

Wensum Valley Medical Practice West Earlham Health Centre

Quality Report

West Earlham Health Centre
West Earlham
Norwich
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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 

Key findings

Contents

Key findings of this inspection

	Page
Letter from the Chief Inspector of General Practice	2
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Wensum Valley Medical Practice West Earlham Health Centre	5
Detailed findings	7

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. At the previous Care Quality Commission (CQC) inspection in July 2017, the practice received an inadequate overall rating and was placed in special measures for a period of six months.

Our announced comprehensive inspection on 18 March 2018 was undertaken to ensure that improvements had been made following our inspections carried out in July 2017.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We previously carried out an announced comprehensive inspection at Wensum Valley Medical Practice on 12 October 2016. The overall rating for the practice was requires improvement (safe and effective were rated as requires improvement, caring, responsive and well-led all rated as good).

We carried out an announced focused inspection on 18 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection. However, insufficient improvements had been made and we subsequently carried out an announced comprehensive inspection on 24 July 2017 with a follow-up unannounced focused inspection on 31 July 2017 to assess the immediate actions taken. The practice were rated as inadequate overall (inadequate for safe and well led services and requires improvement for caring, effective and responsive services).

We carried out an announced comprehensive inspection at Wensum Valley Medical Practice

on 13 March 2018. This inspection was undertaken following the period of special measures and to confirm

Summary of findings

that the practice now met the standards in relation to the breaches in regulation (give breaches). Overall, the practice is now rated as good. The practice is no longer in special measures.

The full reports on the July 2017 and October 2016 inspections can be found by selecting the 'all reports' link for Wensum Valley Medical Practice on our website at www.cqc.org.uk.

At this inspection we found:

- The practice showed evidence that they had been responsive to the findings of the previous report and had made significant improvements. The clinical leadership had been improved, all partners had been involved and practice staff we spoke with told us that they had been included in the development of the action plan and had been fully engaged in the changes made. The clinical commissioning group (CCG) had been engaged with and had supported the practice where appropriate. The practice had employed a new practice manager who had been fully in post since September 2017. The practice had also engaged a new partner and full time pharmacist, both of whom commence their posts on 1 April 2018.
- The practice was clear on the improvements that had been achieved or were in process or being embedded. They had undertaken a significant number of audits to ensure the changes they had made had been effective.
- The practice was aware of their population needs and the levels of deprivation that affected them. All staff had received training to become a dementia friendly practice.
- We found the system in place for reporting and recording significant events and complaints had been improved, and embedded. Risk assessments had been undertaken in a systematic and organised way.
- The practice had implemented a suite of practice specific policies and procedures which staff had read and were using. A new practice intranet system was in place and this was in the process of being fully populated.
- The system in place to deal with and monitor patient safety alerts had been reviewed and improved, ensuring that patients were appropriately monitored.
- The process to manage medicines prescribed to patients had been improved. A fully electronic system giving a clear audit trail of changes and clinical oversight had been implemented.
- An effective system to manage correspondence had been implemented. Clear policies and protocols had been embedded to ensure that GPs saw all correspondence that required a clinical view.
- A fully electronic system had been introduced to ensure that staff were employed safely and that training requirements were met. We found that all staff had received the training deemed mandatory by the practice.
- Clinical oversight had been introduced to ensure that home visits were managed safely and in a timely manner.
- Data from the Quality and Outcomes Framework showed patient outcomes in many areas were mixed with areas above, in line, or below the national averages. Some exception reporting was above the national averages. To ensure this was managed well, the practice had increased clinical oversight into reviewing, improving, and monitoring their performance.
- The practice had increased the use of SMS messages to patients including where possible in the patients first language.
- Results from the national GP patient survey, published in July 2017, showed the practice was in line with or below local and national averages for many aspects of care.
- Since the last inspection the practice had engaged with patients and a patient participation group had been formed.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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

Wensum Valley Medical Practice West Earlham Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, and a practice manager specialist adviser.

Background to Wensum Valley Medical Practice West Earlham Health Centre

The Wensum Valley Medical Practice is situated in Norwich, Norfolk. The practice provides services for approximately 12,520 patients. It holds a Personal Medical Services contract with Norwich Clinical Commissioning Group (CCG) and operates from three locations in Norwich.

According to Public Health England, the patient population has a lower number of patients aged 45 and above, and a higher proportion of patients aged 34 and under, in comparison to the practice average across England. It has a considerably higher proportion of patients aged 0 to 14 compared to the practice average across England and 27% of the practice population is under the age of 18. Income deprivation affecting children and older people is much

higher (doubled) than the practice average across England and the local area. The level of deprivation in the practice area is considered to be in the second most deprived decile.

The practice informed us their area is considered the highest in deprivation in Norwich and the fifth highest in Norfolk. The practice explained that they had the highest number of children on child protection plans, the highest number of “at risk” children and the highest ratio of non-attenders in the area.

The practice has three male GP partners (a further partner has joined the partnership and starts from 1 April 2018), three female salaried GPs, and four regular locum GPs. There are three nurse practitioners, three practice nurses, three regular locum nurses and a practice pharmacist who has been employed and starts on 1 April 2018. There are teams of reception, administration, and prescribing clerks as well as three secretaries and two medical summarisers across the three sites who support the practice manager.

The practice operates from three locations: the main site, West Earlham Health Centre is open from Monday to Friday 8am to 1pm and from 2pm to 6.30pm. Adelaide Street Health Centre is open from Monday to Friday 9am to 1pm and from 2pm to 5.30pm. Bates Green Assessment and Treatment Centre is used by GPs and nurse practitioners and for contraceptive services. We inspected two of three sites; West Earlham and bates Green Assessment and Treatment Centre. Adelaide street Health Centre had been inspected as part of our previous inspection.

Detailed findings

Out-of-hours care is provided by Integrated Care 24.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

At our previous inspection the practice was rated as inadequate for providing safe services because:

We found the system in place for reporting and recording significant events was not effective enough to ensure that all incidents had been recorded, and that learning from events was shared effectively with the practice team and changes made to improve the service.

- The patients and practice staff were at risk of harm, the practice had not undertaken sufficient risk assessments to ensure they would be kept safe.
- The systems and process to manage infection prevention and control needed to be improved.
- The system in place to deal with and monitor patient safety alerts needed to be improved.
- The practice system to ensure that medicines were safely prescribed needed to be improved.
- Patients were at risk of harm because the practice system to ensure GPs saw all relevant correspondence was not effective.

Safety systems and processes

- The practice had clear systems to keep patients safe and safeguarded from abuse.
- The practice had implemented and embedded a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Practice staff took steps to protect patients from abuse, neglect, harassment, discrimination, and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from

safeguarding incidents were available to staff. All GPs and nurses were trained to level three safeguarding for children and level two for safeguarding vulnerable adults. All staff had received training in issues such

- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment, and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all staff clinical and non-clinical, (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).as domestic violence and helping patients with dementia.
- Practice staff who acted as chaperones were trained for the role and had received a DBS check.
- The system to manage infection prevention and control had been significantly improved. There was a clear policy, documented checks and cleaning schedules. There was an infection control lead for each site. We spoke with a member of the contracted cleaning company who confirmed that the practice and the company liaised regularly, and regular audits undertaken. Where necessary, changes were made.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were adequate systems to assess, monitor, and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods. The holiday arrangements were made in advance ensuring that no more than two staff members were on planned leave at any one time.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in

Are services safe?

need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. Reception staff had easy access to a duty doctor for any concerns they had.

- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The practice shared their plans to further improve these. For example, we saw evidence that showed the practice reviewed all children that did not attend their hospital appointments but they recognised they needed to implement a consistent approach to the recording of these events. The practice also recorded and reviewed any child or vulnerable adult that did not attend their appointment at the GP practice.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters we reviewed included all of the necessary information.

Safe and appropriate use of medicines

The practice had implemented and embedded reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- Practice staff we spoke with told us that the improvements made following the previous inspection had been successful. They told us that they felt they were undertaking their work in a safer and more organised manner. They told us that patients received a better service, any queries were dealt with more quickly as all the information they needed was available on the electronic record with a clear audit trail.

Track record on safety

The practice had significantly improved their system and process to manage safety.

- There were comprehensive risk assessments in relation to safety issues. The practice had undertaken risk assessments including fire safety, health and safety and infection control. We saw that actions had been completed or were in the process of being completed.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a clear and effective system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so and staff we spoke with told us that they would raise any concern however minor.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. To ensure all staff were aware of the learning from incidents and any changes made the practice produced a regular newsletter. We saw that these were well documented, after individual staff members had been made aware of the incident they had been happy to be identified but

Are services safe?

the patient details were removed. They told us this open approach had been as a result of the improved communication which had led to changes in the culture of the practice since the previous inspection.

- There was a system for receiving and acting on safety alerts. The practice learned from external safety events

as well as patient and medicine safety alerts. They shared with us their plans to further improve this for example adding more detail to a log for future monitoring.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice and all of the population groups people as good for providing effective services overall.

At our previous inspection the practice was rated as requires improvement for providing effective services because:

- Not all practice staff had received annual appraisals; nursing staff including those with a prescribing qualification had limited formalised clinical supervision with GPs and did not have one to one peer reviews. Some staff told us they felt isolated and that the communication within the practice could be improved.
- Data from the Quality and Outcomes Framework 2015-2016 showed patient outcomes in many areas were below national averages.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards, and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions. The practice was fully aware of their population and the level of deprivation that affect them.
- Staff used appropriate tools to assess the level of pain in patients and to ensure they were monitored appropriately.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

Nationally reported Quality and Outcomes Framework (QOF) data showed that some outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis, and dementia, above or in line the local and national averages. We noted that exception reporting was also above or in line with the CCG and national averages. For example, the practice performance for rheumatoid arthritis was 100% this was the same as the CCG and above the national average of 96%. Exception

reporting was 24% this was above the CCG average of 10% and the national average of 8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- GPs provided home visits to patients when clinically indicated who could not attend the practice.
- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra or changed needs.
- The practice has 610 patients aged over 75 and 600 of these have received a full health check in the past 12 months.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met; however, the practice's performance was in line or below the CCG and national averages for indicators relating to the quality and outcomes framework. For example, the practice performance in relation to asthma related indicators was 100% this was in line with the CCG and national average of 99%. Exception reporting for this indicator was 24%; this was above the CCG average of 9% and above the national average of 6%. The practice performance in relation to diabetes was 79%; this was below the CCG average and below the national average of 91%. The exception reporting was 19% compared to the CCG average of 15% and the national average of 11%.
- The practice recognised that there had been some shortfalls in capacity and had employed additional clinical staff to address the issues. A locum nurse who is experienced in delivering nurse led clinics to manage patients with diabetes had been employed on a regularly basis and a health care assistant was currently undertaking training in phlebotomy.
- For patients with the most complex needs, the GP worked with other health and care professionals to

Are services effective?

(for example, treatment is effective)

deliver a coordinated package of care. For example, the practice had started to work with the local diabetic specialist nurse and had employed a locum nurse to review all patients with diabetes.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice recognised there were a significant number of families with children in need, these were known to the multi-disciplinary team and discussed regularly. Records were flagged to ensure that any locums working in the practice had easy access to the information.
- Since our previous inspection the practice were undertaking school readiness checks for children preparing to go to school.
- Patients we spoke with told us that the GPs had cared for their children with kindness, for example those children that were dealing with emotional pressures.

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

- Information from the Public Health Outcome data showed the practice's uptake for cervical screening programme was 63%, which was below national and CCG average of 72% and the national target figure of 80%.
- The practices' uptake for breast cancer screening was in line with the national average but the performance for bowel screening was 49%; this was below the national average of 55%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- The practice had 147 patients with learning disabilities. 42 of these patients have received a full review from the practice. Some of these patients are cared for jointly with the community team. The new member of clinical staff that has been employed and is due to start at the surgery on 1 April 2018 has a specialist interest in this group of patients and will be reviewing the current arrangements and implementing changes to ensure these patients receive appropriate and timely care.
- The practice was aware of the higher number of younger people who were vulnerable due to the higher levels of deprivation in the area.

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the CCG and national average of 88%.
- 98% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was the same as the CCG average and above the national average of 96%. Exception reporting for this indicator was in line with the CCG and national average.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. The practice was a dementia friendly practice and all staff had received training in dementia awareness.
- The practice was aware of and worked with all patients, including young people, who were experiencing poor mental health.

Monitoring care and treatment

Since the previous inspection the practice had implement a comprehensive programme of quality improvement activity to ensure there was clinical oversight and

Are services effective?

(for example, treatment is effective)

management to review the effectiveness and appropriateness of the care provided. The practice had made improvements but recognised that some of these needed to be further embedded and monitored to ensure that they reflected into the future performance data.

The most recent published QOF results were 95% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%. This was the same percentage as the previous year. The overall exception reporting rate was 21% compared with a national average of 10%. This was lower than the exception reporting in the previous year which was 25%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- We discussed the results with the practice and they shared their unverified data for this current year 2017/2018 and their plans to increase the practice performance. The unverified data indicated that the practice performance should be in line for overall performance and that the exception reporting may be lower. The practice recognised that there had been some shortfalls in capacity and had employed additional clinical staff to address the issues. For example, they had employed a full time pharmacist and an additional GP partner both who will start on 1 April 2018. A locum nurse who is experienced in delivering nurse led clinics to manage patients with diabetes was also employed on a regularly basis.
- The practice recognised that some patients did not engage and did not attend their appointments for annual reviews. To improve this, the practice had employed a health care assistant who was currently undertaking training in phlebotomy. This would enable the practice to offer patients phlebotomy at the practice and not rely on the patient attending the community clinic which may not be easy for them. In addition, the practice had reviewed how they made contact with patients and had increased the use of SMS in the patient's first language such as Hungarian or Polish to encourage uptake. The practice shared an experience of a patient who had not attended appointments in the past, they sent a reminder in the patient's first language,

and the patient attended the appointment. We reviewed records where patients attended for medicine reviews and although not all checks were performed, some monitoring of all patients had been undertaken.

- The practice used information about care and treatment to make improvements. The practice was active in translating the information they gathered into responding to the needs of their population.
- The practice had a comprehensive programme of audits that used to monitor performance, changes made to encourage and sustain improvements. For example each month an audit was /will be run on medicines. These include methotrexate, temazepam, and salbutamol inhalers. Evidence we saw showed that this programme was embedded and staff concerned were engaged with the process. In addition the practice partook in audits with NHS England and the CCG, for example an Opioids Aware audit was undertaken, and eight patients were identified. All these patients were on a three month recall to be reviewed by clinical staff.

Effective staffing

Staff had the skills, knowledge, and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. The practice had implemented a comprehensive system to record up to date records of skills, qualifications, and training. Training needs and refreshers were identified and staff were encouraged and given opportunities to develop.
- The practice had been proactive since the previous inspection and had provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Are services effective?

(for example, treatment is effective)

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. Minutes from multi-disciplinary team meetings were comprehensive and shared as appropriate. The practice included nurses and nurse practitioners from the practice as well as community staff such as community matrons.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies. The practice were aware that they had many vulnerable patients registered whose lives were not always organised and took care to ensure that these patients records were not removed from their list unless a new practice had been identified. This ensured that these patients records could be accessed by appropriate clinical without delay.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- The practice reached out to the local community. The practice supported and wrote regular articles for a local charity, the Henderson Trust, who produce regular newsletter. For example the practice wrote an article to encourage patients with asthma or COPD to attend their regular follow up appointments and avoid attending A&E. The trust aims to improve the lives of local people and the environment in the areas of Marlpit, Larkman, North, and West Earlham in West Norwich. These areas feature high deprivation. The practice worked with the local schools to encourage healthy lifestyles. Children from a nearby school had designed a picture for a waiting area detailing healthy eating. The picture contained hand drawn pictures of apples, each with a poem written on it.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

At our previous inspection the practice was rated as requires improvement for providing caring services because:

Results from the national GP patient survey, published in July 2017, showed the practice was in line with or below local and national averages for many aspects of care. This is the same data set as used in this report.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information. The staff we spoke with told us that the improved systems and processes in place since the last inspection ensured they worked in a more efficient manner and this had enabled them to help patients in a more timely way and with clear information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Prior to the inspection, the practice did not receive from CQC any comment cards, but we spoke with six patients who all told us that the practice treated them with kindness and respect. In particular they shared with us the latest results 12 February 2018 to 12 March 2018 from the family and friends test which showed that 286 patients were asked and 218 responded, of those 94% would recommend the practice.

Results from the National GP Patient Survey published in July 2017 were generally in line with or slightly below the CCG and national averages for patient satisfaction scores. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG and the national average of 86%.

- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 94% of patients said the last nurse they spoke to was good at listening to them compared to the CCG average of 93% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. The practice had increased the use of translation services to encourage patients to attend their routine appointments.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 127 patients as carers (1% of the practice list). Practice staff were knowledgeable about support groups and organisations and patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

Are services caring?

Staff told us that families who had suffered bereavement were contacted by their usual GP. This 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.

Results from the National GP Patient Survey, published in July 2017, showed patients generally responded positively to questions about the involvement in planning and making decisions about their care and treatment. Results were mostly below local and national averages with regard to GPs and above average for nurses.

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.

- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and the national average of 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Patients in the waiting room could not overhear conversations with receptionists.
- Practice staff we spoke with told us that recent training they had received had given them the knowledge and confidence to help patients in a caring manner for example patients who were experiencing poor mental health including dementia.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

The practice was rated as requires improvement for providing responsive services because:

- Data from the national patient survey dated July 2017 showed that the practice was in line or below the CCG and national average for patients' satisfaction.
- The practice system and process for managing home visits was not always consistent.
- The practice did not have a clear system to manage and respond to complaints.

Responding to and meeting people's needs

The practice had taken steps to review and improve how they organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example the practice had introduced telephone consultations which could be initiated by clinicians for following up patients or by patients who were able to pre book these at times that were convenient for them.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. Patients could be seen at any of the three sites ensuring patients could be seen at the location most convenient for them.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. These services were being improved, for example joint working with the community diabetes specialist nurse.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. There was clinical oversight on all requests for home visits.

People with long-term conditions:

- The practice had recognised that the resources they had available within the nursing team had not been sufficient. They had trained a staff member to be a health care assistant and to undertake phlebotomy. This would encourage attendance as currently patients have to attend the community clinic for blood tests.
- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- The practice had implemented systems 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 accident and emergency (A&E) attendances. The practice had clear policies and procedures to record and review children who had not attended their GP or hospital appointments. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The West Earlham site hosts a regular clinic for the Butterflies Breastfeeding clinic and the Well baby clinic where topics such as accident prevention and illness and immunisations are discussed.
- The practice facilitated a bottle exchange scheme allowing mothers to exchange their child's bottle for a drinking cup.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice had introduced telephone consultations. These were available to pre book or were initiated by clinical staff to follow up patients and convey test results.

People whose circumstances make them vulnerable:

Are services responsive to people's needs?

(for example, to feedback?)

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, and those with a learning disability.
- The practice were aware that they had a population of patients who were young vulnerable patients, all staff were aware of these patients and ensured that they received clinical support in a timely manner.
- The practice had recognised that they have a group of veterans including younger people on their register. The practice was ensuring that the records of these patients were flagged so that they receive any specialist care and support they needed.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- All practice staff had undertaken dementia training and were proud that they were a dementia friendly practice. Non clinical staff we spoke with told us they valued this training and it had increase their knowledge and confidence in helping these patients.
- Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use but did report that it was sometimes difficult to see the GP of choice.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was in line or below when compared to local and national averages. This was supported by observations on the day of inspection.

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.

- 78% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 71%.
- 47% of patients usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 65% and the national average of 64%.
- 72% of patients describe their experience of making an appointment as good compared to the CCG average of 74% and the national average of 73%.
- 44% of patients usually get to see or speak to their preferred GP compared to the CCG average of 57% and the national average of 56%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care. The system and process to manage these had been significantly improved since our last inspection. An electronic system had been implemented to record all complaints written or verbal and to ensure these were recorded effectively and in a timely manner.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 26 complaints were received since our last inspection. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- Practice staff told us that they had noticed there had been a reduction in the number of complaints received as staff were able to deal with patients queries and concerns in a more timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. The practice sent all staff members a newsletter giving them clear information about the complaint received, the learning identified and changes that had been made. Practice staff we spoke with told us that they found this a very positive change, that the culture within the practice was open, encouraging, and that there was a no blame culture. In the edition December 2017 to January 2018 the newsletter detailed 15 clinical complaints and three administrative. One complaint that was discussed was regarding a safeguarding concern and the appropriate approach to home visits.

Are services well-led?

Good 

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

Our findings

We rated the practice and all of the population groups as good for providing a well-led service.

The practice was previously rated as inadequate for well-led because:

- The lack of clinical leadership did not ensure that the governance structure, systems, and processes were adequate to ensure that patients and staff would be kept safe from harm.
- During our inspection we saw generic policies and procedures were in place. These policies had not been reviewed or amended to be practice specific.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The practice showed evidence that they had been responsive to the findings of the previous report and had made significant improvements. The clinical leadership had been improved, all partners had been involved and practice staff we spoke with told us that had been included in the development of the action plan and had been fully engaged in the changes made. The Clinical Commissioning Group (CCG) had been engaged with and had offered support to the practice where appropriate.
- The practice was clear on the improvements that had been achieved and those that were still in the process of being embedded. They had undertaken a significant number of audits to ensure the changes they had made had been effective.
- The practice had employed a new practice manager who had been fully in post since September 2017. The practice had also engaged a new partner and full time pharmacist, both of whom commence their posts on 1 April 2018.
- Staff were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values, and strategy jointly with patients, staff, and external partners. To drive forward the improvements the practice, had worked jointly with the CCG.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. They told us that they valued how open the partners had been to the findings of the previous report and worked to form a cohesive team to ensure the improvements made continued and were sustained.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. Staff told us they now felt their opinion mattered and were confident to seek advice and help when required.
- The practice focused on the needs of patients. They served an area of high deprivation and recognised the associated challenges.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values of the practice.
- Openness, honesty, and transparency were demonstrated when responding to incidents and complaints. We were told that since the improvements had been made the number of complaints had reduced. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received regular appraisals since the last inspection. Staff we spoke with told us this had been very positive and that

Are services well-led?

Good 

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

the management had listened to their opinion and concerns. Staff were supported to meet the requirements of professional revalidation where necessary.

- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice demonstrated that there was now a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. Staff reported that they enjoyed the meetings and the improved communication and all felt an equal part of the practice team.

Governance arrangements

The practice demonstrated that there were clear responsibilities, roles, and systems of accountability to support good governance and management.

- Structures, processes, and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements, and shared services promoted interactive and co-ordinated person-centred care. Bi monthly governance meetings were held, at these meetings all information, issues, and reports from the other meetings such as the nurse or prescribing meetings were reviewed and, where needed, improvements made.
- Staff were clear on their roles and accountabilities including in respect of managing tasks and notifications, safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures, and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues, and performance.

- There was an effective, process to identify, understand, monitor, and address current and future risks including risks to patient safety. A comprehensive management log had been implemented to ensure that these would be reviewed and monitored regularly.
- The practice had implemented processes with clinical oversight to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical and non-clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. The practice had used audits to ensure that the improvements they had made were effective and embedded.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care. For example, the practice had introduced an electronic system to manage correspondence. A senior administrator and a GP met regularly to review the policy and ensure that correspondence that required clinical oversight was passed to clinical staff and correspondence that could safely be managed by trained staff was allocated to them. The most recent audit showed 100% of correspondence had been allocated correctly.
- **Appropriate and accurate information**
- The practice acted on appropriate and accurate information.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Since the previous inspection the practice management team had ensured that all staff had invites to appropriate meetings and that minutes were available to those who could not attend.
- The practice used performance information which was reported and monitored and management and staff were held to account. The practice management team

Are services well-led?

Good 

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

recognised that further improvements to the coding of information were needed. They shared with us plans to achieve this. The use of electronic systems had been increased which ensured there was a clear audit trail.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. The practice had increased the use of SMS to include individual texts in the patient's first language. This was to encourage patients to attend their appointments.
- The practice submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. A significant event had been raised following a breach of confidentiality. We saw evidence that effected patients had been contacted, given full information and lessons learnt.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff, and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard, and acted on to shape services and culture.
- Since the previous inspection the practice had formed a patient participation group. The practice team were in communication to arrange meetings.
- The service was transparent, collaborative and open with stakeholders about performance. The practice had openly discussed the finding with staff, colleagues, and the CCG. We noted that the practice had received written support from other health professionals who worked in the practice giving support and encouragement to the whole practice team.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- The practice was committed to continue with their improvement plan to further improve the systems and processes that govern safe, high quality care and to ensure that all improvements were sustained.
- The practice team were proud of the improvements they had made and that it had already reflected in improved services for patients. They were confident that they would continue to improve and had built systems and processes that were sustainable.