Paston Surgery

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Paston Surgery on 12 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Improve the security of the dispensary area.
- Ensure that annual reviews for patients with a learning disability are undertaken in a timely manner.
- Ensure that atropine is included as an emergency medicine.
- Ensure that the learning from complaints is shared and disseminated with the appropriate staff within the practice.

We saw one area of outstanding practice:

Summary of findings

- The practice had developed an emergency admissions toolkit which had been adopted by the local Clinical Commissioning Group (CCG) and other local practices. This toolkit processed information from the local hospital and informed the practice of the number of people that were admitted, when and why they were admitted and the frequency of admissions. This information was used to develop care plans for patients and was updated daily, which allowed the practice to be pro-active in investigating and intervening if necessary. The practice had also developed a related risk stratification toolkit, which had also been adopted by the local CCG. This toolkit assisted the practice in obtaining risk ratings based on the information in the emergency admissions toolkit.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were consistently above average compared to the national results.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for the majority of staff, and we saw evidence of robust planning to ensure the remaining staff would undergo appraisals and mandatory training.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice higher than average for several aspects of care, but lower in others. The practice had identified this and was proactively addressing the issues.
- Patients we spoke to said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the development of a risk stratification tool for emergency admissions.
- Patients said there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. There was scope to improve the learning from complaints.

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 we spoke with were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of, and complied with, the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels. For example, the practice had developed a risk stratification toolkit for emergency admissions. This was adopted by the local CCG and used by other practices in the area.
- The practice had an interest in research and took part in local studies.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were above local and national averages.
- The practice provided GP cover to six local care homes, where a GP provided weekly ward rounds.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice 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 2014/2015 showed that
- Longer appointments and home visits were available when needed.
- 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.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were slightly below the local averages for all standard childhood immunisations.

Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had a comprehensive cervical screening programme. The percentage of patients receiving the intervention according to 2014-2015 data was 83.4%, which was above the England average of 81.8%. Patients who did not attend their appointment were followed up with letters and telephone calls,
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. This included chlamydia screening and contraceptive services for local college students, including those who were not registered at the practice.
- Extended hours appointments were available between 7am and 8am daily, but for telephone consultations only.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had 84 registered patients with a learning disability, of which 82 were eligible for an annual review since April 2015. 47 had received an annual review. The practice informed us they were proactively inviting patients that were overdue 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.

Summary of findings

- Patients who were carers were proactively identified and signposted to local carers' groups.
- 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.
- One of the GP partners was the safeguarding lead for the area.

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 had 106 registered patients with dementia, of which 97 were eligible for an annual review since April 2015. 84 patients had received an annual review.
- The practice had 79 registered patients experiencing poor mental health, of which 59 were eligible for an annual review since April 2015. 52 patients had received an annual review.
- 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.
- The practice had developed a risk stratification toolkit to identify patients that were at risk of emergency admissions.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 239 survey forms were distributed and 145 were returned. This represented a 61% completion rate.

- 75% of patients found it easy to get through to this practice by phone compared to the CCG average of 78% and the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 90% and the national average of 85%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards which were both positive about the standard of care received. The comment cards noted that the staff at the practice were helpful and understanding.

We spoke with nine patients during the inspection. All patients said they were satisfied with the care they received, and thought staff were approachable, committed and caring. One patient felt that it was sometimes difficult to get an appointment at a time that was convenient.

Areas for improvement

Action the service SHOULD take to improve

- Improve the security of the dispensary area.
- Ensure that annual reviews for patients with a learning disability are undertaken in a timely manner.
- Ensure that atropine is included as an emergency medicine.
- Ensure that the learning from complaints is shared and disseminated with the appropriate staff within the practice.

Outstanding practice

- The practice had developed an emergency admissions toolkit which had been adopted by the local Clinical Commissioning Group (CCG) and other local practices. This toolkit processed information from the local hospital and informed the practice of the number of people that were admitted, when and why they were admitted and the frequency of admissions. This information was used to develop care plans for patients and was updated daily, which allowed the practice to be pro-active in investigating and intervening if necessary. The practice had also developed a related risk stratification toolkit, which had also been adopted by the local CCG. This toolkit assisted the practice in obtaining risk ratings based on the information in the emergency admissions toolkit.

Paston Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector**.** The team included a GP specialist adviser, a practice manager specialist adviser and a medicine optimisation inspector.

Background to Paston Surgery

Paston Surgery is situated in North Walsham, Norfolk. The practice provides services for approximately 7,000 patients. It holds a General Medical Services contract with NHS North Norfolk CCG.

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

The practice has five GP partners, one male and four female, one salaried female GP and two GP registrars. There is one nurse practitioner, one practice nurse, one phlebotomist and two health care assistants. The practice also employs a general manager, an operations manager, a data and compliance manager and reception, dispensary and administration teams with individual leads. The practice has 29 staff in total.

The practice is open from Monday to Friday 8am to 6pm. It offers appointments in a variety of formats throughout the week: Mondays are open access so that patients can book appointments on the day, on Tuesdays to Thursdays the practice offers a variety of pre-booked and open appointments, and on Fridays the practice offers pre-bookable appointments only. Extended hours clinics are available between 7am and 8am daily but for telephone consultations only. Out-of-hours care is provided by Integrated Care 24.

The practice is a training practice and teaches medical students as well as GP registrars (trainee doctors). The practice was also actively involved in various research projects.

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 to share what they knew. We carried out an announced visit on 12 April 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for, and talked with carers and 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. 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.
- Staff told us they would inform their line 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 (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The information was monitored by a designated member of the administration team and electronically shared with other staff. Any actions required as a result were researched by a designated staff member and brought to the attention of the relevant clinician to ensure issues were dealt with. Clinicians we spoke with confirmed that this took place and felt that it worked well.

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. Safeguarding 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 member of staff for safeguarding and one of the GP partners was the safeguarding lead for the CCG. 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. GPs were trained to child safeguarding level 3.
- 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 had received a Disclosure and Barring Service 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. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the practice had identified children's toys as a potential risk contributing to infection spread and had removed the toys from the waiting room.
- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Medicine management

- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained. Dispensary staffing levels were in line with DSQS guidance. Dispensing staff were appropriately qualified and had their competency annually reviewed. The practice had conducted some auditing of the quality of their dispensing service showing high patient satisfaction.

Good

Are services safe?

- The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and reflected current practice. 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 were arrangements in place to provide medicines in compliance aids and a once weekly delivery service for some patients.
- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. However, we noted that the practice should make more robust arrangements for the security of doors to dispensary areas. Records showed medicine refrigerator temperature checks were carried out which ensured medication was stored at the appropriate temperature. Processes were in place to check medicines were within their expiry date and suitable for use. Medicines we checked were within their expiry dates. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged and then reviewed. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked 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, 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).
- 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. The practice worked closely with a neighbouring practice in Aldborough and shared various staff, for example financial management, between them.

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 there were emergency medicines available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. We noted that the emergency medicines did not include atropine (a drug used in the treatment of bradycardia) which, considering the practice undertook minor surgery and was a considerable distance from the hospital, needed to be held on site. The practice explained they could obtain this from the dispensary if required but said they would add atropine to the emergency drugs after we highlighted this.
- 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.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 100% of the total number of points available. This was 2.7% above the local average and 5.3% above the England average. The practice reported 6.7% exception reporting, which was 3.7% below CCG and 2.5% below national average (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). Data from 2014/2015 showed:

- Performance for asthma, atrial fibrillation, cancer, chronic obstructive pulmonary disease, dementia, depression, diabetes, epilepsy, heart failure, hypertension, mental health, learning disability, osteoporosis: secondary prevention of fragility fractures, palliative care, peripheral arterial disease, rheumatoid arthritis, secondary prevention of coronary heart disease and stroke and transient ischaemic attack were better or the same in comparison to the CCG and national averages with the practice achieving 100% across each indicator.
- Performance for secondary prevention of coronary heart disease related indicators was also higher compared to the CCG and national average. With the practice achieving 99.6%, this was 1.9% above the CCG average and 4.8% above the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw evidence of a variety of audits that the practice had undertaken. We saw evidence of multiple and completed audit cycles where the improvements found were implemented and monitored. Findings were used by the practice to improve services. For example, the practice had undertaken an audit on patients that were prescribed lithium, a drug used in the treatment of manic depression. The audit checked if patients were sent the blood test forms from a local hospital, whether and when blood tests were carried out and when the next blood test was due. The results indicated that four out of five patients were identified as having blood tests regularly, as recommend by the hospital. For the remaining patient measures were implemented to ensure that accurate monitoring took place in the future.

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. It included training on safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Not all staff had received an appraisal within the last 12 months, but we saw evidence of a newly developed, thorough appraisal process that would ensure high quality appraisals were ongoing and learning needs were identified. The revised appraisal included behavioural reviews and training.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to, and made

Good

Are services effective?

(for example, treatment is effective)

use of, e-learning training modules, in-house and external training. Staff we spoke with said they had been provided with additional training they had shown an interest in and were either provided with protected study time, time in lieu or had their training costs covered in exchange. The practice manager had reviewed the training matrix in October 2015 and a newly implemented process had been put in place to ensure that all staff were up to date with training, and were aware of gaps and areas for development. We saw that training for basic life support and safeguarding was up to date.

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 monthly basis when care plans were routinely reviewed and updated for patients with complex 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.
- 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

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

The practice had a comprehensive cervical screening programme. The practice's percentage of patients receiving the intervention according to 2014-2015 data was 83.4%, which was above the England average of 81.8%. Patients that had not attended for a screening appointment were followed up with letters and telephone calls.

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. The breast cancer screening rate for the past 36 months was 78.4% of the target population, which was comparable to the CCG average of 79.8% and above the national averages of 72.2%. Furthermore, the bowel cancer screening rate for the past 30 months was 67.2% of the target population, which was above the CCG average of 66.3% and the national average of 58.3%.

Childhood immunisation rates for the vaccinations given to under twos during 2014-15 ranged from 87.8% to 100% compared to the local average of 95.5% to 98.5% and for five year olds from 88.1% to 94.9% compared to the local average of 92.3% to 98.0%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Where abnormalities or risk factors were identified, the practice informed us that follow-ups on the outcomes of health assessments and checks were made. 168 patients had received their health check in the preceding 12 months.

Good

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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received two Care Quality Commission comment cards which were both positive about the service experienced. The comments stated that the patient felt the practice offered an excellent service and that staff were kind, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG) and five other patients. They all told us they were satisfied with the care provided by the practice, they said their dignity and privacy was respected and all but one patient felt involved in the decisions around the care they received.

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

- 93% of patients said the GP was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 95% 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%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 94% 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%.
- 94% 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

From the nine patients we spoke with all but one told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to, 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.

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.
- 92% 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%.

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.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 217 (approximately 3%) patients as carers. Written information was available to carers to inform them of the various avenues of support available to them. There were 71 patients on the register highlighted as being cared for.

Staff told us that families who had suffered bereavement were contacted by their usual GP. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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 with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice looked after older patients living in six local care homes, where GPs undertook weekly ward rounds.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- There were disabled facilities and translation services available.

Access to the service

The practice was open from Monday to Friday from 8am to 6pm. It offered appointments in a variety of formats throughout the week: Mondays were open access so that patients could book appointments on the day, on Tuesdays to Thursdays the practice offered a variety of pre-booked and open appointments and on Fridays the practice offered pre-bookable appointments only. Extended hours clinics were available between 7am and 8am daily but for telephone consultations only. Out-of-hours care was provided by Integrated Care 24.

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

- 73% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 75%.
- 75% 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%.
- 57% of patients usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 72% and the national average of 65%.
- 71% of patients describe their experience of making an appointment as good compared to the CCG average of 78% and the national average of 73%.

Where the practice had scored below average in the most recent National GP Patient Survey areas were identified and analysed; there was an action plan in place to undertake revised approaches to providing timely patient consultations. For example, in response to above 57% score for patients waiting 15 minutes or less, the practice had reviewed individual clinician waiting times and reviewed the appointment times and slots. Staffing levels were also reviewed and recruitment was underway for an additional clinical resource. In response to the 75% score for patients that said they could get through easily to the practice by phone, the practice had installed call monitoring software so call volumes could be analysed and staffing levels could be planned better.

The practice had implemented a new appointment system in response to the 71% score for patients that had described their experience of making an appointment as good. On review of the new system, the practice had needed to implement another new system following feedback from patients that a variety of obstacles in the new system obstructed a smooth process. The practice was currently ascertaining whether the new system was delivering the desired satisfaction in appointment availability. There were posters on display informing patients that a review of the system was currently taking place.

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. The practice had received 22 complaints in the previous year.

We saw that information was available to help patients understand the complaints system on the practice's website and in their information leaflet. Information about how to make a complaint was also displayed on the wall in the waiting area. 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

Good

Are services responsive to people's needs?

(for example, to feedback?)

they had been fully investigated and responded to in a timely and empathetic manner. However, there was no clear system in place for staff to learn from complaints nor did we see evidence that complaints were shared with staff during meetings.

The practice had a patient liaison team for patients to contact if they had any queries, for example problems with appointments.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice's mission statement included the notion that 'their priority was to provide the best standard of clinical and administrative care to patients'. And that the practice 'worked collaboratively with other providers and support organisations to ensure continuity of care and the enablement of patients to be treated in a primary care setting'.
- The practice had a robust strategy and supporting business plans which reflected the vision and values which 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 in place and ensured that:

- There was a clear staffing structure and rota planning and staff were aware of 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. The various teams in the practice each had their own lead individual.
- The leadership structure in the practice provided robust leadership capabilities and resilience. As a result a comprehensive understanding of the performance of the practice was maintained and the drive to improve and perform well was evident in clinical and non-clinical areas.
- The GPs were supported to address their professional development needs for revalidation.
- Staff were supported through a system of appraisals and continued professional development.
- Practice specific policies were implemented and were available to all staff.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice proactively reviewed its processes in response to survey data to with the aim to improve access to appointments.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness, dedication and honesty.

Staff told us that various regular team meetings were held. Staff explained that they had the opportunity to raise any issues at these meetings, were confident in doing so and felt supported if they did. Staff said they felt respected and valued by the partners in the practice.

The provider was aware of, and had systems in place to ensure, compliance with the requirements of the Duty of Candour. This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

The practice worked closely with the nearby Aldborough practice. The practices shared best practice ideas and staff when required, for example for finance and training.

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.

The practice had gathered feedback from patients through the PPG, surveys, the National GP Patient Survey and complaints received. The PPG gave feedback to the practice through regular meetings with a designated member of staff. The group organised regular fund raising events such as tombolas and book sales, and organised regular coffee mornings.

The practice had 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 they felt involved and engaged to improve how the practice was run. The practice organised seasonal social events and had organised an away day to build resilience in the team.

Are services well-led?

Good

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice had devised improvement driven action plans in response to the National GP Patient Survey, even when performance was in line with averages.

The practice had developed a training facility in cooperation with another local practice and expanded this into a business venture. By providing facilities and inviting staff from other services to attend training sessions provided by external trainers, the practice was able to develop its own staff members at these training sessions with a minimal cost.

The practice had developed an emergency admissions toolkit which had been adopted by the local CCG and other practices. This toolkit processed information from the local hospital and informed the practice of the number of people that were admitted, when and why they were admitted and the frequency of admissions. This information was used to develop care plans for patients and was updated daily, which allowed the practice to be proactive in investigating and intervening if necessary. The practice had also developed a related risk stratification toolkit which had also been adopted by the local CCG. This toolkit assisted the practice in obtaining risk ratings based on the information in the emergency admissions toolkit.

The practice was a training practice and teaches medical students as well as GP registrars (trainee doctors). The practice was also actively involved in various research projects.