

# Stalham Staithe Surgery

## Quality Report

Lower Staithe Road  
Stalham  
Norwich  
NR12 9BU  
Tel: 01692 582000  
Website: [www.staithesurgery.co.uk](http://www.staithesurgery.co.uk)

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Staithe Surgery on 19 April 2016. Overall the practice is rated as good.

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

- The appointment system was flexible and ensured that patients who requested to be seen on the same day were.
- The practice had good facilities including disabled access. A hearing loop was available for those patients who needed it. Patients that were particularly unwell were asked to wait in areas where reception staff could observe them, in case their condition changed.

- Information about the services and how to complain was available. The practice sought patient views about improvements that could be made to the service and some of these discussions occurred through the patient participation group (PPG).
- The practice proactively managed care plans for vulnerable patients and had effective management strategies for patients at the end of their life.
- There were systems, policies and procedures to keep patients safe and to govern activity for example, infection control.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- The practice produced a newsletter each quarter to ensure that patients were kept up to date with any changes at the practice.

**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.

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. There was a system in place for reporting and recording significant events. Learning was shared to make sure action was taken to improve care and safety in the practice.

The practice had arrangements in place to safeguard patients from abuse and ensure enough staff were on duty to keep people safe.

Appropriate recruitment checks had been carried out for staff including Disclosure and Barring Service (DBS) checks for those who acted as chaperones.

There were systems and processes in place for the safe management of medicines and these were generally well managed.

The practice had systems to identify and mitigate risks to staff and patients who used the service.

The practice had a robust business continuity plan in place to manage major incidents; emergency contact numbers had been included.

Good



### Are services effective?

The practice is rated as good for providing effective services.

Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Data showed patient outcomes were comparable when compared to other practices in the locality. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing mental capacity and promoting good health.

Staff had received training appropriate to their roles; additional training requests were identified, and usually provided. There was evidence of appraisals and personal development plans for all staff.

Staff worked with multidisciplinary teams including community nurses, health visitors, care co-ordinator, and a health trainer. The practice had 131 patients who had been identified as vulnerable and as a result of joint working, a written care plan was held in their medical records and the patients received an annual review.

There were 45 patients on the register for patients with learning disabilities, 37 of these (including those under hospital care) had received an annual review. To ensure that patients were supported

Good



# Summary of findings

to attend review appointments, practice staff informed the learning disability team when the letter was sent to the patient. The practice staff also informed the team if a patient did not attend for their appointment.

## Are services caring?

The practice is rated as good for providing caring services.

The GP national patient survey data published in January 2016 showed that patients rated the practice above the national average in many aspects of care, for example 99% 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%.

There was one area where the practice was below the national average, the percentage of patients who usually had an appointment or spoke with their preferred GP was 51% compared with the CCG average of 60% and the national average of 59%. The practice had recognised this and were recruiting an additional GP to join the team.

Patients told us they were treated with compassion, dignity, and respect and they were involved in care and treatment decisions. We saw that staff treated patients with kindness and respect and in a way that was individual to those patients that needed extra support. For example, the practice had staff members who were champions for carers support and for looking after vulnerable patients.

Confidentiality was maintained. The practice demonstrated that they prioritised patient centred care.

The practice had identified 2.8% of their patients as carers and provided them with a carer's pack which gave information including details of support groups.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Practice staff described how they were aware of the needs of their practice population, and tailored their care and services accordingly.

The practice had reviewed the demand for appointments and had developed a sit and wait system using GPs and nurses to see patients on the day if requested. Telephone consultations and home visits were available for those that requested them. Dispensary staff delivered medicines for patients who were housebound. At registration, the practice identified armed forces veterans.

The premises were suitable for patients who had a disability or those with limited mobility, the practice provided wheelchairs for those that needed them.

Good



# Summary of findings

There was a complaints system in place that was fit for purpose. The complaints received had been dealt with in a timely and appropriate manner.

## Are services well-led?

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

The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

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

An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

The partners encouraged a culture of openness and honesty. The practice had systems in place for reporting safety incidents, investigating and taking action. Regular meetings were held to ensure shared learning.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

There was a strong culture on continuous education, learning, and improvement.

Good



# 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 good for the care of older people.

The practice offered proactive, personalised care to meet the needs of the older people in its population. Home visits were available for those unable to attend the practice. Continuity of care was maintained for older people through a stable GP workforce and personalised patient centred care. The practice provided visits to local care homes.

The practice regularly reviewed attendances at the accident and emergency department to ensure that those patients identified as vulnerable to admission were reviewed.

We saw evidence that the practice had worked to the Gold Standards Framework for those patients with end of life care needs.

Good



### People with long term conditions

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

Nursing staff had roles in chronic disease management; data showed that patient outcomes were similar when compared with other practices in the locality. Patients that had attended appointments had a structured annual review to check that their health and medication needs were being met. The practice held weekly meetings attended by GP, nurse and administration staff to ensure that patients received appropriate re-calls and follow up.

Home visits were available to those patients who could not attend the surgery.

Longer appointments were available if required. Practice staff followed up patients who did not attend their appointments by telephone.

Good



### Families, children and young people

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 patients who had a high number of A&E attendances. Immunisation rates were in line with local averages for all standard childhood immunisations. Young children were given priority appointments for urgent needs.

Good



# Summary of findings

Appointments were available outside of school hours and the premises were suitable for children and babies. We saw 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 good for the care of working age people (including those recently retired and students).

The needs of the working age population, including 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 reflected the needs for this age group. The practice did not restrict patients to certain appointment times to attend for their annual reviews; patients who worked were able to book at times that were convenient to them. Telephone consultations were available for those patients who wished to seek advice from a GP. NHS health checks were available.

**Good**



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

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. It offered longer appointments and carried out annual health checks.

The practice told us that 82% of patients with learning disabilities had received an annual review.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. We saw the practice provided vulnerable patients with information about how to access various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse or neglect 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.

Practice staff were intuitive to the needs of this group of patients and demonstrated that they had a personalised approach to helping them. Phlebotomy appointments were available at the practice.

**Good**



# Summary of findings

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

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

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Staff told us that 84% of patients with dementia had received advance care planning and had received appropriate reviews. These patients had a named GP and continuity of care was prioritised for them.

Same day appointments and telephone triage with a GP was offered to ensure that any health needs were quickly assessed for this group of patients.

The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Staff had knowledge on how to care for patients with mental health needs and dementia.

Good





# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 234 survey forms were distributed and 124 were returned. This represented 53% completion rate of the surveys sent.

- 92% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 98% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.

- 87% of patients described the overall experience of this GP practice as good compared to the national average of 73%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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 four comment cards which were all positive about the standard of care received.

We spoke with eight patients during the inspection. The patients said they were happy with the care they received and thought staff were approachable, committed, and caring.

# Stalham Staithe Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

## Background to Stalham Staithe Surgery

Staithe Surgery provides a range of medical services to approximately 7,500 registered patients and offers emergency treatment to people on holiday who are visiting the area; the practice catchment area covers the town of Stalham and sixteen local villages.

The practice operates from a purpose built building and holds a Personal Medical Services (PMS) contract to provide GP services. It is a training practice with two GP trainers and currently one GP registrar. A training practice has GP registrars working in the practice; a GP registrar is a qualified doctor who is undertaking further training to become a GP. A trainer is a GP who is qualified to teach, support, and assess GP registrars.

Data from Public Health England shows the practice serves an area where income deprivation affecting children and older people is in line with the England average. The practice has a lower number of patients aged 0 to 50 years compared to the national average and a higher number patients aged 50 years and over when compared to the national average rate.

The practice has a team of five GPs meeting patients' needs. Three GPs (male) are partners and they hold

managerial and financial responsibility for the practice. Two female salaried GPs and two nurse practitioners are employed. In addition, there are three practice nurses, a health care assistant, and a phlebotomist.

Two assistant practice managers support the practice manager and a team of seven receptionist and administrators support the management team. A team of six dispensers, four dispensary clerks and a finance lead support the dispensary manager. Currently two staff are employed at the practice under the apprenticeship scheme.

Patients using the practice have access to a range of services and visiting healthcare professionals. These include health visitors, midwives, and community staff. In addition the practice holds contracts with the CCG to provide services such as D-dimer testing (D-dimer tests are used to help rule out the presence of an inappropriate blood clot) and anti-coagulation monitoring and dosing (INR). An anticoagulant is a medicine that stops blood from clotting.

Outside of practice opening hours Integrated Care 24 (IC24) provides urgent health services. Details of how to access emergency and non-emergency treatment and advice is available within the practice and on its website.

## 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

# Detailed findings

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

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.

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 19 April 2016. During our inspection we spoke with a range of staff including GPs, nursing, reception and administration team staff. We spoke with staff at a local care home, with three patients who used the service and five members of the patient participation group. We observed how patients were being cared for and reviewed four comment cards where patients shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

The practice used a wide range of information to identify risks and improve patient safety. For example, reported incidents, comments, and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

Specifically designed forms, available electronically or in paper form were available to staff to report incidents and near misses. These were reported to the practice manager or GP partners.

Significant events were discussed at weekly meetings. Learning was shared and cascaded to the staff by the managers and at monthly staff meetings.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed over the past two years. This showed the practice had managed these consistently over time and could evidence a safe track record. There had been 21 events recorded in the past 12 months. We reviewed a sample of them and found that they were well documented; evidence of actions and shared learning was noted. For example, a community service sent two requests for a patient to be referred for an ultrasound. Two different GPs each received one letter and referred the patient. This was discussed at a practice meeting on 20 January 2016; measures were put into place to prevent this happening again by introducing additional checks when staff scanned the incoming mail onto patient's records.

### 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:

- Arrangements reflected relevant legislation and local requirements. Practice policies were accessible to all staff on the intranet and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Posters were displayed in the consulting rooms giving the contact details.

There was a lead GP for safeguarding and multi-disciplinary team meetings were held each six weeks, minutes were

available for staff. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Practice staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurse practitioners were trained to child protection or child safeguarding level three.

Vulnerable patients were highlighted on the practice electronic system. This included children subject to child protection plans and patients with a diagnosis of dementia.

- 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 (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse 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 including hand washing.

A comprehensive infection control audit was undertaken in October 2015, improvements were identified, and actions were noted. For example, it was identified that some carpets were stained, to improve the cleaning; the practice purchased a steam cleaner in November 2016. The practice told us that carpets would be replaced through a refurbishment programme.

A sharps injury policy was in place and staff were aware of the actions to take. All clinical waste was well managed.

The practice held records of staff immunisation status.

- The practice had a robust system to manage safety alerts. The practice and assistant managers received safety alerts such as those from Medicines and Healthcare products Regulatory Agency (MHRA). These were cascaded to appropriate staff including the dispensary. For example, a safety alert was received on 9 February 2016 regarding patients taking a medicine called valproate who could be at risk of abnormal

## Are services safe?

pregnancy outcomes. The practice completed a search to identify any patients that may have been affected and reviewed their medical records. The patients identified, were appropriately managed.

We visited the practice dispensary and reviewed medicines that were stored and available for use within the practice treatment rooms. There was a lead GP and a dispensary manager for the management of the dispensary within the practice. The practice delivered medicines to patients who were unable to attend the practice. All members of staff involved in dispensing medicines had received appropriate training.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security, and disposal).

Processes were in place for handling repeat prescriptions for patients who were taking high risk medicines. The practice performed monthly searches for patients on medicines such as methotrexate, and contacted them for a blood test if needed.

Medicines were stored safely and records of fridge temperatures were reviewed. We noted that the records for recording the temperature needed to be improved in both the dispensary and the treatment room. We highlighted this to the practice who took immediate action to implement new recording sheets, train staff, and amend the protocol.

Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). These were well presented and had been reviewed in February 2016.

Stock levels and expiry dates of medicines were checked monthly. Controlled drugs were stored correctly and the dispensary staff demonstrated a consistent approach towards the storage, recording, and destruction of controlled medicines. All medicines we checked were within their expiry date.

Significant events or near misses were well managed. Any reported incident was sent to the practice manager to be logged and was discussed at the appropriate meetings. In addition to meetings and verbal feedback, the dispensary manager sent electronic notification to all staff. Staff we

spoke with told us that they found this valuable. For example, it was identified that on three occasions the same error had occurred when dispensing a medicine. The manager put a system in place that ensured a second member of staff checked the procedure. We saw that this was discussed in a monthly dispensing team meeting.

Regular medicines audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines.

There was a repeat prescription policy for dispensary staff to follow. Uncollected prescriptions were highlighted to the GPs to ensure patient safety. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patients collecting controlled drugs were asked for identification and to sign for collection.

- A nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. A GP provided mentorship and all GPs gave support for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that these were signed and dated. The practice confirmed that the health care assistant worked under a patient specific direction when giving flu injections.
- A robust recruitment process was in place, we reviewed three personnel files, these were well presented, and 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 Disclosure and Barring Service. All staff had received a Disclosure and Barring Service (DBS) check.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There was a health and safety policy available with a poster in the office. The practice reviewed its policy for health and safety in April 2016; this included providing the staff with information leaflets to protect their health and wellbeing for example, avoiding aches and pains when using a computer mouse.

## Are services safe?

A full fire risk assessment had been carried out in May 2015. It had been identified that the practice should ensure that they had staff who were trained to act as fire marshalls. Five staff members received this training in August 2015.

The fire extinguishers were checked in August 2015. A fire evacuation took place in May 2015 when a fire had started within a microwave. This was recorded as a significant event, and two areas of improvement were noted. We saw that these had been completed in June 2015.

The practice used risk assessments to monitor the safety of the premises. For example, for the control of substances hazardous to health and infection control. Testing for legionella (a bacterium that can grow in contaminated water and can be potentially fatal) had been undertaken. Other risk assessments included the safe management of waiting areas. The practice had four waiting areas; three were not in sight of the reception area. The assessment highlighted the need for patients that were vulnerable or particularly unwell to be asked to wait in the area where the receptionist could observe them and seek medical assistance urgently, if needed.

All electrical equipment was checked in January 2016 to ensure that it was fit for purpose. Clinical equipment was calibrated in January 2016 to ensure it was working properly.

### **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. The practice recognised that staff may not have access to a computer and had installed a panic button on the telephone handsets. In addition the clinical rooms had push button alarms.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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.

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. Copies of this were held in the GP partner's homes.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff were familiar with best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and locally produced quality standards. The practice held a weekly clinical meeting where guidelines were reviewed and best practice shared. The GPs attended a regular journal club meeting in the evenings, GPs from other local practices and locums working in the area attended these giving the opportunity to share learning with their peers.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available. The practice exception reporting percentage was 5%. This was 5.4% below the CCG average and 4.2% below the 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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF 2014-2015 showed

- Performance for diabetes related indicators was 90.6% this was similar to the CCG percentage and similar to the national average. The practice exception reporting was 4.8% this was below the CCG percentage of 12% and below the national percentage of 10.8%.
- Performance for mental health related indicators was 93% this was 3.9% above the CCG average and 4.7% above than the national average. The practice exception reporting rate was 14.4% this was below the CCG average of 19.5% and above the national percentage of 11.1%.

There was evidence of quality improvement including clinical audit.

- There had been 15 clinical audits completed in the last 12 months, we reviewed two of these where the improvements made were implemented and monitored.

For example, an audit undertaken in Dec 2014, looked at patients who were prescribed amiodarone and whether they were being monitored in line with national guidelines. The first audit cycle showed the number of patients who were recorded, as having annual ophthalmic examination was 0%. This had improved in February 2016 to 60%.

Data from the CCG showed that the practice was consistently performing well compared with other local practices. For example it showed that the practice had a low number of patient admissions to hospital that could have been avoided. These are avoided emergency admissions because patient's conditions were treated early and with effective management to prevent the need for hospitalisation.

In September 2015, the practice held a health awareness event. The practice decided to have a campaign to express the need for patients to think about the amount of waste from over ordering medicines. For four weeks prior to the event, the dispensary, without advertising, collected all the medicines that were returned by patients. The medicines were disposed of as usual, patient identifiable information removed and the empty carton was placed into a shopping trolley. At the end of the four week period the practice calculated the cost of the returned medicines. 287 items had been returned at a cost of £1989.58. The shopping trolley became a talking point for the campaign, posters were displayed, and it was discussed at the PPG and advertised in the surgery newsletter. The practice introduced a system that enabled dispensary staff to discuss repeat prescription requests with patients so that patients only requested the items they needed. The practice conducted the second collection during a four week period (December 2015 to January 2016), the result showed a significant reduction in the amount of wastage. There were 136 items totalling a value of £448.78, this showed a decrease in items of 52% and a decrease in cost of 67%. The practice planned to repeat this exercise again.

### Effective staffing

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



# Are services effective?

## (for example, treatment is effective)

- The practice had a robust induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Personalised induction plans were produced with regular reviews. The assistant practice managers conducted one to one sessions with all the staff each month. Practice staff we spoke with told us that they were able to discuss any issues or concerns relating to their roles and found this valuable.
- 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. All staff had received an appraisal within the last 12 months. Staff we spoke with told us that they had protected time for training and requests for additional training were usually granted. Staff received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice nurses held a monthly meeting where they would discuss such topics as revalidation, clinical updates and share their learning. For example minutes from the meeting held on 17 March 2016 discussed the guidance for blood monitoring for patients taking methotrexate, as a result the protocol was amended.

### Coordinating patient care and information sharing

- Referrals for patients to secondary care or other agencies were well managed. All referrals were completed within 24 hours and most went through the referral centre through the choose and book system (C&B). C&B is an electronic system between primary and secondary care and does not require any paper copies to be sent. This system increased the speed of referral receipt and reduced the risk of delay or confidentiality breaches. The practice staff checked the status of referrals each day to ensure that they had been received by the service. Patients who had been referred under a two week wait pathway were followed up to ensure that they had received an appointment.
- The practice staff worked with other services to meet patients' needs and manage those patients with more complex needs. This included community nursing teams and health visitors. The practice worked to the

Gold Standards Framework when co-ordinating end of life care for patients. Regular meetings with the wider health team were held to manage and plan patients care.

- Special patient notes were completed by the practice on the electronic system and this ensured that emergency services staff had up to date information of vulnerable patients.

Patients' individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system, which collated all communications about the patient including clinical summaries, scanned copies of letters and test results from hospitals. All communication was sent to the GPs, who took any required actions. We reviewed this system and found this to be well managed to ensure that patients were safe.

### Consent to care and treatment

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

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

All staff were aware of Gillick competency and applied it in practice. Practice staff we spoke with told us that they were aware that the medical records of young people often held the mobile number of their parents or guardians. The practice staff would always check the mobile telephone number of young people and confirm if they wished to receive a text confirming their appointment.

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 on the comment cards we received was also positive and aligned with these views.



# Are services effective?

## (for example, treatment is effective)

Results from the national GP patient survey showed a positive response when patients were asked about their involvement in planning and making decisions about their care and treatment. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 84% and the national average 82%. The previous year result for the practice was 77%
- 92% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average 88% and the national average 85%. The previous year result for the practice was 72%.

These figures showed a significant improvement from the last survey, the PPG members told us that they were proud of these results, as they had worked with the GPs and nurses on this area where patients satisfaction was low.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### Supporting patients to live healthier lives

The practice's uptake for the cervical screening programme was 75.7%, which was comparable to the CCG average of 77.6% and the national average of 74.3%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were safe

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 because of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- The number of women screened for breast cancer was 81% this was similar when compared with the CCG average of 79.8% and higher than the national average of 72.2%.
- The number of patients screened for bowel cancer was 59.3% this was lower when compared with the CCG average of 66.3% and similar to the national average of 58.3%.

. Childhood immunisation rates for the vaccinations given were in line with the CCG/national averages. For example, childhood immunisation rates for the vaccinations given were;

- Immunisation rates for under two year olds ranged from 93.8% to 95.3% compared with the CCG range 95.6% to 98.2%
- Immunisation rates for five year olds ranged from 93.4% to 98.5% compared with the CCG range 92.3% to 98%

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.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed staff being polite and helpful to patients.

All the comments we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

We also spoke with five members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. In particular they highlighted that the practice listened to them and that they felt valued by the management team. A staff member had suggested and it was discussed with the PPG who supported the practice and held a health awareness day in September 2015. Approx. 100 members of public attended this event where the practice and other professionals raised awareness of health issues and symptoms, promoted local services and support groups. The practice and PPG told us that they planned to run another event.

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% 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%.
- 91% 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%.

- 95% 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%.
- 93% 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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 90% 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%.
- 86% 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% compared to the national average of 82%.
- 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%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The practice had a 'dementia champion' and offered information packs for patients with dementia

## Are services caring?

- Information leaflets were available for patients including information on 'my wishes for advance care planning' and 'your guide to decisions about cardiopulmonary resuscitation (CPR)'.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 214 patients as

carers (2.8% of the practice list). 95% of patients that were recorded as a carer had attended the practice for appointments. Although the practice did not offer formal annual reviews, they told us that clinical staff discussed care and support with them at each opportunity. The practice gave carers a comprehensive pack that they had produced which gave written information to direct them to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Staff at the practice worked hard to understand the needs of their patients. Both clinical and non-clinical staff demonstrated a clear understanding of the concept of personalised care for the patients according to their individual needs. For example, the practice was signed up to identify veterans and worked with the locality to ensure that their health needs, both physical and mental were met.

The practice was proactive in engaging with other services and providing facilities for them to enable patients to be seen at the practice, closer to their homes for additional services. For example, a dietician, physiotherapist, and health trainer held clinics in the practice. The practice was also an outlet for the Red Cross Mobility Aids. This was valuable to patients who were in need of equipment to manage patients at home, or who were on holiday and needed equipment on a short term basis.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments or home visits available for patients with a learning disability or dementia.
- Home visits were also available for older patients and others that needed one. The practice had a system in place to assess whether a home visit was clinically necessary, and the urgency of the need for medical attention.
- Facilities for patients with disabilities were available. There were automatic doors, and appropriate toilet facilities in place. There was a hearing loop available for patients who wore hearing aids.
- Twice a day the practice offered a sit and wait service. GPs and nurse practitioners would work together to ensure that any patient that requested to be seen on the day was seen.

- The practice offered smoking cessation advice and weight management advice. A nurse practitioner worked with local practice offering specialist obesity services.

### Access to the service

The practice was open and appointments were available between 8.30am and 5.30pm Monday, Tuesday, Thursday and Friday and Wednesday 8.30am to 8.00pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 75%.
- 92% 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%.

People told us on the day of the inspection that they were able to get appointments when they needed them. However some patients told us that there was a longer wait to see the GP of their choice.

### Listening and learning from concerns and complaints

The practice had a 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. The practice manager was responsible for dealing with these.

We saw that information was available to help patients understand the complaints system. There were leaflets and posters displayed in the waiting area and information was available on the web site. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

There had been ten complaints recorded in the past 12 months, we looked at two complaints and found these had been dealt with appropriately.

# 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

Staff exhibited an open, transparent attitude, described a consistent vision and ethos to offer good care and treatment to their patients, and were determined to meet their own mission statement, values, and principals. The practice management team were proactive in key areas such as succession planning for both clinical and non-clinical staff.

The practice staff were aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

The practice had systems in place to ensure that when things went wrong with care and treatment:

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

### 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 that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions.

### Leadership and culture

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

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

- We saw from the various minutes that the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted that the practice held a strategy meeting annually.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The GPs attended a journal club with other local practices; this ensured that they were able to share learning and updates from their peers.

### 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 patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys, and submitted proposals for improvements to the practice management team. For example, the group had discussed with the practice the need for flexibility for those patients who used public transport and needed appointments for things such as blood tests. The practice agreed and informed staff how they would achieve this.

# Are services well-led?

Good 

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

- The practice had gathered feedback from staff through meetings, one to ones and a suggestion box. Practice staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management for example, the suggestion for the health awareness day originated from a staff member. Staff told us they felt involved and engaged with improving the service.