

# Hunstanton Medical Practice

## 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 Hunstanton Medical Practice on 26 January 2016.

Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment, however they struggled to get one with their named GP. Urgent appointments were available on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The provider was aware of and complied with the requirements of the Duty of Candour. The areas where the provider should make improvement are:

- Ensure the patient group directions (PGDs) used by nursing staff are signed and authorised by a doctor from the practice.
- Improve lift access to ensure it is accessible for patients.

# Summary of findings

Review the appointment system with focus on improving patient choice. Improve training for reception staff to ensure the safe allocation of urgent appointments.

**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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.
- However, reception staff required further training in allocating appropriate appointments.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams 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 showed patients rated the practice in line with others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect, and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible and easy to understand.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

# Summary of findings

- The Vida group lead had developed a patient care package with the aim to improve patient knowledge of the practice and confidence in their care.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff 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. For example, the practice had proactively approached a number of patients aged over 75 with the intention of improving their care.
- Patients said they found it easy to make an appointment, but not necessarily with their named GP. Urgent appointments were available on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available, easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- 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. The practice had a number of policies and procedures to govern activity, and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active.
- There was a strong focus on continuous learning and improvement at all levels.

# 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 had a practice population with a higher than average number of patients (22.2%) aged over 75 when compared with the national average of 7.6%.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had arranged a community event focused on improving health and access to information for patients aged over 75.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management, and patients at risk of hospital admission were identified as a priority.
- There were several clinics held at the practice each week by visiting health professionals, including diabetes and retinopathy.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

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



## 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 homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- There were issues involved with sharing data with out of hours providers and this was being addressed at a commissioning level.
- The practice worked closely with West Norfolk Carers and a member of staff was a designated carers lead.

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 people 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.
- The practice had an audit system in place for patients who were admitted to hospital following attempted suicide. The practice followed up these patients on discharge from hospital.

Good



# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 126 survey forms were distributed and 60 were returned. This represented 47.6% of the practice's patient list.

- 71.8% found it easy to get through to this surgery by phone compared to a CCG average of 81.8% and a national average of 73.3%.
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87.3%, national average 85.2%).
- 84.6% described the overall experience of their GP surgery as fairly good or very good (CCG average 90%, national average 84.8%).

- 66.8% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 82.6%, national average 77.5%).

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.

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

## Areas for improvement

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

- Ensure the patient group directions (PGDs) used by nursing staff are signed and authorised by a doctor from the practice.
- Improve lift access to ensure it is accessible for patients.

- Review the appointment system with focus on improving patient choice. Improve training for reception staff to ensure the safe allocation of urgent appointments.

# Hunstanton Medical Practice

## 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 advisor and a practice manager specialist advisor.

## Background to Hunstanton Medical Practice

Hunstanton Medical Practice is part of Vida 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.

Hunstanton medical practice is situated in Hunstanton, Norfolk. The practice is accessible by public transport. The practice is one of 21 GP practices in the NHS West Norfolk CCG area. The practice has a personal medical services contract with the NHS, and undertakes minor surgical procedures. There are approximately 4800 patients registered at the practice.

The practice has four GPs. One GP is designated as the senior partner. All partner GPs have lead responsibilities and management roles. There was a mixture of male and female GPs.

The GPs were supported by two nurse practitioners, three practice nurses and two health care assistants. There is a

practice coordinator, a team of receptionists and a number of support staff who undertake various duties. All staff at the practice work a range of different hours including full and part-time.

The surgery is open Monday to Friday between 8am and 6.30pm. Surgeries run in the mornings and afternoons each day. The practice has opted out of providing 'out of hours' services which is now provided by another healthcare provider. Patients can also contact the emergency 111 service to obtain medical advice if necessary.

There has been no information relayed to us that identified any concerns or performance issues for us to consider an inspection. This is therefore a scheduled inspection in line with our national programme of inspecting GP practices.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

## How we carried out this inspection

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

# Detailed findings

- 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 are provided for specific groups of people and what good care looks 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)

Before carrying out our inspection, we reviewed a range of information that we held about the practice and asked other organisations to share what they knew.

We carried out an announced inspection on 26 January 2016 at Hunstanton Medical Practice. During our inspection we spoke with a number of GPs, a senior nurse, nursing staff and reception staff. In addition we spoke with patients, two members of the PPG and we observed how patients were cared for. We reviewed one comment card where a patient shared their views and experiences of the service.

# 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we looked at an incident where a needstick injury had occurred. We looked at the records and found the recording complete, and that appropriate changes to procedures had been implemented.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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 that reflected relevant legislation and local requirements, and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. 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 relevant to their role. All staff were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS

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. We spoke to the practice manager about the lack of chaperone notices in the treatment rooms, and these were put in place during our inspection.

- 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. Vida Group had recently advertised for an infection control specialist nurse and the interviews for that position were taking place in the following month. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. These results were dealt with by a prescribing lead for Vida Group, and results were available for individual doctors. These results were used as part of ongoing assessment of the doctors by the clinical lead. Prescription pads were securely stored and there were systems in place to monitor their use. Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation; these had been signed by all the health care professional working with them but not a doctor from the organisation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

## Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty, and we saw this was being monitored centrally by Vida Group. We saw arrangements to move staff between practices of the same group to fill any unexpected gaps in staffing levels.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency and a central alarm monitored in the reception office.
- There was a CCTV system in place to monitor the patients in an upstairs waiting room; the screen was located in the downstairs reception. We spoke to the practice manager regarding the monitoring of the screen and they stated they would review its location to ensure patients were observed effectively.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

### **Arrangements to deal with emergencies and major incidents**

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

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.

# 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 peoples' needs. There was a central clinical and prescribing lead that provided backup to the clinicians in the practice.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). These outcomes were recorded on a provider level and could not be divided into practice level information at the point of our inspection. We spoke to the clinical lead for the group who understood this information could be useful and they undertook to review the process during the collation of data from this year.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. There was another audit in place with a result due in March 2016.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. These were conducted across the Vida Group to maximise learning opportunities.

- Findings from audits were used by the practice to improve services. For example, recent action taken as a result included patients taking anticoagulation medication where action had been taken to ensure patients' blood results were from an acceptable range.
- The practice had an audit system in place for patients who were admitted to hospital following attempted suicide. The practice followed up these patients on discharge from hospital.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered topics including safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. This was conducted centrally for half a day and then at the practice level for specific training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. These were contained within the group intranet pages and kept up to date by the Vida Group.
- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.



# Are services effective?

## (for example, treatment is effective)

### 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. There was an issue with sharing information with the out of hours provider and this was in relation to an IT system not being compatible. This issue was shared with others on the locality and was being addressed at a commissioning group level.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### 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.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. We saw evidence where the practice was delivering a scheme to patients having gained additional funding from the CCG. This involved focusing on pre-emptive work using multiple agencies in the interests of enhancing the care and quality of life for frail elderly people. This at risk patient group had been organised into what the practice called a 'Pyramid of Care' – with most intensive health and social care needs at the top of the Pyramid. GPs had been working in care homes at the top of the pyramid, as well as in surgery clinics, where focused medical reviews were performed.
- On 2 November 2015, the practice invited patients from the bottom of the Pyramid to attend an event in Hunstanton, where 22 agencies had information stands and advice was readily available. This was attended by about 150 patients and extremely beneficial.
- A healthcare assistant led frailty assessment clinics held in the practice, to which patients in the lower section of the Pyramid had been invited. These had been well attended and well received. Patients had been referred on as necessary.
- A dietician was available on the premises and smoking cessation advice was available from a local pharmacy.

The practice's uptake for the cervical screening programme was 87%, which was comparable to the CCG average of 82.5% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability, and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 100% and five year olds from 92.3% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and



# Are services effective?

(for example, treatment is effective)

NHS health checks for people 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- There was a private child changing room located just off the reception area which parents could use on request.

The one patient CQC comment card we received was positive about the service experienced. Patients we spoke with said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two 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.

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:

- 91.9% said the GP was good at listening to them compared to the CCG average of 91.9% and national average of 88.6%.
- 75.8% said the GP gave them enough time (CCG average 90.2%, national average 86.6%).
- 98.6% said they had confidence and trust in the last GP they saw (CCG average 97.7%, national average 95.2%).
- 72.6% said the last GP they spoke to was good at treating them with care and concern (CCG average 88.9%, national average 85.1%).

- 96.2% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.5%, national average 90.4%).
- 87.8% said they found the receptionists at the practice helpful (CCG average 91.7%, national average 86.8%).

The practice had developed a customer service charter and intended to have a number of staff who acted as patient champions. Their stated intention was to achieve excellent patient service by following agreed standards of timeliness, accuracy and appropriateness. We saw a policy advising all staff on the standards and this document outlined practice expectations. There was some recruiting taking place within the practice so that nominated individuals could be appointed as champions and act as single points of reference to improve the patient experience.

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

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:

- 85.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.7% and national average of 86%.  
70.3% said the last GP they saw was good at involving them in decisions about their care (CCG average 84.9%, national average 81.4%).
- 93.9% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88.4%, national average 84.8%).

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.

## Are services caring?

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer.

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

# 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 CCG to secure improvements to services where these were identified. For example, the practice had received additional funding for the treatment of older patients. This incentive attempted to intervene with these patients and ensure they had sufficient information to improve their health and wellbeing.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions and a number of appointments that were available within 24 hours.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift installed which was situated in the reception area. There was a note attached to the door explaining that patients could be offered assistance if they needed help gaining access. We saw a patient struggling to open the door and spoke to the practice about it. They agreed to examine the possibilities to improve patient access to the lift.
- We saw several patients with limited mobility waiting for the receptionist to become available from talking to other patients. We spoke to the practice about providing some form of chairs for this queue to help patients who could not stand unaided for extended periods.

### Access to the service

The practice was open between 8am and 8:30pm Monday to Friday. Appointments were from 9am to 12:30pm every morning and 2pm to 6pm daily. Extended surgery hours were offered on a Tuesday with two doctors starting at 7:15am and another doctor working until 7:30pm. There were also nurse appointments available on the same day

from 7:30am. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. We spoke to the practice about the appointment system and we were told it was currently being reviewed to give better access to patients who needed a routine appointment.

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.

- 77.5% of patients were satisfied with the practice's opening hours compared to the CCG average of 78.3% and national average of 74.9%.
- 71.8% patients said they could get through easily to the surgery by phone (CCG average 81.8%, national average 73.3%).
- 36.2% patients said they always or almost always see or speak to the GP they prefer (CCG average 63.5%, national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including a patient leaflet, a complaints pack when requested and information on the webpage of the practice.

We looked at 16 complaints received in the last 12 months and found these were satisfactorily handled with apologies being given when appropriate. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, appropriate access to the duty doctor from the ambulance service when required.

# 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 was part of a larger group of practices sharing a common executive team; they provided an overview and delegated certain functions to the senior management at the practice. The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the patient booklet and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice and overall Vida Group had an overarching governance framework which supported the delivery of the strategy and good quality care. There were a large range of Vida Group policies but these had been made bespoke to the practice and were understood by the staff we spoke with. This policies 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 which 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

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, and felt confident in doing so and felt supported if they did.
- 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.

We spoke to the senior management team about the advantages to having informal time for the staff to speak to each other during the day. The team understood the value of this type of interaction and undertook to examine how they could achieve it.

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

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

- The practice had gathered feedback from patients through the PPG and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for

# Are services well-led?

Good 

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improvements to the practice management team. For example, there was ongoing work to improve the telephone access to the practice and improving online access.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and we saw an example of prescribing changes across the whole group being changed as a result of staff suggestions.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had organised an event called the pyramid of care scheme where 332 patients over the age of 75 had been identified and invited to an event where other stakeholders in care were gathered. These included The Alzheimer's Society, West Norfolk Carers, Age UK and carers groups. We saw feedback from this event which was very positive from both the patients and stakeholders perspective.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.