

# Gayton Road Health and Surgical Centre

## 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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Gayton Road Health Centre on 17 January 2017. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was positive. Patients said they were treated with compassion, dignity and respect and they were involved in their

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

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt well 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 provider was recognised as "An Investor In People" (the Investing In People Standard explores practices and outcomes within an organisation under three performance headings: leading, supporting and improving).

# Summary of findings

- Although the provider maintained performance data and information for the organisation, a breakdown of individual practice's Quality Outcome Framework performance was not available and could not be provided by the practice.
- An incident occurred several days prior to the inspection where a car had driven through the walls of the practice building causing significant damage to the premises back office area. Despite the considerable damage and need for amending the day to day operations the practice was able to operate as per usual and facilitate our inspection.

We saw several elements of outstanding practice:

- The practice made use of a 'customer service charter', which aimed to support all of the practice staff in delivering excellent customer service by following an agreed set of standards on timeliness, accuracy and appropriateness. There were four champions active at the practice and they met with champions from five other practices that the provider managed on a monthly basis to discuss complaints and commendations.
- The practice had developed the "ABC team", which staff described as the connection between the practice

and its elderly and less able patients. This team of nursing staff travelled to patients' homes to assist patients in maintaining independence and to ensure that they had the physical and mental capacity to look after themselves.

- The practice had developed the "My Practice Passport" for patients with dementia and had been rolled out to other patient groups, for example patients with a visual impairment. The passport was a document that was kept on the patient and contained information about the patient stating "things you must know about me", "things that are important to me" and "things I like and dislike".

The area where the provider should make an improvement is:

- Improve the recording of meeting minutes and actions to provide evidence of decision making processes.
- Ensure policies and protocols are reviewed in a timely manner.
- Ensure recorded supervision of nurse practitioners by GPs takes place effectively.

**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.

Good



- 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?

The practice is rated as good for providing effective services.

Good



- The Vida group 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 provider had achieved 99% of the total number of points available, with 15% exception reporting (5% above national average and 4% above the local average).
- Staff assessed needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice in line with others for most aspects of care. The Survey data that was available was reflective of this practice and one of the other practices managed by the provider.

# Summary of findings

- Feedback from patients about their care was positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Data from the National GP Patient Survey published in July 2016 showed that 97% of patients surveyed were able to get an appointment at a convenient time, compared to the local average of 94% and the national average of 92%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. We reviewed summarised evidence relating to 37 complaints recorded in 2016.

Good



## 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. This was displayed in the practice and on its website. Staff were clear about the vision and their responsibilities in relation to it.
- Staff at the practice were engaged with local healthcare services and worked within the wider health community. For example, two of the GPs at the practice were board members of the local CCG.
- There was a clear leadership structure and staff felt supported by management. There was an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a number of policies and

Good



# Summary of findings

procedures to govern activity but some of these were overdue a review. The practice held regular governance meetings and there were arrangements to monitor and improve quality and identify risk.

- The provider was aware of and complied with the requirements of the duty of candour. GPs and management 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

## 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.

Good



- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice contacted patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were consistently above local and national averages during 2015/16.
- The practice provided care to patients in ten local care and nursing homes. The practice undertook reviews of patients' medicines in care homes with a pharmacist from the local CCG.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The Vida group used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2015/2016 showed that performance for diabetes related indicators was 99%, which was 6% above the local average and 10% above the national average. Exception reporting for diabetes related indicators was slightly higher than the local and national averages (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- Longer appointments and home visits were available when needed.
- Patients with complex needs had a named GP and a structured annual review to check their health and medicines needs were being met. There was a robust recall system in place to ensure that patients were invited and attended annual reviews.

# Summary of findings

- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## 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 people who had a high number of A&E attendances.
- Immunisation rates were in line with local and national averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The Vida group used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. QOF data indicated that the percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years was 88%, which was 3% above the local average and 6% above the national average. Exception reporting for this indicator was 15% which was 4% above the local average and 9% above the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- All staff were trained to child safeguarding level three.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



## 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, 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.

Good





# Summary of findings

- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years. During 2015-16 the practice had undertaken 279 checks and since April 2016 140 health checks were undertaken.
- The practice provided minor surgery on site.

## 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. The practice had 119 registered patients with a learning disability, of which 70 had received a review since April 2016 and 37 had declined. The practice informed us that invites were continued to be sent to the remaining nine and that they liaised with the local learning disabilities services if they had any specific concerns.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Patients who were identified as carers were signposted to local carers' groups. The practice had 163 (1%) patients registered as carers. A bespoke carers leaflet was available in the practice.
- 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.
- The practice had developed the "ABC team", which staff described as the connection between the practice and its elderly and less able patients. This team of nursing staff travelled to patients' homes to assist patients in maintaining independence and to ensure that they had the physical and mental capacity to look after themselves. Staff explained that the people they visited were not always aware what they needed to do or who to contact to get the help or support they need. Visits were arranged in response to requests from GPs, nurses, family or friends.

Good



# Summary of findings

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

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

- The practice had 173 registered patients with dementia, of which 122 had received an annual review since April 2016. The practice continued to invite the remaining patients as well as undertake opportunistic screening.
- The practice had 89 registered patients experiencing poor mental health, of which 53 had received an annual review since April 2016. The practice continued to invite the remaining patients as well as undertake opportunistic screening.
- 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 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. All practice staff had undergone training by a dementia charity as to how best to interact with people with dementia.
- The practice had developed the “My Practice Passport” for patients with dementia and had been rolled out to other patient groups, for example patients with a visual impairment. The passport was a document that was kept on the patient and contained information about the patient stating “things you must know about me”, “things that are important to me” and “things I like and dislike”. The leaflet not also informed about the patient but had also proven useful as a development tool for staff who had to increase their understanding of specific patient groups who this passport was designed for. The passport was developed in cooperation with the local hospital where a similar patient tool was used. Information was also electronically recorded.

Outstanding



# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice performed in line with local and national averages in most areas. 253 survey forms were distributed and 115 were returned. This represented a 45% completion rate. We were advised by the practice that the survey results for Gayton Road were collected in combination with another practice of Vida Healthcare and as such are reflective of not only Gayton Road.

- 74% found it easy to get through to this surgery by phone compared to a local average of 80% and a national average of 73%.
- 97% said that the last appointment they got was convenient (local average 94%, national average 92%).
- 86% were able to get an appointment to see or speak to someone the last time they tried (local average 87%, national average 85%).

- 81% described the overall experience of their GP surgery as fairly good or very good (local average 88%, national average 85%).
- 74% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (local average 82%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card, which was positive about the standard of care received and the helpfulness of staff.

We spoke with four patients during the inspection. All patients said the care they received was good and that staff were kind, friendly, caring and approachable. Three patients told us that waiting times occasionally extended but that they received a level of care for which they didn't mind waiting.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Improve the recording of meeting minutes and actions to provide evidence of decision making processes.
- Ensure policies and protocols are reviewed in a timely manner.
- Ensure recorded supervision of nurse practitioners by GPs takes place effectively.

## Outstanding practice

- The practice made use of a 'customer service charter', which aimed to support all of the practice staff in delivering excellent customer service by following an agreed set of standards on timeliness, accuracy and appropriateness. There were four champions active at the practice and they met with champions from five other practices that the provider managed on a monthly basis to discuss complaints and commendations.
- The practice had developed the "ABC team", which staff described as the connection between the practice and its elderly and less able patients. This team of nursing staff travelled to patients' homes to assist patients in maintaining independence and to ensure that they had the physical and mental capacity to look after themselves. Staff explained that the people they visited were not always aware of what they needed to do or who to contact to get the help or support they need. Visits were arranged in response to requests from GPs, nurses, family or friends.
- The practice had developed the "My Practice Passport" for patients with dementia and had been rolled out to other patient groups, for example patients with a visual impairment. The passport was a document that was kept on the patient and contained information about the patient stating "things you must know about me", "things that are important to me" and "things I like and dislike".

# Gayton Road Health and Surgical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Gayton Road Health and Surgical Centre

Gayton Road Health Centre is part of Vida Healthcare Group, which is made up of six GP practices in Norfolk. The Vida Group has a senior management team which comprises of clinicians and support executives. The senior management team maintain an overall responsibility for the management of the practices, but delegate some decision making to a local management team. Gayton Road Health Centre is a practice situated in King's Lynn, Norfolk and serves approximately 16,000 registered patients.

The practice clinical team consists of 14 GPs (of which five regularly work at other Vida Healthcare practices), a team of 12 nurses and nurse practitioners (some nurses offer specialist services such as; diabetes, well-woman, dietary, cardiovascular and respiratory services and work both at

the practice and across other Vida general practice locations), one operating department practitioner, one emergency care practitioner and seven healthcare

assistants (of which three are senior). They are supported by a secretarial team, a scanning and attachment team, an IT team, a summarising team, a practice manager and a senior management team.

The population of King's Lynn has an age profile generally similar to Norfolk as a whole, but with a relatively low proportion of adults aged 20-34 and slightly above average proportions of people aged 60 and over. The practice is in an urban area and around 11,300 King's Lynn & West Norfolk people live in LSOAs (Lower layer Super Output Areas - a geographic hierarchy designed to improve the reporting of small area statistics in England and Wales) in the most deprived ten per cent in England, representing around eight per cent of the Borough's population.

The practice is open from 7.30am to 7pm, Monday to Friday. Out-of-hours care is provided by Integrated Care 24 (IC24) via the NHS 111 service. The practice makes use of a triage team existing of advanced nurse practitioners and urgent care practitioners. There was also a triage doctor allocated daily.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 January 2017. During our visit we:

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

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident and significant event recording supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice had introduced the role of a customer care administrator who was a direct point of contact for patients to guide them through complaints and significant events they may have been involved in.
- The practice carried out analysis of the significant events to identify trends and make changes when necessary. Records we reviewed indicated the practice had dealt with 50 significant events over the previous 12 months. Significant events were discussed at quarterly meetings.

We reviewed safety records, incident reports, patient safety alerts, including those from the Medicines and Healthcare Products Regulatory Authority (MHRA) and Central Alerting System (CAS) and minutes of meetings where these were discussed. There was a lead member of staff responsible for cascading patient safety alerts, such as those from the MHRA.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns

about a patient's welfare. However, the policy for safeguarding vulnerable adults was past its review date of August 2016. There were lead members of staff for vulnerable adult and children's safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All staff were trained to child safeguarding level three and had received further training from a children's charity. Children that did not attend appointments were followed up by the relevant GP.

- Notices throughout the practice 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 checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control 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. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result of audit. For example, ensuring correct sharps disposal procedures were in place.
- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken prior to staff's employment. For example, proof of their identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- There were waiting areas in the practice that were not constantly or directly overseen by staff in case a patient became unwell. The practice informed us that if a receptionist had any concern for a patient upon arrival they would notify clinical staff and keep the patient under observation at the main reception. There had not been any incidences of untoward harm due to a patient not being observed.
- The arrangements for managing medicines, including emergency drugs and vaccinations, kept patients safe

## Are services safe?

(including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy team to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. A review or audit of individual GP's prescribing did not take place. Prescription pads were securely stored and there was a system in place to monitor and track their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation, as well as required authorisations for health care assistants

### 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 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 annually to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, asbestos 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.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and emergency medicines were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date.
- 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 business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers. An incident occurred several days prior to the inspection where a car had driven through the walls of the practice building causing significant damage to the premises back office area. Despite the considerable damage and need for amending the day to day operations the practice was able to operate as per usual and facilitate our inspection.



# 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. We saw that NICE guidance was available on the practice's intranet.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice team informed us that NICE guidance was discussed at monthly educational meetings but minutes of these meetings were not taken. The practice explained that they would do this going forward.

### Management, monitoring and improving outcomes for people

Performance data which aids the monitoring and improving of outcomes for people at this practice were recorded in such a way that they reflected the group of five Vida practices as a whole.

Although the provider maintained performance data and information for the organisation, a breakdown of individual practice's Quality Outcome Framework performance was not available and could not be provided by the practice. This did not allow for effective oversight of the data for the individual practices, including this one.

The Vida group used the information collected for the 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 provider had achieved 100% of the total number of points available, with 15% exception reporting (5% above national average and 4% above the local average). The practice collated QOF data as a group of practices. The 2015/16 data reflects five GP practices and a breakdown of individual practice performance was not available. Data from 2015/2016 showed that performance

for the provider for all indicators was better or the same in comparison to the CCG and national averages. We saw several indicators had considerably above average exception reporting:

- Exception reporting for the percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions was 22%, which was 11% above the local average and 15% above the national average.
- Exception reporting for the percentage of patients with asthma aged 14 or over and who have not attained the age of 20, on the register, in whom there is a record of smoking status in the preceding 12 months was 25%, which was 17% above the local average and 20% above the national average.
- Exception reporting for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 36%, which was 19% above the local average and 24% above the national average.
- Exception reporting for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 12 months was 22%, which was 11% above the local average and 13% above the national average.
- Exception reporting for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 12 months was 24%, which was 11% above the local average and 14% above the national average.

The practice explained that they excepted patients in accordance with guidance available. Due to the data not being reflective of the inspected practice alone but of the provider's five practices overall, it was not possible to reflect whether improvements were required at this practice.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Clinical audits demonstrated quality improvement. A



# Are services effective?

## (for example, treatment is effective)

variety of clinical audits had been completed. For example, an audit on post-operative infections in skin lesion excisions was done in 2015 and concluded there had been an infection rate of 2% (three out of 150 patients).

We also saw evidence of minor surgery infection audits from 2014 and 2015. Amongst other findings the 2014 audit concluded that out of 241 patients undergoing minor surgery ten had encountered complications after the procedure. Of these ten patients, three were treated with antibiotic medicine (2%). The remaining patients received other interventions which meant antibiotics were not required. The 2015 audit on minor surgery infection rates indicated 266 patients underwent minor surgery, 25 more than the previous year but antibiotic prescribing had remained at 2%.

### 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. Staff would undergo a comprehensive two weeks' induction and further mentoring programme of which we saw evidence. This covered topics including safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those providing travel vaccinations we saw that training was up to date; we also saw that all staff, including non-clinical staff, in the practice had undergone child protection safeguarding training level three.
- Staff administering vaccines and taking samples had received specific training which had included an assessment of their competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal in the past 12 months.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, alcohol consumption, and smoking cessation. Patients were signposted to the relevant service.

QOF data for the provider as a whole indicated that the percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years

# Are services effective?

(for example, treatment is effective)

was 88%, which was 3% above the local average and 6% above the national average. Exception reporting for this indicator was 15% which was 4% above the local average and 9% above the national average.

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

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. 2014/15 data indicated that the breast cancer screening rate for the past 36 months was 72% of the target population, which was in line with the CCG average of 74% and the national average of 72%. Furthermore, the bowel cancer screening rate for the past 30 months was 58% of the target population, which was also in line with the CCG average of 59% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds in 2014/2015 ranged from 94% to 96% and five year olds were at 90%. This data was reflective of the Vida practices group as a whole and could not be broken down into individual practices. It was therefore not possible to reflect whether improvements were required at the practice. 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 members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff could offer them a private room to discuss their needs.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card, which was positive about the standard of care received and the helpfulness of staff.

We spoke with four patients during the inspection. All patients said the care they received was good and that staff were kind, friendly, caring and approachable. Three patients told us that waiting times occasionally extended but that they received a level of care for which they didn't mind waiting.

Results from the National GP Patient Survey published in July 2016 were comparable to local and national averages for patient satisfaction scores on consultations with GPs and nurses. The Survey data that was available was reflective of this practice and one of the other practices managed by the provider. For example:

- 91% of patients said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 97% 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%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% 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 card we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the National GP Patient Survey published in July 2016 showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were comparable to local and national averages. The Survey data that was available was reflective of this practice and one of the other practices managed by the provider. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 90% 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 and the sign in screen was available in a variety of languages.
- Information leaflets were available in easy read format.

## Are services caring?

### **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 163 patients as carers (1% of the practice list). The practice explained that

they tried to encourage carers to register as such with the practice, for example at the point of registration. Information for carers was available in the practice. Written information was available to direct carers to the various avenues of support available to them. A bespoke carers leaflet was available in the practice.

Staff told us that families who had suffered bereavement were contacted by their GP. This call was followed by a patient consultation at a flexible time and location to meet the family's needs if required.

# 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 people with learning disability and other patients who required one.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, services for carers and promotion of mental health awareness. There were also displays providing information on cancer.
- The practice employed a cardiovascular specialist nurse who managed patients across all the provider's sites. They undertook the monitoring of blood tests and other cardiovascular specific patient care. For example, medicine titration for patients with heart failure. They explained they received good support from their supervising GP.
- The practice had undertaken a single cycle audit of their military veterans' policy and whether appropriate recordings were made on their records. This had highlighted that 35 military veterans were registered at the practice. The practice aimed to deliver care appropriate to their needs.
- The practice had developed the "ABC team" which staff described as the connection between the practice and its elderly and less able patients. This team of nursing staff travelled to patients' homes to assist patients in maintaining independence and to ensure that they had the physical and mental capacity to look after themselves. Staff explained that the people they visited

were not always aware of what they needed to do or who to contact to get the help or support they need. Visits were arranged in response to requests from GPs, nurses, family or friends.

- The practice had installed a bespoke minor surgery room in which they were able to perform various minor surgeries. This was also used by an external dermatology service for dermatological minor surgery. An operating department practitioner was active in the practice to support the minor surgery.
- The practice had developed the "My Practice Passport" for patients with dementia and this had been rolled out to other patient groups, for example patients with a visual impairment. The passport was a document that was kept on the patient and contained information about the patient stating "things you must know about me", "things that are important to me" and "things I like and dislike". The leaflet not also informed about the patient but had also proven useful as a development tool for staff who had to increase their understanding of specific patient groups who this passport was designed for. The passport was developed in cooperation with the local hospital where a similar patient tool was used. Information was also electronically recorded.

### Access to the service

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was in line with local and national averages. The Survey data that was available was reflective of this practice and one of the other practices managed by the provider.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 73%.
- 55% of patients said that they got to see or speak to their preferred GP, compared to the CCG average of 64% and the national average of 59%.

The practice was open from 7.30am to 7pm, Monday to Friday. Out-of-hours care was provided by Integrated Care 24 (IC24) via the NHS 111 service. The practice made use of a triage team existing of advanced nurse practitioners and urgent care practitioners. There was also a triage doctor allocated daily.

# Are services responsive to people's needs?

(for example, to feedback?)

## 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 made use of a 'customer service charter' which aimed to support all the practice staff in delivering excellent customer service by following an agreed set of standards on timeliness, accuracy and appropriateness. The charter was reviewed annually and open to input from all members of staff. It was part of the induction process and staff handbook. The practice was awarded a customer service award in 2016 by the Mayor of King's Lynn, and had

appointed customer service champions (a role open to any member of staff). There were four champions active at the practice and they met with champions from five other practices that the provider managed on a monthly basis to discuss complaints and commendations.

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

We looked at documentation relating to a 37 complaints received in the previous year and found that they had been fully investigated, or were ongoing, and responded to in a timely and empathetic manner. Complaints were shared with staff to encourage learning and development.



# 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 had a mission statement which aimed to “provide top quality healthcare to patients in a cheerful, relaxed, low stress environment by an efficient, amenable and accessible practice team who are well motivated, with a commitment to personal development”. This was displayed in the practice and on the practice’s website.

Practice staff knew and understood the values and the mission statement was displayed throughout the practice. The practice had a robust strategy and supporting business plan, which reflected the vision and values.

The provider had recently experienced considerable changes to its leadership structure due to unforeseen circumstances, and as a result had made in depth consideration to how they would move forward. The decision was to proceed with the leadership team in place but this had required some time to adapt. Staff at the practice were engaged with local healthcare services and worked within the wider health community to plan for the provider’s future with consideration for the formation of a single registered group of practices.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a list of policies and procedures in place to govern its activity, which were readily available to all members of staff. We looked at a number of policies and procedures and found that they were up to date but not all had been reviewed in a timely manner, including the safeguarding policy for vulnerable adults (review date August 2016) and information security (March 2014) amongst others.

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

team had worked at the provider for multiple years and progressed into their current roles. Many of the staff we spoke with had been at the practice for long periods of time.

Communication across the practice was structured around regular clinical, administration and practice meetings. Multidisciplinary team meetings were also held regularly. We found that the quality of record keeping within the practice required some improvement; records required by regulation for the safety of patients were detailed, maintained, up to date and accurate, but minutes of meetings were not consistently recorded. The practice held monthly practice meetings and staff explained that actions were directly edited into a variety of databases (for example for complaints, significant events and audits) but minutes were not routinely recorded other than for quarterly meetings. The practice team informed us that NICE guidance was discussed at monthly educational meetings but minutes of these meetings were not taken. The practice explained that they would do this going forward. We saw that NICE guidance was available on the practice’s intranet. We saw that bi-monthly administration meetings were minuted.

There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Performance data which aids the monitoring and improving of outcomes for people at this practice was recorded in a way that reflected the group of five Vida Healthcare practices as a whole.

A breakdown of individual practice’s performance was not available and could not be provided by the practice. This included immunisation rates, cervical screening, the National GP Patient Survey and the Quality and Outcomes Framework (QOF) at practice level. This did not allow for effective oversight of the data for the individual practices.

### Leadership and culture

On the day of inspection the lead GP in the practice and management team 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 GPs and managers were approachable, friendly and supportive.

# Are services well-led?

Good 

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

There was a clear leadership structure in place and staff felt supported by management. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. The provider was recognised as “An Investor In People” (the Investing In People Standard explores practices and outcomes within an organisation under three performance headings: leading, supporting and improving).

Nurse practitioners at the practice received informal clinical supervision from GPs but there was no formal process in place to provide concrete evidence that this took place. Nurse practitioners we spoke with confirmed they felt supported and had good access to supervision albeit not in a formal process. Bi-monthly nurse meetings took place where operational matters were discussed.

The provider employed a wellbeing facilitator to provide staff support to all staff through means of peer support.

The practice made use of a ‘customer service charter’ which aimed to support all the practice staff in delivering excellent customer service by following an agreed set of standards. The practice was awarded a customer service award in 2016 from the Mayor of King’s Lynn and had appointed customer service champions (a role open to any member of staff). There were four champions active at the practice and they met with champions from five other practices that the provider managed on a monthly basis to discuss complaints and commendations. The practice organised a variety of charity events with the help of a group of staff volunteers and undertook occasional charity work together with patients. There had been rickshaw challenges, Christmas jumper day and various other events to raise money for different local and national charities.

Two of the GPs at the practice were board members of the local CCG.

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

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

There was an active PPG which met formally every six weeks. Meetings were attended by staff from the practice. We spoke with two representatives of the PPG which had six active members at the time of our inspection. They commented that suggestions from the PPG were welcomed by the practice, for example, information on display in the waiting room was adjusted as per PPG advice. The PPG commented that they knew how to raise a complaint and that the staff were very friendly and helpful. The PPG had also been actively involved in ensuring practice information about future changes was shared amongst the patients.

During the summer of 2016 the practice participated in a pilot programme with HealthWatch before this was implemented at other practices. The aim of this pilot was to explore the relationships between general practice, patients and other health and social care services in Norfolk. A mixed-methods approach was adopted, involving quantitative and qualitative data capture through the use of patient questionnaires and interviews with GPs and practice staff. The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt empowered by management to make suggestions or recommendations for practice. Due to the retirement and leaving of several members of the nursing team recently some unrest had grown amongst the nursing team. The provider had organised an away day in response to the unease in the team and discussed nursing role developments with the team. This day was also used as a forum for staff to pose any questions or raise any concerns or uncertainties they may have had. Nursing staff we spoke with commented that this had been a useful and positive experience and a good outcome had been achieved.

The practice had a quarterly staff newsletter containing information on the strategy the provider was taking or other news based on comments and feedback. There was also a quarterly patient newsletter which saw input from any member of staff wishing to do so.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice



## Are services well-led?

Good 

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

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. However, there was room to improve in ensuring practice specific performance data was available

The practice was a training practice and we spoke with a registrar active at the practice at the time of our inspection.

They told us they had adequate supervision, had good access to advice from other (senior) staff and sufficient study time. In addition to registrar training, tutorials and supervision the practice delivered an educational programme for all GPs. This included sessions on endoscopy, diabetes and nutrition amongst others.