

Dr Noren & Partners

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Requires improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Noren and Partners on 10 January 2017. Overall the practice is rated as good. However, requirements were required in providing effective services. Our key findings were as follows:

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

- There was a system in place for reporting and recording significant events, for learning to be circulated to staff and changes implemented where required. Reviews of complaints, incidents and other learning events were thorough.
- Risks related to premises, storage of medicines, equipment and to the provision of medicines onsite were assessed and well managed.
- Staff assessed patients' ongoing needs and when they delivered care to patients it was in line with current evidence based guidance.
- The practice was performing above average on most clinical outcomes in terms of national data.

- However, the recording of care for patients with chronic obstructive pulmonary disease showed that improvements were needed. The practice had recognised this and had taken action to improve. However at the time of inspection it was too early to assess whether the action had led to improvements.
- Reviews of patients on repeat medicines were not always recorded properly and did not ensure effective monitoring. There were other monitoring processes in place, but these did not fully mitigate the risk of poor recording in terms of reviews undertaken.
- The practice planned its services based on the needs and demographic of its patient population and was highly responsive where services could be altered to meet specific needs.
- The appointment system met the needs of patients and was continually reviewed to improve access to the practice.
- Patients' feedback suggested they felt well cared for and supported.

Summary of findings

- Staff were trained in order to provide them with the skills, knowledge and experience to deliver effective care and treatment. Staff were able to ask for and receive additional training where it was identified as a benefit to individuals and to the service.
- The planning of care for vulnerable groups such as patients with cancer, dementia and complex health needs enabled responsive care.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- The provider was aware of and complied with the requirements of the duty of candour.

- The practice supported an open culture and continuous learning environment to drive improvement.

Areas the provide must make improvements are:

- Assess, monitor and mitigate risks relating to the health, safety and welfare of patients related to repeat medicine reviews.

Areas the provide should make improvements are:

- Continue to work towards improving the recording of care outcomes for patients with chronic obstructive pulmonary disease.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Risks to patients assessed and well managed. Medicines were managed in line with national guidance.
- Lessons were shared to make sure action was taken to improve safety in the practice as a result of significant events.
- When things went wrong patients received reasonable support, truthful information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Arrangements were in place to safeguard children and vulnerable adults from abuse.
- Equipment was checked and calibrated.
- There were health and safety policies in place.

Are services effective?

The practice is rated as requires improvement for providing effective services.

Requires improvement



- The practice was not recording medicine reviews appropriately to ensure that full monitoring of reviews of patients' medicines was taking place.
- The performance for chronic obstructive pulmonary disease was significantly below national and local averages. The practice had plans in place to try and improve this performance. However, at the time of inspection it was too early to assess the impact of the improvements.
- There was training for staff on obtaining and recording consent and in the Mental Capacity Act 2005.
- The most recent published results from 2015/16 showed 98% of the total number of points available compared to the clinical commissioning group (CCG) average of 96% and national average of 95%. The practice has a rate of 9.3% exception reporting compared to the national average of 10% and regional average of 13%. There was a broad range of clinical audits which demonstrated quality improvement.
- The practice supported staff development and training. They had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care.
- Patient feedback from comment cards stated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice improved services continuously even where patient feedback was overall highly positive.
- Specifically, the management team and partners noticed that there was some negative feedback on the national GP survey regarding waiting times and seeing a preferred GP in summer 2016. To improve this, the practice introduced timings for patients who attended a walk-in service so they would know how long they would need to wait. They also identified means of improving pre-bookable appointment availability with GPs.
- The practice implemented 'patient care advisers' to support any patients who were unable to get an appointment in advance or other requests which could not be fulfilled by reception. In these cases receptionists could refer a patient's request to one of three care advisers who would contact the patient and offer an alternative that best met the patient's needs.
- Where the practice identified vulnerable patients, bespoke action was taken to meet the needs of these patients. For example, the GPs working in the locality identified that the number of falls among frail and elderly patients was higher than other areas. The practice led on a local project to educate those at risk of falls to reduce these risk factors.
- A charity for patients who experience deafness and another who support blind people were asked to come and provide training to all the practice staff to help improve their ability to support patients with hearing difficulties and those with limited or no sight.

Good



Summary of findings

- Fifteen minute appointments were provided to patients where they were identified as having enhanced needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Complaints were formally reviewed to identify trends and ensure changes to practice had become embedded.
- Verbal and written feedback was considered by the practice and if negative accepted as a complaint and investigated.

Are services well-led?

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

- The practice had a clear vision and staff were clear about the vision and their responsibilities in relation to it.
- Risks were assessed and well managed.
- However, medicine reviews were not always monitored appropriately.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff so that appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and the partners and practice manager were involved in it.
- There was a strong ethos of continuous improvement and learning. Staff were encouraged to undertake training and new roles where they wished to.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the high proportion of older people in its population.
- GPs offered personalised care to patients in care and nursing homes.
- The premises were accessible for patients with limited mobility.
- Medicine reviews were not always recorded properly on the record system and therefore not necessarily always monitored effectively.
- Patients over 75 had a named GP to maintain continuity of care.
- Care planning was provided for patients with dementia.
- Patients at risk of admission to hospital were provided with care plans.
- Early visiting home visits were provided where necessary and also a paramedic practitioner was employed to undertake home visits.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and had appropriate training.
- Patients at risk of hospital admission were identified as a priority.
- Nurses were supported by lead GPs in each clinical area and met regularly to discuss care and treatment processes and individual patients.
- The most recent published results showed the practice was performing well compared to national averages and local averages.
- Medicine reviews were not always recorded properly on the record system and therefore not necessarily always monitored effectively
- All these patients were offered structured annual review to check their health needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- National data regarding Chronic obstructive pulmonary disease performance showed improvements were required. The practice had made plans to improve this performance.
- Diabetes care was highly personalised and there was work to identify patients at risk of diabetes and manage the risk to their health.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- 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.
- The practice's uptake for the cervical screening programme was 82%, which was similar to the national average of 82%.
- Immunisation rates were similar to average for most standard childhood immunisations, but lower for one area.
- Staff explained how they treated children and young people in an age-appropriate way including recognition of their rights to access treatment.
- We saw positive examples of joint working with midwives and health visitors.
- Joint working with external organisations took place in the management of children at risk of abuse.
- The patient participation group provided talks for young people on their specific areas of health concerns, such as sexual health.

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).

Good



- The needs of the working age population, those recently retired and students had been considered and the practice had adjusted the services it offered enable continuity of care.
- Patients' feedback on the appointment was higher than the national and local GP survey averages.
- The practice responded to any areas where the appointment system could be improved by implementing minor illness nurses and additional support systems to help patients' book appointments.
- Extended hours appointments were available three days a week.
- The practice was proactive in offering online services

Summary of findings

- A full range of health promotion and screening was available that reflects the needs for this age group.
- Travel vaccinations were available both privately and on the NHS.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- Patients with learning disabilities were offered annual health checks.
- The practice held a register of patients living in vulnerable circumstances including patients with dementia and learning disabilities.
- The practice offered longer appointments for vulnerable patients.
- A list of 470 patients deemed as requiring priority appointments were listed as gold patients. This enabled priority to be provided for appointments or call back by receptionists. Patients on the palliative care register, cancer register, some patients with multiple morbidities, those with dementia and carers could become gold patients.
- Patients with no fixed address could register at the practice if needed and homeless patients could be referred to a local specialist GP service.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Joint working with external organisations took place in the management of patients at risk of abuse or harm.

People experiencing poor mental health (including people with dementia)

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

Good



- Performance for mental health related indicators in 2016 was 100% compared to the national average of 93% and regional average of 91%.

Summary of findings

- The proportion of patients on mental health register with an up to date care plan and an up to date physical assessment was 63%. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advanced 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing better than local and national averages. Of 220 survey forms that were distributed 121 were returned. This represented 1% of the practice's patient list.

- 83% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85% and CCG average of 86%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78% and CCG average of 79%.

We received 27 patient Care Quality Commission comment cards. All of the cards contained positive feedback about the practice. There were two which also contained minor negative comments about the appointments system. Comment cards noted how well supported patients felt by all staff. We spoke with two patients and a member of the patient participation group (PPG). They were all very positive about the service provided by the practice and the caring nature of staff.

The practice undertook the friends and family test. Figures from December 2014 to December 2016 showed that the average rating for whether patient would recommend the practice (from 1 highly unlikely to 5 highly likely) was 4.7 overall.

Dr Noren & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector accompanied by a GP specialist adviser.

Background to Dr Noren & Partners

We undertook an inspection of this practice on 10 January 2017. Dr Noren and Partners is located in purpose built premises. There are consultation rooms on two floors and a lift to support patients with limited mobility.

The practice is contracted with NHS England to provide a General Medical Services (GMS) to the patients registered with the practice. The practice serves 12,099 patients from the local village and rural area. The practice demographics show that the population has a higher prevalence of patients over 50 years old compared to the national average and a significantly lower prevalence of 20 to 40 year olds and children under 10 years. National data suggested there was minimal deprivation across the local population. Fifty one percent of patients registered have a health condition which requires ongoing care compared to the national average of 54%. The local population was predominantly white British by ethnic origin (97%).

- There are four male and five female GPs working at the practice. There are six nurses, two healthcare assistants, a phlebotomist and a paramedic practitioner. A number of administrative staff and a practice manager support the clinical team.

- There are 6.5 whole time equivalent (WTE) GPs and 7.3 WTE nursing staff, healthcare assistants and paramedic practitioner.
- Dr Noren and Partners is open between 8.00am and 6.30pm Monday to Friday. There were extended hours on Tuesday from 7am and on Wednesdays and Thursdays until 8pm.
- Out of hours GP services were available when the practice was closed by phoning 111 and this was advertised on the practice website.

The practice provides services from: Steyning Health Centre, Steyning, West Sussex BN44 3RJ and Upper Beeding Surgery, 14 Dawn Close, Upper Beeding, West Sussex, BN44 3WG. We only visited Steyning Health Centre as part of this inspection. The practice had not been previously inspected by CQC.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 January 2017. During our visit we:

- Spoke with a range of staff, including four GPs, three members of the nursing team and support staff based at the practice, including the practice management team.
- Observed how patients were being cared for.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with members of the patient participation group.
- Observed the premises.
- Reviewed documentation related to the management of the service and patient care.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had a system in place for reporting, recording and monitoring significant events. We reviewed safety records, incident reports, and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice:

- Staff told us that they would inform the practice manager of any significant events and complaints. We saw that there was a standard form for recording events.
- Complaints, incidents and concerns about care or treatment were recorded, reviewed and any action required to improve the service were noted. Incidents were discussed in meetings initially to identify any learning or changes to practice and then reported to staff via staff meetings or other communication methods. Significant events were then revisited every year to ensure learning was embedded in practice.
- When a significant event had been investigated the findings would be fed back to the staff in clinical team meetings (GPs and Nursing staff) or individually to staff. For example, when an incorrect vaccine had been given to a patient, it was identified immediately, reported by the relevant staff member and action taken to ensure the patient was informed. Learning from the incident was discussed at meetings to share this with staff.
- Medicine and safety alerts were received into the practice, forwarded onto relevant staff and appropriate action planned. Medicine alerts prompted audits where necessary and these audits were accessible to staff for reference. Any alerts which required significant action were discussed at clinical meetings. We saw an example where an emergency medicine had been the subject of a recall and this had been acted on promptly.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse. There was a safeguarding lead in place who had undertaken advanced training to provide additional expertise within the practice. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. There were contact details for further guidance if staff had concerns about a patient's welfare. The GPs provided

reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults. GPs were trained to child protection or child safeguarding level three and received appropriate adult safeguarding training. Nurses had received level two child safeguarding training. GPs attended multidisciplinary team meetings to discuss vulnerable patients and also provided information to case conferences where required. There was training provided on female genital mutilation (FGM) and their responsibilities in reporting any instances of FGM in patients under 18. Safeguarding meetings for vulnerable adults and children were attended by GPs. There was an alert on the patient record system to alert staff to any children deemed at risk of abuse or harm. A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained and had Disclosure and Barring Service (DBS) checks. (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 was a supporting policy for chaperones.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed that the practice was clean and tidy. There was an audit tool used to identify any improvements in infection control and we saw the last audit was undertaken in August 2016. Hand hygiene audits were also undertaken and one was due in February 2017. All staff received relevant infection control training. This included training for reception staff on the handling of specimens handed in by patients at reception. Checks of cleanliness were undertaken and regular conversations with the cleaners took place where improvements were required. There was an infection control protocol in place. This included a sharps injury protocol (needle stick injury) which was available to staff. Clinical waste was stored appropriately. Appropriate sharps containers were used and removed before becoming overfull. Disposable privacy curtains were used and changed every six months.
- Medicines were managed safely. We checked medicine fridges and found fridges were monitored to ensure

Are services safe?

temperatures were within recommended levels for storing vaccines and other medicines. Nursing staff received training and had access to necessary information on administering vaccines.

- Blank prescription forms were logged out of storage when placed into printers so they could be tracked throughout the practice. Printers with prescription forms stored in them had locks to ensure they could not be removed by anyone without authorisation. We saw that medicines stored onsite were within expiry dates and stored properly.
- Patient Group Directions (PGD's) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and looked at a log of staff recruitment and background checks. We found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. This ensured that staff were fit and safe to work with patients.

Monitoring risks to patients

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

- The premises were purpose built and well maintained. There were health and safety related policies available. Staff had received relevant training in health and safety. The practice had risk assessments in place to monitor safety of the premises such as control of substances hazardous to health.

- There was a legionella risk assessment in place and legionella testing undertaken on all water outlets to identify any risk of legionella occurring (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Regular temperature checks took place.
- Staff at the practice had received fire training. There was a comprehensive fire risk assessment in place for the premises. Action was being taken to improve evacuation procedures. All other action related to potential fire risks had been taken to mitigate such risks. All electrical equipment was checked to ensure it was safe to use and clinical equipment was calibrated to ensure it was working properly.
- There were sufficient staff to provide care and ensure services provided were delivered by appropriate clinical staff.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. For example:

- The practice had an automated external defibrillator and clinical staff received training in how to use this. Oxygen was stored onsite and this was checked regularly to ensure it was working.
- There were emergency medicines onsite and these were available for staff to use. These were within expiry dates.
- Staff had received basic life support training.
- The practice had a business continuity plan in place for major incidents such as relocation of services due to loss of premises.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and reviewing templates used to deliver patient reviews.
- Training was provided to nursing staff to enable them to assess and plan care for patients with long term conditions.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2015/16 showed 98% of the total number of points available compared to the clinical commissioning group (CCG) average of 96% and national average of 95%. The practice has a rate of 9.3% exception reporting compared to the national average of 10% and regional average of 13%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015 showed:

- In 2016 performance for diabetes related indicators was 100% compared to the national average of 90% and regional average of 96%. Diabetes exception reporting was low compared to the CCG average.
- Performance for mental health related indicators in 2016 was 100% compared to the national average of 93% and regional average of 91%.
- Performance for chronic obstructive pulmonary disease related (COPD) indicators in 2016 was 73% compared to

the national average of 96% and regional average of 96%. We spoke with the GPs regarding this outcome and they explained they were aware of the low performance and had put a plan in place to improve the recording of COPD reviews. This included a new COPD review template that included the key elements of QOF required from reviews so that these could be recorded on the patient record system. The unverified data of 2016/17 year performance for COPD against QOF targets was 56% as of 10 January 2017. The QOF year was due to end in March 2017. Admissions data from October 2015 to October 2016 showed the practice was below the locality average for the admission of patients to hospital with respiratory diseases. This indicated there were no anomalies with patient care regarding acute cases of severe illness as a result of the practice's respiratory care.

There was evidence of clinical audit which led to improvements in care:

- The practice participated in local audits, identified their own audits and national benchmarking. We saw five audits related to several clinical areas in 2016 which had been repeated and were planned for further repetition to determine whether improvements were being driven.
- For example, there was an audit into the use of an antibiotic to determine if they were being used in line with national guidance. There were improvements in three out of four national indicators and investigation into why one standard had seen a decline in performance. Audits outcomes were shared with clinical staff to identify improvements to care and treatment for patients.

Findings were used by the practice to improve some aspects of care. For example, 703 patients at risk of diabetes were identified through testing and noted as pre-diabetic on the patient record system. This enabled the practice to monitor these patients and provide lifestyle advice to reduce their risk or delay the development of diabetes. Yearly checks of these patients meant that if they did develop diabetes the practice could start treatment and care planning quickly to reduce the risk of harm to patients caused by delayed diagnosis. Over the last 18 months the diagnoses of diabetes had increased from 470 to 560 patients. A practice nurse was undertaking insulin initiation training to enable this service to be undertaken from the practice.

Are services effective?

(for example, treatment is effective)

The recording of medicine reviews posed a risk to patients as this diminished ability of the practice to monitor the timeliness of patients' reviews. The practice identified prior to the inspection from the patient record system that 30% of patients on less than four repeat medicines and 51% of patients on four or more medicines had up to date medicine reviews. The GPs informed us that a change to the patient record system had meant that some data recording was not yet taking place appropriately. The partners also explained that until recently all medicine reviews took place face to face with patients which caused difficulties in achieving all the required reviews. The system had been changed in recent months to undertake virtual reviews of patients' medicines wherever appropriate. However, the low figures for the number of up to date medicine reviews had not been identified as an area of improvement by the practice until the figures requested prior to the inspection.

The practice participated in a medicine wastage reduction scheme. A local pharmacist invited patients to have their medicines synchronised to be able to request and receive repeat prescriptions at once. When patients participated they were reviewed and a calculation undertaken to synchronise the prescriptions. The practice then enabled synchronisation of the medicines on the patient record system. This helps patients by making their repeat prescription experience more efficient for the practice, patient and pharmacy and reduces the risk of wasted medicines.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff told us they could access role-specific training and updates when required and that there was a programme of training. For example, a practice nurse was undertaking insulin initiation training to enable this service to be undertaken from the practice.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The computer system enabled quick transfer of information from out of hours services to the GPs.
- The practice could access advice virtually from consultations using a local system for information sharing between services.

Staff worked together with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. Care plans were linked to the patient record system which enabled some information to be automatically added to care plans when patients' needs or assessments changed. There was a list of patients deemed at risk of unplanned admissions and 215 had a care plan in place.

Consent to care and treatment

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

- GPs and nurses understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA).

Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- There was a policy for obtaining written consent and we saw written consent was obtained for particular procedures.
- There was awareness of the Gillick competency (obtaining consent from patients under 16) and supporting guidance in consent policies.
- There were processes for obtaining consent from patients either verbally or in writing where necessary.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- There was a register of 28 patients receiving end of life care and three had care plans.
- Additional support for carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation was available. Patients were signposted to the relevant service when necessary.
- There were 1169 smokers listed on the register and 69% had been offered stop smoking advice in the last year. Of those 13 were recorded as stopped smoking.

The practice's uptake for the cervical screening programme was 83%, which was higher than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Eighty six patients were offered dementia screening in the last year and 58 were referred to a memory clinic. Of those, two had diagnoses of dementia. There were 128 patients on the dementia register.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Of those eligible 67% had undertaken bowel cancer screening compared to the national average of 58%. Of those eligible, 69% of had attended breast cancer screening within six months of being invited, compared to the national average of 72%.

The practice offered annual health checks to patients with a learning disability. There were 18 patients on the register and the practice and 11 had health checks within the last 12 months.

NHS Health checks were offered to patients and 549 of those eligible had received one in the last five years.

The practice offered chlamydia screening to its patients and 2.5% of the eligible population had undertaken a test in 2016.

Childhood immunisation rates for the vaccinations were comparable to the CCG averages. The percentage of children aged one to two with a full course of recommended vaccines was above the national standard of 90% other than for pneumococcal conjugate booster which was at 71%. Practices are given a score out of 10 for their performance in childhood immunisations below the age of two. This practice achieved 8.7 compared to 9.1 nationally. For five year olds, 86% of children had received the complete two doses of measles, mumps and rubella (MMR) vaccinations recommended, compared to the national average of 88%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

We received 27 patient Care Quality Commission comment cards. All of the cards contained highly positive feedback about the practice. We spoke to two members of patient participation group (PPG). They were very positive about the service provided by the practice and the caring nature of staff. Comment cards noted how well supported patients felt by all staff.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was higher than local and national average for satisfaction scores on consultations with GPs and nurses. The most recent results showed:

- 91% of patients said their GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% national average of 85%.
- 96% of patients said the last nurse they saw was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 91%.

- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received on CQC comment cards. 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. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment compared to the national and local averages:

- 90% 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%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 85% and CCG average of 83%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared to the national average of 90% and CCG average of 87%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 198 patients as carers which was 1.6% of the practice list. There was information provided to carers which was obtained from local carers' support groups. The practice had recognised the number of carers was low for the demographic of their

Are services caring?

patient population. Therefore they worked with a local carers' charity to identify carers who were not on the practice's register and contacted those patients asking if they wished to be added to the register. The practice also publicised carers' support services in the PPG's newsletter.

The practice managers and GPs told us relatives were contacted soon after bereavements if they felt this was appropriate. Bereavement support information was also available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and planned its services accordingly. For example:

- The practice altered the appointment system to meet the needs of their patients. This was constantly reviewed and changes made where necessary. For example, the management team and partners noticed that there was some negative feedback on the national GP survey regarding waiting times and seeing a preferred GP in summer 2016. To improve this, the practice introduced timings for patients who attended a walk-in service (originally introduced to provide flexible access) so they would know how long they would need to wait. They also employed minor illness nurses to divert some same day appointments away from GPs. This freed up more pre-bookable appointments and was designed to improve access to named GPs. The practice had undertaken this action in late summer 2016 and therefore the most current national survey results would not demonstrate a positive improvement. However, the patient participation group (PPG) shared recent positive feedback from patients about the access to named GPs. We received no negative comments regarding the appointment system.
- In addition to these improvements the practice implemented 'patient care advisers' to support any patients who were unable to get an appointment in advance or other requests which could not be fulfilled by the reception team. In these cases receptionists could refer a patient's request to one of three care advisers who would contact the patient and offer an alternative appointment of the same type at a similar time, that best met the patient's needs. This provided a more tailored approach and more time for any patients who had specific requests. In one example, a patient requested a procedure within a specific time period as they were undergoing other treatment which required the procedure to be undertaken quickly, but there no available slots for four weeks. The receptionist contacted the patient care advisor who was able to combine three 10 min slots from a GPs schedule and ensure a nurse was available to provide support if needed.
- A charity for patients who experience deafness and another who support blind people were asked to come and provide training to all the practice staff to help improve their ability to support patients with hearing difficulties and those with limited or no sight.
- A list of 470 patients deemed as requiring priority appointments were listed as 'gold' patients. The additional support enabled priority appointments or a call back by receptionists. This service was available to patients on the palliative care register, cancer register, some patients with multiple morbidities, those with dementia and carers.
- The GPs working in the locality identified that the number of falls among frail and elderly patients was higher than other areas. The practice led on a local project to educate those at risk of falls to reduce these risk factors. Courses were offered to patients from July 2015.
- A local travelling community were able to register at the practice. The practice allowed these patients to remain registered with the practice if they moved outside of the catchment area to ensure continuity of care was provided.
- There were longer appointments available for vulnerable patients including those with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were hearing loops available.
- Travel vaccines and advice were available
- There were disabled toilet facilities on the first floor.
- A separate breast feeding area and a baby change facilities were available.
- The practice was improving its website to enable better access from smartphones.
- A patient choice navigation system was used to support patients who were referred to other services, so they could choose timings and locations for their external appointments.
- A micro-suction service normally only available at hospitals was provided for complex cases of ear syringing. Equipment had been bought to provide this service and reduce the need for patients to travel towns or cities for the service.
- Fifteen minute appointments were provided to patients where they were identified as having enhanced needs.

Are services responsive to people's needs?

(for example, to feedback?)

Access to the service

Dr Noren and Partners was open between 8.00am and 6.30pm Monday to Friday. There were extended hours on Tuesday from 7am and on Wednesdays and Thursdays until 8pm.

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

- 88% found it easy to contact the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 83% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 49% usually got to see or speak to their preferred GP compared to the CCG average of 56% and national average of 59%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group (CCG) average of 87% and national average of 85%.
- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.

A total of 1131 (9%) patients were registered for online appointments. Patients could also request repeat prescriptions online.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary and
- The urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP

home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. To support GPs a paramedic practitioner had been employed to undertake home visits. The practitioners had appropriate training and support from GPs to undertake these visits. The practice also utilised a local early visiting service shared among local GP practices. This service was designed to provide support to patients early in the day who may otherwise be at risk of admission to hospital.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.
- All feedback whether verbal or written was taken as a complaint when negative, and wherever possible patients' comments were investigated and responded to with an investigation outcome.

We looked at a log of complaints received in the last 12 months and there was a process for assessing and investigating the complaints. They were satisfactorily handled, dealt with in a timely way and that patients received a response with an outcome. For example, where any complaints or verbal comments had been received regarding the appointment system they were investigated and the patients received a response.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice staff shared a clear vision to deliver a high standard of patient care.

- There was an ethos of patient centred care at the practice and this was reflected in discussions with staff and patient feedback suggested it was reflected in care delivery.
- Staff were involved in the development of the strategy by the partners.
- There was a clear leadership structure with delegated responsibilities and staff were aware of their responsibilities in leadership, clinical and support roles.

Governance arrangements

The practice had a governance framework which supported the delivery of its strategy.

- Risks to patients were assessed and well managed.
- A broad programme of continuous clinical and internal audit demonstrated improvements in care and reflected national guidance.
- Where the system of clinical governance identified improvements these were planned and implemented. However, we found concerns related to the recording of medicine reviews and the care of patients with a specific respiratory condition.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff had been involved in developing and implementing the changes to the practice.
- Practice specific policies were available to all staff. These were regularly updated and provided specific information on providing safe and effective services.

Leadership and culture

The partners and management team demonstrated they had the experience, capacity and capability to run the practice. Staff told us the leadership team was approachable and always took the time to listen to all members of staff. Staff were enabled to undertake training they requested and to put their learning into practice where it could improve working practices.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings and we saw relevant minutes.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

The practice had gathered feedback from patients via its patient participation group (PPG). The PPG was involved in the running of the practice. They participated in designing and reviewing the practice's own patient survey and compared the results from 2016 to 2015. The PPG was proactive in providing information to patients through their magazine and regular open talks for patients. This included a programme of talks for young patients and areas of concern regarding their health.

The practice undertook the friends and family test. Figures from December 2014 to December 2016 showed that the average rating for whether patient would recommend the practice (for 1 highly unlikely to 5 highly likely) was 4.7 overall.

Are services well-led?

Good 

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

Continuous improvement

- A practice nurse was undertaking insulin initiation training to enable this service to be undertaken from the practice.
- Due to patient feedback, receptionists were provided with reception training to help them improve their ability to meet patients' needs.
- The appointment system was continuously monitored and changes made to appointment capacity for each day of the working week, based on previous demand.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 HSCA (RA) Regulations 2014 safe care and treatment of the Health and Social Care Act 2008
Maternity and midwifery services	(Regulated Activities) Regulations 2014.
Surgical procedures	The provider did not always assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Specifically they were not assessing whether medicine reviews were up to date. This was in breach of Regulation 12 safe care and treatment (1)(2)(a)
Treatment of disease, disorder or injury	