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

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Overall rating for this service</td>
<td>Good</td>
</tr>
<tr>
<td>Are services safe?</td>
<td>Good</td>
</tr>
<tr>
<td>Are services effective?</td>
<td>Good</td>
</tr>
<tr>
<td>Are services caring?</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Are services responsive to people’s needs?</td>
<td>Good</td>
</tr>
<tr>
<td>Are services well-led?</td>
<td>Good</td>
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</table>
Overall summary

Letter from the Chief Inspector of General Practice
We carried out an announced comprehensive inspection at The Leven and Beeford Medical Practice on 24 September 2015. 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.
• Patients’ needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
• 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 with a named GP and that there was continuity of care, with urgent appointments available the same day.
• The practice had good facilities and was well equipped to treat patients and meet their needs.
• 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.

We saw areas of outstanding practice:

• The practice arranged a twice weekly taxi service to bring patients living in rural villages to the practice for their appointments.
• The practice arranged prescription delivery services for patients living in rural villages.
• The funding for a wound management clinic had been removed from the practice and the clinic changed to another location. However the practice continued to offer this service as an unfunded service, in order to provide patients with a service closer to home.
Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice
The five questions we ask and what we found

We always ask the following five questions of services.

**Are services safe?**
The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

**Are services effective?**
The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients’ needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

**Are services caring?**
The practice is rated as outstanding for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. For example 95.5% of patients said the GP gave them enough time compared to the CCG average of 89.7% and national average of 86.8%.

The practice had arranged a twice weekly taxi service to bring patients living in rural villages to the practice for their appointments. In addition they had arranged prescription delivery services for patients living in rural villages, and pick up points for patients to collect medication from.

The funding for a wound management clinic had been removed from the practice and the clinic changed to another location. However the practice continued to offer this service as an unfunded service, in order to provide patients who required this with a service closer to home.

**Are services responsive to people’s needs?**
The practice is rated as good for providing responsive services. It 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.
Summary of findings

Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that 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. It had a clear vision and strategy. 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 meetings where governance is discussed. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was recently reconvened. Staff had received inductions, regular performance reviews and attended staff meetings and events.
## The six population groups and what we found

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

### Older people

The practice is rated as outstanding for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

The funding for wound care/dressings had been removed and the clinic changed to another area but due to their older population and the rural locations the practice have continued to offer this service in the practice as an unfunded service.

The practice keeps abreast of services for older people such as updating people on meals on wheels and they have put together a patient information book, they have also appointed a staff signposting champion. They refer vulnerable patients to social care who can also direct them to other services.

The practice provided a free taxi service twice weekly to any patient living in a local village which was isolated and not served by regular public transport. This ensured that patients were supported to attend for their appointments.

The practice also provided a free prescription delivery service to patients every week day who required it. There was also a prescription delivery service to two post offices, one shop and a garage, which made it easier for patients to obtain their medication.

### Outstanding

### People with long term conditions

The practice is rated as outstanding 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. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the practice had a weekly multi disciplinary team (MDT) meeting and discussed patients who had a high risk of admission as well as palliative care patients. They had created care plans for patients with long term conditions to minimise unplanned admissions to secondary care and for palliative care patients.

### Outstanding

### Summary of findings

The Leven and Beeford Medical Practice Quality Report 24/12/2015
The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). Results demonstrated that Performance for diabetes related indicators was 99.8% which was 9.0% above the CCG and 9.9% above the national average. Performance for asthma was 100% which was 2.7% above the CCG and 2.8% above the national average.

### 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. 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 good 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.

### 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. It had carried out annual health checks for people with a learning disability and 95% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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 supported two care homes for people who live with a learning disability. They carried out the patient’s annual reviews and visits as needed.

<table>
<thead>
<tr>
<th>People experiencing poor mental health (including people with dementia)</th>
<th>Good</th>
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| The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 90.91% of patients with these conditions had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It 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. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia. |
Summary of findings

What people who use the service say

The national GP patient survey results published on 5 July 2015 showed the practice was performing above the local and national averages in most areas. 255 survey forms were distributed and there were 135 responses, a response rate of 52.9%.

- 91.9% find it easy to get through to this surgery by phone compared with a CCG average of 68.8% and a national average of 74.4%.
- 94.7% find the receptionists at this surgery helpful compared with a CCG average of 87.6% and a national average of 86.9%.
- 73% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 63% and a national average of 60%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
- 96% say the last appointment they got was convenient compared with a CCG average of 94% and a national average of 92%.
- 83% describe their experience of making an appointment as good compared with a CCG average of 73% and a national average of 73%.
- 67% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 67% and a national average of 65%.
- 63% feel they don’t normally have to wait too long to be seen compared with a CCG average of 62% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received. Comments made included that the GP’s and staff went the extra mile and that staff were kind, courteous and respectful. GP’s were caring and always listened to the patients.

Outstanding practice

- The practice arranged a twice weekly taxi service to bring patients living in rural villages to the practice for their appointments.
- The practice arranged prescription delivery services for patients living in rural villages.
- The funding for a wound management clinic had been removed from the practice and the clinic changed to another location. However the practice continued to offer this service as an unfunded service, in order to provide patients with a service closer to home.
Our inspection team was led by a CQC Lead Inspector. The team included two CQC pharmacy inspectors, a GP specialist adviser and a practice manager specialist adviser.

Background to The Leven and Beeford Medical Practice

The Leven and Beeford Medical Practice is situated in the village of Leven, a short distance from the market town of Beverley. It has a branch surgery located in the village of Beeford, which is a dispensing practice. It is a rural practice and provides services under a General Medical Services (GMS) contract with NHS England, East Riding of Yorkshire area team to the practice population of 10,979, covering patients of all ages and population groups.

The practice has six GP partners, a mixture of both male and female GP’s and a salaried GP. All GP’s work across both of the practices. There is a business manager supported by a team of reception and administration staff, one nurse practitioner, one lead nurse, four practice nurses and two health care assistants. There is also a finance manager in post along with dispensing staff who work at the Beeford Practice.

The practice is open between 08.00 to 18.00 Monday to Friday. Appointments are available from 08.30 to 11.00 and 15.30 to 17.50 Monday to Friday. The branch surgery at Beeford is open between 08.00 to 12.30 Monday to Friday and 15.30 to 18.00 Monday to Friday (with the exception of Wednesdays, when they are closed. Appointments at Beeford are available from 08.30 to 11.00 and 15.30 to 17.50 Monday to Friday. Patients can access appointments at both practices.

The practice has opted out of providing out of hours services (OOHs) for their patients. When the practice is closed patients use the 111 service to contact the OOHs provider. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out an announced inspection 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:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people’s needs?
Detailed findings

- 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 visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 September 2015. During our visit we spoke with a range of staff of which, three were GP's, the business manager, two reception/administration staff, dispensing staff at the branch surgery, the nurse practitioner and the lead nurse. We also spoke with two members of the PPG and with five patients who used the service. We observed how people were being cared for and talked with carers and/or family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.
Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice’s computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events. An example we saw was in relation to anticoagulant (blood thinning) medication. Following the incident the matter was discussed with the medication management team, the policy was updated and now either the GP or nurse speaks directly to patient about their INR blood results. Several other examples were shared during the inspection where action was taken and learning had taken place.

The practice had a named GP as the overall clinical governance lead and incidents were a standing item on the weekly Monday partners meeting. All incidents were recorded on ‘inadoc’, an internal computer management, communication and administration system, which was accessible to staff. GP’s and staff we spoke with were well aware of their ‘duty of candour’ and had been open and honest with patients about incidents before this became a statutory requirement.

We reviewed safety records, incident reports 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, there had been a delay in a patient receiving a home visit. This was investigated, it was discussed at the partner and administration meeting and a home visit policy was introduced and circulated around the practice.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children 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.

- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). 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).

- There were procedures in place for monitoring and managing risks to patient and staff safety. 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 also 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.

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. There was however a consultation room with a stained carpet. Following the inspection we received information to confirm that the carpet had been replaced.
Recruitment checks were carried out and the five files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients’ needs. The practice had sufficient GPs so locums did not have to be used. The practice tried to avoid using outside locums by having a salaried GP and nurse practitioner in post.

Medicines were dispensed at the Beeford surgery (branch surgery) for patients who did not live near a pharmacy and this was appropriately managed. Dispensing staff showed us the standard operating procedures for managing medicines (these are written instructions about how to safely dispense medicines). We saw processes were in place to check medicines were within their expiry date and suitable for use. Prescription pads were securely stored and there were systems in place to monitor their use. Vaccines were administered by nurses using directions that had been produced in line with legal requirements and national guidance.

The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary, but they did not have a named GP lead for the dispensary meaning that nobody had oversight of the dispensing process or governance arrangements.

The practice had established a service for people to pick up their dispensed prescriptions at three locations and this was appropriately managed. The practice also made reasonable adjustments for patients who struggled to manage their own medicines, for example providing monitored dosage systems and home delivery.

We checked that medicines stored securely and were only accessible to authorised staff. We saw records showing all members of staff involved in the dispensing process had received appropriate training and were told that they had regular checks of their competence.

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

There was an emergency buzzer in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. There was also an allocated on-call GP so reception staff knew who to contact, also all GPs would be available if needed. The practice had a defibrillator available on the premises and oxygen with adult and children’s masks. There was also a first aid kit and accident book 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.

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 carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patient’s needs. There are also protected learning time meetings where best practice was discussed.

The practice had a weekly multi-disciplinary team (MDT) meeting and discussed patients who had a high risk of admission as well as the palliative care patients. They created care plans for unplanned admissions and palliative patients. These were kept on their clinical records and the patient kept a copy at home. Do not attempt resuscitation (DNAR) forms were also recorded on the electronic record system and the out of hours service informed.

The recall system for chronic disease management was annual or six monthly review. They sent out an invite letter and booked patients into a clinic after having their blood tests.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). Results from 2013/2014 showed the practice achieved 98.9% of the total number of points available. The practice exception reporting rate was 8.3% which was 0.4% above the national average. This practice was not an outlier for any QOF (or other national) clinical targets.

- Performance for diabetes related indicators was 99.8% which was 9.0% above the CCG and 9.9% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 99.9% which was 4.5% above the CCG and 5.0% above the national average.
- Performance for asthma was 100% which was 2.7% above the CCG and 2.8% above the national average.

- Performance for dementia was 100% which was 7.5% above the CCG and 6.6% above the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people’s outcomes. There had been eight clinical audits completed in the last two years and improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken following an audit included changes to patient’s anticoagulant medication, which was in line with current best practice.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients on the ‘at risk’ register, learning disabilities and palliative care register. They also provided annual reviews to check the health of patients with learning disabilities and mental illness. The practice could produce a list of those who were in need of palliative care and support and held end of life planning discussions. Admissions to A&E and unplanned admissions to hospital were discussed and GP’s and other staff we spoke with confirmed they followed patients up within 48 hours of their discharge. Patients requiring palliative care or with new cancer diagnosis were discussed at regular multi-disciplinary care meetings to ensure their needs assessment remained up to date. The practice liaised with the out of hours provider regarding any special needs for a patient; for example regarding end of life care arrangements for patients.

The practice supported two care homes for people who lived with learning disabilities. They carried out the patient’s annual reviews and visits as needed.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice
development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during protected learning times and appraisals. Clinical supervision was in the process of being introduced. There was facilitation and support for the revalidation of doctors.

- There was no system in place to alert the practice to the need to check for GMC and NMC registration updates and that medical indemnity was in place. The practice relied on staff informing them. The business manager confirmed that they would develop an updating system.
- 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.

**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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people’s needs and to assess and plan ongoing care and treatment. This included when people 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 each week and that care plans were routinely reviewed and updated. Ways in which the practice worked with other health and social care professionals included:

- Regular meetings with Macmillan nurses
- Daily conversations with District Nurses
- Regular meetings with the CCG and Locality Group
- Long term condition clinics in-house
- Risk stratification tool to identify patients at high risk of an unplanned admission (RAIDR)

Blood results, discharge letters and information from out of hours providers was received electronically and reviewed daily by the on call doctor. Where necessary a procedure for scanning documents was in place. A flagging system was used to identify urgent test results and these were prioritised for action. The GP recorded their actions around results or arranged to see the patient if necessary.

**Consent to care and treatment**

Patients’ consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient’s mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient’s capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

**Health promotion and prevention**

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

The practice had a comprehensive screening programme. The practice’s uptake for the cervical screening programme was 100%, which was comparable to the CCG average and 2.5% above the national average.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.6% to 97.8% and five year olds from 93.3% to 93.8%. Flu vaccination rates for the over 65s were 75.6%, which was slightly higher that the CCG average. The flu vaccination rates for at risk groups was 40.05%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients’ privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment rooms were closed during consultations and that 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.

All of the 40 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) on the day of our inspection and received email information from a further member. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 96.5% said the GP was good at listening to them compared to the CCG average of 92.2% and national average of 88.6%.
- 95.5% said the GP gave them enough time compared to the CCG average of 89.7% and national average of 86.8%.
- 98.7% said they had confidence and trust in the last GP they saw compared to the CCG average of 97.1% and national average of 95.3%.

- 96.6% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88.9% and national average of 85.1%.
- 95.5% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.5% and national average of 90.4%.
- < > 94.7% said they found the receptionists at the practice helpful compared to the CCG average of 87.6% and national average of 86.9%.

We saw that the nurse provided some extra support to a person who had more personal care and social needs. This support was provided on a regular basis and was not a clinical or medical need. The support provided by the nurse had a positive impact on patients well being.

The practice provided a free taxi service twice weekly to any patient living in a local village which was isolated and not served by regular public transport. This ensured that patients were supported to attend for their appointments.

The practice also provided a free prescription delivery service to patients every week day who required it. There was also a prescription delivery service to two post offices, one shop and a garage, which made it easier for patients to obtain their medication.

One of the GP’s with a special interest in dermatology provided support to to avoid the need for a hospital referral.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above the local and national averages. For example:
Are services caring?

- 92.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.2% and national average of 86.3%.
- 93.7% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85.2% and national average of 81.5%.
- 93.3% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90.2% and national average of 89.7%.
- 90.6% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86.8% and national average of 84.9%.

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.

**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. This included information about the Carers Support Group and bereavement services. Also available for patients was a DVD with information about how to prevent falls at home, this also included a home activity programme.

The practice’s computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 20% of the practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

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/or by giving them advice on how to find a support service.
Are services responsive to people’s needs?
(for example, to feedback?)

Our findings

Responding to and meeting people’s needs

We found the practice was responsive to patient’s needs and had clear systems and staff in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The practice worked with the local CCG to improve outcomes for patients in the area and had recognised the needs of different groups in planning its services. The practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example screening programmes, vaccination programmes and reviews for patients with long term conditions such as COPD. Longer appointments could be made available for those with complex needs. The practice had benchmarked their patient survey details. The medication management team presented information around prescribing and this was compared with other local practices. They also compared their QOF figures with other local practices.

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

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and a translation service available.
- The practice was planning a strategy meeting to look at the way forward in respect of the building as there was the need to expand, however the building was Grade 2 listed.
- They had equality and diversity policy and staff had received equality and diversity training.

The funding for wound care/dressings had been removed and the clinic changed to another area, but due to the needs of the practices older population and the rural locations the practice had continued to offer this service in the practice as an unfunded service. They also did onsite international normalized ratio (INR) blood coagulation monitoring and D-dimers (a test for diagnosing blood clots), which reduced journey times and the need to visit hospitals for people living in these rural locations.

There were health trainers from the CCG who worked weekly in both surgeries. They provided smoking cessation, healthy living and dietary advice.

There was a PPG which had recently reconvened. Feedback they had received had been raised with the practice management team with suggestions for improvement. The results and actions agreed from these surveys were available on the practice website. Copies of the minutes of meetings were made available to us.

Access to the service

The practice was open between 08.00 to 18.00 Monday to Friday. Appointments were available from 08.30 to 11.00 and 15.30 to 17.50 Monday to Friday. The branch surgery at Beeford was open between 08.00 to 12.30 Monday to Friday and 15.30 to 18.00 Monday to Friday (with the exception of Wednesdays, when they were closed. Appointments were available from 08.30 to 11.00 and 15.30 to 17.50 Monday to Friday. Patients could access appointments at both practices.

Results from the national GP patient survey showed that patient’s satisfaction with how they could access care and treatment was above the local CCG and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 85.8% of patients were satisfied with the practice’s opening hours compared to the CCG average of 73.2% and national average of 75.7%.
- 91.9% of patients said they could get through easily to the surgery by phone compared to the CCG average of 68.8% and national average of 74.4%.
- 83.3% of patients described their experience of making an appointment as good compared to the CCG average of 73.4% and national average of 73.8%.
- 67.4% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67.4% and national average of 65.2%.

Information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book
appointments through the website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Appointments could be made in person, by telephone or online. Repeat prescriptions could also be ordered online. A mix of pre-bookable and ‘on the day’ appointments were available.

**Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information on how to complain was displayed in reception as well as on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint. Patients we spoke with said they would feel comfortable raising a complaint if the need arose.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. We saw that patients were involved in the complaint investigation and the practice was open when dealing with the complaint.

Lessons were learnt from concerns and complaints and action was taken to the relevant meetings, such as the partners meeting for discussion and to improve the quality of care.
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 was displayed in the waiting areas and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

Governance arrangements
The practice had a named GP as the overall clinical governance lead.

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice
- There was 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, openness and transparency

We were informed that the last 18 months had been a challenging one as the practice had been without a practice manager or interim practice manager prior to the business manager being appointed. The current business manager (also known in other services as the practice manager) had only been in post for four months. During the presentation and subsequent discussions it became clear that much had been achieved in the past few months. Efforts had been made to develop and start to embed a number of systems and practices within the service, many of which were still in their infancy.

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

Staff told us that regular team meetings were held and they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, they were involved in discussions about how to run and develop the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients’ feedback and engaging patients in the delivery of the service. Examples included within their ‘You said we did’ included the appointment of a nurse practitioner to increase the number of appointments and increasing the number of ‘book on the day’ appointments.

The PPG has reformed recently and identified that more information was required by patients. As a result the practice had put together an information folder, which was available within the waiting rooms and we were told that this was also available within the branch practice. Information included carers support information, minor ailment scheme, smoking cessation, benefits, and contact details for social care. Another area of development as a result of feedback from the PPG was the appointment of a member of staff as a ‘practice signposting champion’. This role was to help patients with enquiries about different support services and voluntary services that were available in the area. The PPG also told us they were starting a virtual PPG to try and capture the voice of people from different demographics. So far, a small number of younger people had been recruited.

Following the practice patient survey in June 2015, the practice had put up signs about the interpreting and chaperoning services on offer.