereavement. This was also reflected in the Practice Team Award awarded by the RCGP East Anglia Faculty in 2016.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Data from the National GP Patient Survey published in July 2016 showed that 92% 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 the national average of 85%.
- The practice hosted a variety of external services to improve access to these for local residents, eradicating the need for them to travel outside the area. For example, physiotherapy, Age UK, wellbeing services, diabetic eye screening and a hearing aid clinic.

Good



# Summary of findings

- The practice hosted the Alzheimer's Society Dementia Café on a monthly basis. This was done during practice closure afternoons so that patients making use of this facility would experience the privacy they may wish for or require. The practice was also a dementia friendly practice.
- 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. When things went wrong patients received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it and felt supported in their delivery.
- Data from the National GP Patient Survey published in July 2016 showed that 97% described the overall experience of their GP surgery as fairly good or very good compared to the local average of 89% and the national average of 85%. Despite the practice performing above average on all of the questions but one for the National GP Patient Survey they had recognised an area of improvement as a result. The practice had decided to focus on more in-depth, qualitative and detailed feedback from patients about the nursing team. To offer a boost to morale and confidence within the team and to provide useful patient feedback for the new upcoming nurse revalidation scheme.
- There was a clear leadership structure and staff felt supported by management. There was an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were effective arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The lead GP encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

**Outstanding**



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice had been awarded the Royal College of General Practitioners (RCGP) East Anglia Faculty Practice Team Award in October 2016.
- There were several members of staff that held champion roles, for example for carers.
- Staff commented on how positive the support and leadership they received from the practice manager and partners was.
- The practice was a teaching and a research practice.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided ward-round style weekly visits to various local care and nursing homes. Each had different care specialities for patients, including elderly people with medication needs and specialist dementia units. Each home had a specific lead GP allocated to ensure continuity of care. These lead GPs acted as the main point of contact for these homes and worked with the care home teams to ensure patients' needs were met. The GPs also worked with a community pharmacist when conducting patients' annual medicine reviews.
- The practice nurses visited care homes and housebound patients to offer chronic disease reviews and seasonal immunisations, together with a member of the admin team to support them with record keeping..
- The practice contacted patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were above local and national averages.
- The practice hosted a variety of external services to improve access to these for local residents, eradicating the need for them to travel outside the area. For example, physiotherapy, Age UK, wellbeing services, diabetic eye screening and a hearing aid clinic.
- The dispensary offered medicine dosage and carousel services to those requiring this. This enabled and assisted patients taking their medicines where they otherwise may not have been able to.
- Flu clinics were held at the practice but also in local village halls so that patients did not always have to travel to the practice.
- When the practice recruited a recent member of the GP partner team they had considered the needs of the patient population and recruited a GP with an additional qualification in geriatric medicine.

Outstanding





# Summary of findings

## People with long term conditions

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

- Nursing and GP staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2015/2016 showed that performance for diabetes related indicators was 76%, which was below the local average of 93% and national average of 90%. Exception reporting for diabetes related indicators was below local and national averages (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- Longer appointments and home visits were available when needed.
- Patients with complex needs had a named GP and a structured annual review to check their health and medicines needs were being met.
- 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 had implemented a monthly clinic at each site with the secondary care diabetic specialist nurse to help with patients who found it difficult to access hospital, either because of rural transportation issues or because they felt more comfortable in the familiar surroundings of the practice.
- The practice provided in-house D-Dimer testing (a blood test that measures a substance that is released when a blood clot breaks up) and use of a Doppler machine (used to check for deep vein thrombosis) at both sites.

Outstanding



## Families, children and young people

The practice is rated as outstanding 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.

Outstanding



# Summary of findings

- The practice offered a variety of contraceptive methods including implants fitting and removal.
- Childhood immunisation rates for the vaccinations given were in line with, or above CCG and national averages
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. The practice offered school readiness checks for children.
- The percentage of women registered at the practice that were screened for cervical cancer adequately in the previous 42 months (if aged 24-49) or 66 months (if aged 50-64) was 73%, which just below the local average of 77% and in line with the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered chlamydia screening and testing kits.
- The practice offered monthly contraceptive implant and removal clinics, including IUD/IUS (coil) insertion and removal and IUCD (Intrauterine Contraceptive Device) emergency fitting.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours were offered on Monday between 6.30pm and 8pm at both sites alternately.
- 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 smoking cessation advice.
- The practice provided text message services for patients including reminders for appointments, annual reviews, flu vaccinations and health campaigns. The also used this medium to approach patients for feedback through the Friends and Family Test.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years.

Outstanding



## **People whose circumstances may make them vulnerable**

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

Outstanding



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had 23 registered patients with a learning disability of whom 17 had received a review. Of the six patients that were due one had left the area, two had declined and three remained requiring a review.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Patients who were carers were identified and signposted to local carers' groups. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 127 patients as carers (approximately 2% of the practice list). There was a member of the administration staff that had been appointed carers champion to enable further and continuous support for carers.
- A management assistant in the practice had attended a specialist course run by a local charity and presented by people with learning disabilities and sensory impairment in order to improve the practice's accessible information standards. This resulted in easy read versions of key documents and access to order audio and braille versions as required.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out-of-hours.
- Both staff and patients had commented that the practice also went above and beyond the call of duty to support those suffering a bereavement. This was also reflected in the Practice Team Award awarded by the RCGP East Anglia Faculty in 2016.

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

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

- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months during 2015/16 was 89%, which was 7% above the local average and 6% above the national average.

Outstanding



# Summary of findings

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 90%, which was 2% above the local average and 2% above the national average.
- The practice hosted the Alzheimer's Society Dementia Café on a monthly basis. This was done during practice closure afternoons so that patients making use of this facility would experience the privacy they may wish for or require. The practice explained that this was very well attended and appreciated by patients. There was an administration team staff member who was dementia champion, to provide further support for, carers of, and patients with dementia. The practice was also a dementia friendly practice.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, some of which visited the practice on a regular basis.
- Staff had a good understanding of how to support patients with mental health needs and dementia. There were staff in various champion roles, including dementia champion and carers champion.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice performed in line with local and national averages in most areas. 213 survey forms were distributed and 132 were returned. This represented a 62% completion rate.

- 93% found it easy to get through to this surgery by phone compared to a local average of 78% and a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried (local average 90%, national average 85%).
- 97% described the overall experience of their GP surgery as fairly good or very good (local average 89%, national average 85%).
- 88% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (local average 84%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards, all of which were positive about the standard of care received. Patients felt that the practice provided a friendly, professional and kind service, praising both individual members of staff and the practice as a whole. There were positive comments referring to all groups of staff at the practice, including administration and dispensary staff.

We spoke with two patients during the inspection. Both patients said the care they received was good and that staff were kind, friendly, caring and approachable. They told us that they received an in-depth level of care, were happy with the service received and would recommend the practice to friends and family.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure that the procedures following uncollected medicines and for dispensing high risk medicines is consistent across both dispensaries.

## Outstanding practice

- We saw various examples where the management team had gone the extra mile to support staff and patients. For example, the practice manager had made various visits to staff that had been sick long term. There were arrangements in place for those members of staff that lived alone to ensure they arrived home safely if they were the last to leave the premises. Individual stress assessments had been undertaken with staff, who had also attended a stress

management workshop in November 2015. In addition, the practice had been awarded the Royal College of General Practitioners (RCGP) East Anglia Faculty Practice Team Award in October 2016.

- The practice hosted the Alzheimer's Society Dementia Café on a monthly basis. This was done during practice closure afternoons so that patients making use of this facility would experience the privacy they may wish for or require.

# Ludham and Stalham Green Surgeries

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team included a CQC lead inspector, a GP specialist adviser and a second CQC inspector.

## Background to Ludham and Stalham Green Surgeries

Ludham and Stalham Green surgeries are situated in the respective villages in Norfolk.

The practice is contracted to provide general medical services to approximately 5,700 registered patients across both sites. Both locations have a dispensary on site and dispense medicines to patients.

According to information taken from Public Health England, the practice population has a smaller percentage of patients aged below 50, and a higher percentage of patient aged 65 and over (considerably higher in the 65 to 74 age brackets), in comparison to the national average for practices in England. Both locations are in rural areas and have a level of deprivation equal to the national average. Income deprivation levels affecting older people and children are slightly higher than the local average but lower than the national average.

The practice clinical team consists of four GP partners, three male and one female. There are three practice nurses and three health care assistants. The clinical team are supported by a practice manager, a clinical data manager,

an office manager, eight dispensing staff, one summariser, one secretary, a management assistant and ten receptionists / administrators. There were also two apprentices and the practice employed a cleaner.

The practice is a training practice and had one registrar active at the time of our inspection. There were also apprentices active at the practice.

Both locations of the practice were open from 8.30am to 6pm during weekdays. The Ludham surgery closed at 1pm on Wednesdays only and the Stalham Green surgery closed at 1pm on Thursdays only. Extended hours were offered on Monday between 6.30pm and 8pm at both sites alternately. Out-of-hours care was provided by IC24 via the NHS 111 service. Appointments with GPs or nurses could be booked twelve weeks in advance

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 January 2017. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events:

- Staff told us they would inform the management of any incidents and there was a recording form available on the practice's computer system. The incident recording supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice reviewed their significant events on a monthly basis and also carried out an annual analysis to identify trends and make changes when necessary. We saw evidence that learning was proactively shared with staff and other services to address areas for improvement or adjustment. Several months prior to our inspection the practice manager had introduced discussion of significant events at the practice managers' monthly meetings within the commissioning group. This enabled all practices in the group to learn from each others' significant events, to share improvements and to highlight trends.

We reviewed safety records, incident reports, patient safety alerts, including those from the Medicines and Healthcare Products Regulatory Authority (MHRA) and Central Alerting System (CAS) and minutes of meetings where these were discussed. There was a lead member of staff responsible for cascading patient safety alerts, such as those from the MHRA. The log and records that were kept for updates and alerts were detailed and provided a clear oversight of the process and actions taken as a result.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All GPs were trained to child safeguarding level three. The practice proactively monitored for children that were not brought to their appointment and followed up on these incidents for potential safeguarding reasons.
- Notices throughout the practice advised patients that chaperones were available if required. All staff acted as chaperones and all were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was a lead member of staff for infection control who liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken at both sites and we saw evidence that action plans were in place to address any improvements identified as a result. For example, the washing of uniforms and adding foot operated pedal bins. The practice employed a cleaner at the Ludham surgery and made use of a cleaning company at the Stalham Green surgery. The cleaners provided weekly cleaning schedules and monthly checks were done randomly by the practice and feedback given to the cleaners.
- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken prior to staff's employment. For example, proof of their identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.



## Are services safe?

- The practice provided cryotherapy services to its patients and we saw that the liquid nitrogen (liquid nitrogen is used to remove certain types of warts and lesions by freezing them) was stored securely in a storage cupboard with appropriate user guidance, protective equipment and protocols in place.

### Medicine Management

- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained. The practice had audited their dispensing service showing good outcomes for patients. Dispensing staff were appropriately qualified and had their competency annually reviewed. Dispensing staff carried out dispensing reviews of patients to ensure that medicines were being used safely and correctly.
- The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed. There were a variety of ways available to patients to order their repeat prescriptions. Prescriptions were reviewed and signed by GPs before they were given to the patient to ensure safety. There was a system in place for the management of high risk medicines which included regular monitoring in accordance with national guidance. There were processes in place at Stalham for the dispensing of high risk medicines and a list of patients taking these medicines was maintained. Computerised medical records were checked to ensure that appropriate blood tests had been carried out prior to the dispensing of prescriptions. Ludham did not follow the same procedure and checks were not made by the dispensary staff on patients' medical records. However, the dispensers relied upon the recall system of the administration team to ensure that blood testing had been carried out and during our inspection we saw that all necessary blood tests had been performed.
- We saw that access to medicines was limited to authorised staff only via secure access to the dispensary. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. Records showed medicine refrigerator temperature checks were carried out to ensure medicines requiring refrigeration were stored at appropriate temperatures. Processes were in place to check medicines for expiry and to ensure they were safe for use.
- Emergency medicines we checked were within their expiry date. Processes were also in place to check medicines following alerts and recalls of medicines.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had standard procedures in place that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. There were arrangements in place for the destruction of controlled drugs. The practice carried out regular audits of controlled drugs. Dispensing staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.
- A standard operating procedure was in place for the preparation of monitored dosage systems commonly known as dosette boxes (these are boxes containing medications organised into compartments by day and time in order to simplify the taking of medications). The preparation of dosette boxes was undertaken by one dispenser and checked by a second dispenser. A separate room was available for the preparation of dosette boxes to ensure there were no distractions.
- There was procedure in place at Stalham Green surgery where dispensers advised GPs that medication and/or prescriptions had not been collected. The same process was not in place at Ludham surgery but the practice advised us during the inspection this would be implemented immediately. We saw that both dispensaries made attempts to contact patients by telephone to ascertain the reason why medicines had not been collected.
- There was a process in place for the replacement of medicines required for GP bags and the dispensary administrator was responsible for checking stocks, expiry dates and ensuring medicines were replaced when necessary. A record was maintained of all items for each individual GP.
- Both dispensaries carried out annual audits of patient satisfaction and the results showed patients rated the

## Are services safe?

dispensaries as excellent with regard to the quality of advice given, confidentiality, the ease of ordering repeat prescriptions and the management of repeat prescriptions.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available at each of the locations with a poster which identified local health and safety representatives. The waiting rooms in both locations were overseen by reception.
- The practice had accessed the services of an external health and safety consultant to undertake regular assessments of the premises. We saw this was undertaken, recorded in detail and actions were taken or planned where required. The practice explained that unannounced visits and inspections were undertaken by the consultant to aid the practice being aware of health and safety matters at all times.
- The practice had up to date fire risk assessments and all electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises, for example, control of substances hazardous to health (COSHH) and for asbestos. Legionella (a term for a particular bacterium which can contaminate water systems in buildings) certificates were in place and weekly check of the water

were undertaken. Some of the actions from the assessment including those around plumbing work were in the process of being addressed during a refurbishment schedule which was planned for completion in March 2017.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Some staff were multi skilled and could cover other roles when required at both locations.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and emergency medicines were easily accessible to staff in a secure area of both surgeries. All the medicines we checked were in date.
- The practice had a defibrillator available on both premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 96% of the total number of points available. The practice reported 7% exception reporting overall, which was lower than the local average of 11% and lower than the national average of 10%. Data from 2015/16 showed performance for all indicators was above or in line with the CCG and national averages except for diabetes indicators. Performance for diabetes related indicators was lower compared to the CCG and national average. With the practice achieving 76%, this was 18% below the CCG average and 14% below the national average. The practice was aware that improvement was needed in this area and had instigated a variety of changes to drive improvement:

- A Diabetes Care Facilitator has held monthly clinics at both practice sites since July 2016. The practice provided the service a room at each site free of charge and can refer patients straight in to the service to see them in-house. They are also able to see patients from other local surgeries there too.
- A redesign of the system searches identifying patients due for recall.
- Recruitment of an additional nurse for both relief cover and to specifically hold diabetic clinics.

- Negotiation of an appropriate clinical target at an individual level with relevant patients as part of a shared management plan.
- The practice signed up to the National Diabetes Prevention Programme to identify those at high risk and refer them on to a behaviour change programme.
- Further review of clinical coding and QOF performance.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Clinical audits demonstrated quality improvement. A variety of clinical audits had been completed. For example, In September 2015 and August 2016 the practice audited patients taking warfarin (anti-coagulant medicine) to assist the safe use of anticoagulants.

At initial audit during September 2015 to March 2016 of 20 patients, 85% of patients had an indication for anticoagulants clearly stated in their notes. For 95% the target INR (International Normalised Ratio – the level which measures the delay in the clotting of the blood caused by the warfarin) was clearly stated in the patient notes, of which 65% were achieving their target.

At second audit during August 2016 to January 2017 of 20 patients, 95% of patients had an indication for anticoagulants clearly stated in their notes. For 95% the target INR (International Normalised Ratio – the level which measures the delay in the clotting of the blood caused by the warfarin) was clearly stated in the patient notes, of which 79% were currently achieving their target.

As a result of each of the cycles of this audit the practice had devised an action plan with several actions relating to setting up regular searches (monthly) to aid close monitoring of the patients. There were also intended changes to how patients were Read coded. A re-audit was due in February 2017 and will assess the effectiveness of the actions taken as a result of the first audit.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered topics including safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

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- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw that all GPs in the practice had undergone child protection safeguarding training level three.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of their competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings or with peers.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses; and training on topics based on the needs of the patient demographics, for example deaf awareness, and dementia awareness training. All staff had received an appraisal in the past 12 months.
- One of the practice's nurses was a research nurse with allocated time to ensure they could fulfil this role effectively.
- We saw positive example where the practice had supported members of staff through the return to work process. Staff commented that they were very pleased with the approach taken and support offered by the leadership team in the practice.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan

ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. For those patients that were considered for hospital admission avoidance the practice worked closely with other services.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, alcohol consumption, and smoking cessation. Patients were signposted to the relevant service, most of which were hosted at the practice on a regular basis to improve access for patients in the rural area the practice was situated in.

The percentage of women registered at the practice that were screened for cervical cancer adequately in the previous 42 months (if aged 24-49) or 66 months (if aged 50-64) was 73%, which just below the local average of 77% and in line with the national average of 74%.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. 2014/15 data indicated that the breast cancer screening rate for the past 36 months was 78% of the target population, which was in line with the CCG

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

average of 80% and slightly above the national average of 72%. Furthermore, the bowel cancer screening rate for the past 30 months was 62% of the target population, which in line with the CCG average of 65% and national average of 58%.

Childhood immunisation rates for the vaccinations given were in line with, or above CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds in 2015/16 ranged from 92% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had undertaken 332 assessments from 686 invites during 2015/16.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff could offer them a private room to discuss their needs.
- The practice was in the process of renovating the premises so that they would be able to offer more modern, clinically suitable treatment and consultation rooms. For example, there were several consultation rooms that still had carpet fitted, which the practice planned to have removed, and the renovation completed, by end of March 2017.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards, all of which were positive about the standard of care received. Patients felt that the practice provided a friendly, professional and kind service, praising both individual members of staff and the practice as a whole. There were positive comments referring to all groups of staff at the practice, including administration and dispensary staff.

We spoke with two patients during the inspection. Both patients said the care they received was good and that staff were kind, friendly, caring and approachable. They told us that they received an in-depth level of care, were happy with the service received and would recommend the practice to friends and family.

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

- 97% of patients said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.

- 98% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

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

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

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

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 95% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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



## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- Information about research the practice was undertaking was on display.

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

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

Information about support groups was also available on the practice website. Carers were identified by both clinicians and reception staff and actively encouraged to register as a carer.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 127 patients as carers (approximately 2% of the practice list). Information for carers was available in the practice. Written information was available in the waiting room to direct carers to the various avenues of support available to them. A member of the administration staff had been appointed carers champion to enable further and continuous support for carers.

Carers' health and holistic needs were reviewed opportunistically during their own appointments and when seen with the patient they were caring for, both in the surgery and at home visits. Where appropriate, the needs of carers were discussed at regular MDT meetings.

The practice had identified a need for village patients to access more local support. They therefore arranged local meetings and events in conjunction with external support agencies such as Age UK, MIND, Norfolk Carers Support and the Alzheimer's Society amongst others. The practice explained these were well attended and provided further connection between the surgery and carers in the community. In addition, all staff members were aware of patient family dynamics and observed a low threshold for informing clinicians.

The practice had also hosted other carers' events during practice closure afternoons. The practice had nurtured relationships with local charities and organisations to ensure that they had as much information available for patients as possible and that a wide variety of experts were at the event to have consultations with patients. Patients from outside the practice area and from other local surgeries were also welcome at the event.

Staff told us that if families had suffered bereavement, their usual GP visited them and provided further 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. Both staff and patients had commented that the practice went above and beyond the call of duty to support those suffering a bereavement. This was reflected as part of the rationale for the practice's Royal College of General Practitioners (RCGP) East Anglia Faculty Practice Team Award in October 2016.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients who required one. For patients with complex reviews the practice allocated 20 minutes appointments.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. Baby changing facilities and a breast feeding area were also available.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, services for carers and promotion of mental health awareness.
- The practice offered chlamydia screening and testing kits.
- The dispensary offered medicine dosage and carousel services to those requiring this. This enabled and assisted patients taking their medicines where they otherwise may not have been able to.
- The practice hosted a variety of external services to improve access to these for local residents, eradicating the need for them to travel outside the area. For example, physiotherapy, Age UK, wellbeing services, diabetic eye screening and a hearing aid clinic.
- The practice hosted the Alzheimer's Society Dementia Café on a monthly basis. This was done during practice closure afternoons so that patients making use of this facility would experience the privacy they may wish for or require. The practice explained that this was very well attended and appreciated by patients. There was an administration team staff member who was dementia champion, to provide further support for, carers of, and patients with dementia. The practice was also a dementia friendly practice. The practice offered school readiness checks for children.
- Flu clinics were held at the practice but also in local village halls so that patients did not always have to travel to the practice. The practice offered on site minor surgery.
- The practice provided a mole dermatology clinic following suggestions from patients that this would be useful.
- The practice had implemented a monthly clinic at each site with the secondary care diabetic specialist nurse to help with patients who found it difficult to access hospital, either because of rural transportation issues or because they felt more comfortable in the familiar surroundings of the practice.
- The practice provided in-house D-Dimer testing (a blood test that measures a substance that is released when a blood clot breaks up) and use of a Doppler machine (used to check for deep vein thrombosis) at both sites.
- As the practice was situated within the Norfolk Broads they had recognised the need to provide care to temporary residents (for example, holiday makers and the boating community). GPs undertook visits on boats if required and were provided with life jackets if required. The practice also offered medicals to the RNLI Lifeboat crews.
- The practice worked with various local schemes to improve services and access for patients, for example a good neighbour scheme and two local car schemes to support transport for patients and to arrange prescription services.
- The practice had organised a medicine wastage campaign in response to a report by the Department of Health. The practice had a display, which visibly showed the unused medicines that were returned to the practice each month. The display also included the total cost to the NHS. The practice explained that this also helped to raise awareness on the "Open the Bag" campaign. The two campaigns together provided patients with a greater understanding of the costs associated with their medication and how they could help the NHS.
- During March 2016 the practice had reviewed an increased number of appointments for eating disorders



# Are services responsive to people's needs?

(for example, to feedback?)

following which they signed up to a locally enhanced service to provide enhanced monitoring and care for patients affected by eating disorders. One of the GPs attended additional training for this.

## Access to the service

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 93% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.
- 70% of patients said that they got to see or speak to their preferred GP, compared to the CCG average of 58% and the national average of 59%.

Both locations of the practice were open from 8.30am to 6pm during weekdays. The Ludham surgery closed at 1pm on Wednesdays only and the Stalham Green surgery closed at 1pm Thursdays only. Extended hours were offered on Monday between 6.30pm and 8pm at both sites alternately. Out-of-hours care was provided by IC24 via the NHS 111 service. Appointments with GPs or nurses could be booked twelve weeks in advance.

The practice offered a direct by-pass phoneline for carehomes and other healthcare providers.

The practice provided a minor injury service. This allowed the practice to signpost patients to the correct speciality and supported admission avoidance.

## Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system on the practice's website and in their information leaflet. Reception staff showed a good understanding of the complaints' procedure.

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated, or were ongoing, and responded to in a timely manner. Learning was shared with staff to encourage development. Verbal complaints were also recorded.

In response to a complaint the practice invited a local politician to visit them. Following the meeting the practice reviewed their appointments system and made changes.

# Are services well-led?

Outstanding



(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 with a supporting ethos to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which stated they “aimed to provide their patients with high quality, person-centred, accessible, integrated care in a safe, responsive and courteous manner”.

This was displayed in various areas of the practice, including the entrance.

### Governance arrangements

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

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

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

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. From a review of records including action points from staff meetings, audits and significant event recording, we saw that information was reviewed to identify areas for improvements and to help ensure that patients received safe and appropriate care and treatments. Learning from incidents was shared with staff through meetings, notices and other forums but also with other practices in the area in an anonymised form. Several months prior to our inspection the practice manager had introduced discussion

of significant events at the practice managers’ monthly meetings within the commissioning group. This enabled all practices in the group to learn from each others’ significant events, to share improvements and to highlight trends.

The practice had accessed the services of an external health and safety specialist to undertake regular assessments of the premises. We saw this was undertaken, recorded in detail and actions were taken or planned where required.

### Leadership and culture

On the day of inspection the partners in the practice and the practice and team managers demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. The partners in the practice met on a weekly basis.

Staff told us the leadership team were always approachable, friendly and supportive. We were told of various examples where the management team had gone the extra mile to support staff. For example, the practice manager had made various visits to staff that had been sick long term. There were also arrangements in place for those members of staff that lived alone to ensure they arrived home safely if they were the last to leave the premises. Staff commented this was very reassuring.

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

The practice had been awarded the Royal College of General Practitioners (RCGP) East Anglia Faculty Practice Team Award in October 2016. This award was for ‘the most outstanding contribution to primary care service provision or development by a practice team in the preceding year’. This was, amongst others, driven by the practice providing personal bereavement visits with GPs, being a dementia friendly practice and all staff being trained as chaperones. The process was overseen by a panel of judges made up of members of the RCGP East Anglia Faculty Board, both GPs and lay members.

# Are services well-led?

Outstanding



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

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

Health care assistants were clinically supported by the nurses and GPs in the practice.

We saw evidence that staff who had been on longterm sick were proactively supported back to work. Staff we spoke with claimed to be very pleased with the approaches taken and support offered by the leadership in the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

There was an active patient participation group (PPG) with more than 20 members who were involved in various aspects of the practice. For example, PPG members had undertaken an audit of the practice's premises and made changes as a result, for example the implementation of a portable hearing loop and instalment of non-slip steps. PPG members assisted during flu clinics and carer events, which the clinical team claimed was supportive to the team. The PPG also promoted the group and sought to recruit new members during these events. The group was involved in reviewing and editing practice newsletters and met with the practice manager on a regular basis.

Despite the practice performing above average on all of the questions but one for the National GP Patient Survey they had recognised an area of improvement as a result. The practice had decided to focus on more in-depth, qualitative and detailed feedback from patients about the nursing team. To offer a boost to morale and confidence within the team and to provide useful patient feedback for the new upcoming nurse revalidation scheme.

The practice had undertaken a patient dispensary survey in 2016, generating 104 responses. In this survey, amongst other results, 100 patients had rated the quality of advice given by the dispensers as "very good" or "excellent", four had rated it "good" or "average".

88 patients rated the ease of ordering prescriptions as "very good" or "excellent", six had rated it "good" or "average". 92 patients rated the confidentiality at the dispensary as "very good" or "excellent", ten had rated it "good" or "average" and one patient rated it "poor".

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt empowered by management to make suggestions or recommendations for practice.

A 'safety culture' 360 degree questionnaire was undertaken amongst all staff, this had highlighted that the practice scored above average on all questions. This included questions such as: "I would be able to express disagreement with a senior member of staff", "if I had a suggestion to improve patient safety it would be taken serious" and "I would be able to discuss a mistake with my boss" amongst others.

The practice manager explained their desire to ensure staff were looked after and showed us evidence of individual stress assessments they had undertaken with staff. Staff had also attended a stress management workshop in November 2015. The overall aim of this process was to highlight areas of stress and to work together to help reduce stress in the workplace.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice undertook competency questionnaires on all contractors that operated on site. As the practice was going through a period of building refurbishment, contractors' attendance was higher than normal. We saw evidence of a thorough assessment on all building contractors used to date, this included references, health and safety and risk monitoring systems, legal certificates and insurance details amongst others.

The practice provided self-care guides in the waiting areas and there was a dedicated section on the website.

The practice was a training practice and there was one registrar active at the practice at the time of our inspection. There was one GP who was a fully accredited trainer and another GP was a newly approved associate trainer.

The practice also regularly employed apprentices, three of whom had remained at the practice after their apprenticeship and worked at the practice at the time of the inspection.

# Are services well-led?

Outstanding



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

The practice also hosted pharmaceutical and prospective medical students.

When the practice recruited a recent member of the GP partner team they had considered the needs of the patient population and recruited a GP with an additional qualification in geriatric medicine.

The practice was an active research practice on a level one contract with the Eastern Clinical Research Network. There were a lead GP and nurse actively involved in research. There were a variety of research projects ongoing at the time of the inspection, amongst which were:

- TWIC's – a randomised double blind placebo controlled interventional study looking at the use of low dose theophylline (used in therapy for respiratory diseases) in chronic obstructive airways disease patients.
- STILTS – an observational study looking into genetics factors as to why some people have a naturally low body mass index.
- ALL-HEART – this interventional study was due to start shortly after our inspection, and looks into the use of allopurinol (used to treat gout or kidney stones, and to decrease levels of uric acid in certain cancer patients) in patients with heart disease.

There was an information board in the waiting room informing patients of the research setup at the practice.