

# The Castle Partnership

## Quality Report

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Date of inspection visit: 5 May 2016

Date of publication: 13/06/2016

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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Castle Partnership at Mile End Road Surgery on 5 May 2016. As part of this inspection we also visited the branch locations Tuckswood Surgery and Gurney Surgery in Norwich. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed but recommendations resulting from the most recent legionella assessments had not been addressed. There was also improvement needed in addressing premises related risks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the training, skills, knowledge and experience to deliver patients effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider must make improvement is:

- Ensure cleanliness is of a good standard, especially at the Tuckswood and Gurney locations.

The areas where the provider should make improvement are:

# Summary of findings

- Ensure that annual reviews for patients experiencing poor mental health or with a learning disability are undertaken in a timely manner.
- Maintain an audit trail of the dissemination and implementation of national safety alerts and updates to all relevant staff.
- Ensure actions from the legionella assessment are undertaken.
- Ensure premises related risks are highlighted and addressed appropriately.
- Review patients' records to identify additional carers.

**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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice maintained mixed standards of cleanliness across the three locations. We observed the Mile End Road premises to be clean and tidy but noted that the Tuckswood location had several surfaces that were dusty. This also applied to the Gurney location, where there were additional cleanliness concerns.
- Risks to patients were assessed and well managed. However, the recommendations resulting from the most recent legionella assessment were yet to be addressed and some risks were not recognised.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were consistently above average compared to the national results.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for the majority of staff, and we saw evidence of robust planning to ensure the remaining staff would undergo appraisals and mandatory training.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice higher than average for several aspects of care.
- Patients we spoke to said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff we spoke with were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of, and complied with, the requirements of the Duty of Candour. The partners encouraged

Good



# Summary of findings

a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice had an interest in research and took part in local studies.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were above local and national averages.
- The practice provided GP cover to six local care homes. GPs or a nurse practitioner visited each home every week to support residents living there.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2014/2015 showed that performance for diabetes related indicators was 100%, which was 11.4% above the CCG average 10.8% above the national average. The practice reported 14.1% exception reporting for diabetes related indicators, which was 1.3% above the CCG average 3.3% above the national average.
- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were generally in line with the local averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had a comprehensive cervical screening programme. The percentage of patients receiving the intervention according to 2014-2015 data was 83.6%, which was above the local average of 83.1% and the England average of 81.8%. Patients who did not attend their appointment were followed up with letters and telephone calls.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were available on Saturday mornings.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had 129 registered patients with a learning disability, of which 79 had received an annual review. The practice informed

Good





# Summary of findings

us they were proactively inviting patients that were overdue a review and had experienced numerous non-attendances. Some patients had only recently been diagnosed and as such were not yet due a review.

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Patients who were carers were proactively identified and signposted to local carers' groups.
- 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.

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

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

- The practice had 225 registered patients with dementia, 170 of these patients had a care plan in place.
- The practice had 208 registered patients experiencing poor mental health, of which 134 had a care plan in place. 47 of these patients had refused or not responded.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 257 survey forms were distributed and 122 were returned. This represented a 47% completion rate.

- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 Care Quality Commission comment cards of which 29 were positive about the service experienced. Six cards stated patients had experienced difficulties in making appointments. One card contained negative comments about the care received not being consistent. The comments generally stated that the patients felt the practice offered an excellent service, that the premises were clean and that staff were kind, caring and treated them with dignity and respect.

We spoke with ten patients during the inspection. All patients told us they felt involved in decision making about the care and treatment they received. They said they were satisfied with the care they received, and thought staff were approachable, committed and caring.

## Areas for improvement

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

- Ensure cleanliness is of a good standard, especially at the Tuckswood and Gurney locations.

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

- Ensure that annual reviews for patients experiencing poor mental health or with a learning disability are undertaken in a timely manner.

- Maintain an audit trail of the dissemination and implementation of national safety alerts and updates to all relevant staff.
- Ensure actions from the legionella assessment are undertaken.
- Ensure premises related risks are highlighted and addressed appropriately.
- Review patients' records to identify additional carers.

# The Castle Partnership

## 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 manager specialist adviser and a second CQC inspector.

## Background to The Castle Partnership

Mile End Road Surgery is situated in Norwich, Norfolk and is run by the Castle Partnership. It has branch surgery locations in two other areas of Norwich: Tuckswold Surgery and Gurney Surgery. The practice provides services to approximately 16,700 patients across the three locations. It holds a General Medical Services contract with NHS Norwich CCG.

According to Public Health England, the patient population has a lower number of patients aged below 25 in comparison to the practice average across England. It has a higher proportion of patients aged 60 and above compared to the practice average across England, with a considerably higher proportion of females over the age of 85. Income deprivation affecting children is higher than the practice average across England, but lower than the local average. Income deprivation affecting older people is higher than the local and the practice average across England.

The practice has ten GP partners, four male and six female. There are two salaried GPs and two GP registrars. There are five nurse practitioners, three practice nurses and five health care assistants active across the three locations. The practice also employs a business manager who is supported by an assistant manager, as well as surgery

managers and team leaders at each location. There are shared secretarial and IT teams across the three sites. There are also administration and reception teams with individual leads.

All three locations provide opening hours on Monday to Friday from 8am to 5.30pm. Extended hours clinics are available Saturday morning from 8.30am to 11am, these are held at each location on a rotational basis. Patients are able to attend appointments at all three locations. Out-of-hours care is provided by Integrated Care 24.

The practice is a training practice and teaches medical students as well as GP registrars (trainee doctors). The practice was also actively involved in various research projects.

## 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.

## 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 5 May 2016. During our visit we:

# Detailed findings

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

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- We reviewed safety records, incident reports, patient safety alerts 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. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Staff told us they would inform their line manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The information was monitored by a designated member of staff and electronically shared with other staff. Any actions required as a result were researched by the relevant clinician to ensure issues were dealt with. Clinicians we spoke with confirmed that this took place but we were not provided with evidence to assure us that alerts had been viewed by all relevant staff.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Safeguarding policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and

all staff we spoke with knew who it was. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to vulnerable adult and child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained mixed standards of cleanliness and hygiene. We observed the Mile End Road premises to be clean and tidy but noted that the Tuckswood location had several surfaces that were dusty, including curtain rails and surfaces in the treatment room. The Gurney location had similar dusty surfaces and the carpets throughout the hallways had stains in various places. There was also an unpleasant odour present in a small part of the hallway that indicated there were, or had been, damp issues. We also found ceiling ventilation panels were dirty and didn't appear to have been cleaned. The Gurney location also had experienced water leaks from the roof but this had been addressed. The lead GP and business manager explained that the practice had undertaken extensive discussion and planning for new premises with NHS England but that to date there was no definitive solution. Although it was likely that a new purpose built building would be developed nearby. Both the practice, and NHS England, confirmed that the Gurney location had building related concerns of which they were aware. The considerable cost of refurbishment was a limiting factor. There was an infection control lead nurse, as well as an administrative lead, who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, dusty surfaces were found on audit and this was fed back to

## Are services safe?

the cleaners. However, as mentioned before, we found several dusty surfaces during our inspections. The practice explained they would address this further with the cleaners.

- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy team to ensure the practice was prescribing in line with best practice guidelines. Prescription pads were securely stored and there was a system in place to monitor and track their use.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and two appointed fire wardens and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises, such as control of substances hazardous to health, infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). The legionella assessments had been undertaken in August 2015 at all three locations and had highlighted remedial actions regarding pipe and boiler work and staff training that needed addressing. The practice informed us the pipe

and boiler work had not been addressed at the time of our inspection but that training was arranged to be undertaken shortly, of which we saw evidence. We also noted, when we visited the Tuckswood location, that certain premises' related risks had not been addressed, for example hot radiators were exposed in the reception area and a cupboard in a hallway containing practice equipment was not locked.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. With the partnership operating at three sites there were options to share various staff, for example receptionists, between them. Some staff operated from the three locations on a rotational basis

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had emergency protocols in place to be able to deal with various incidents, for example staff we spoke with explained and showed us the chest pain protocol.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 100% of the total number of points available. This was 3% above the local average and 5.3% above the England average. The practice reported 11.5% exception reporting, which was 0.3% above CCG and 2.3% above national averages (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/2015 showed:

- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease (CKD), chronic obstructive pulmonary disease, dementia, depression, diabetes, epilepsy, heart failure, hypertension, learning disability, mental health, osteoporosis: secondary prevention of fragility fractures, palliative care, peripheral arterial disease, rheumatoid arthritis, secondary prevention of coronary heart disease and stroke and transient ischaemic attack were better or the same in comparison to the CCG and national averages with the practice achieving 100% across each indicator.
- Exception reporting was mixed when compared to the local and national averages. The most significant outliers for exception reporting were:

- mental health indicators, with the practice reporting 23.2% exception reporting compared to the local average of 16.2% and national average of 11.1% - the practice explained that for all these patients three invites to attend had been sent and opportunistic screening was encouraged with a note on the system. In addition, care plan reviews were attempted through inviting patients for a medication review.
- heart failure related indicators with the practice reporting 4.4% exception reporting compared to the local average of 11% and national average of 9.3%;
- asthma related indicators with the practice reporting 2.6% exception reporting compared to the local average of 8.5% and national average of 6.8%;
- stroke and transient ischaemic attack related indicators with the practice reporting 14.3% exception reporting compared to the local average of 11.3% and national average of 9.7%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw evidence of a variety of audits that the practice had undertaken. We saw evidence of single, multiple and completed audit cycles where the improvements found were implemented and monitored. Findings were used by the practice to improve services. For example, the practice had undertaken an audit on patients suffering with heart failure that were prescribed beta blockers (medication causing the heart to beat more slowly and with less force, thereby reducing blood pressure) in addition to ACE inhibitor (angiotensin-converting-enzyme inhibitor, used to reduce blood pressure) medication. The audit showed an increase of prescribing from 64.3% at the first cycle to 85.7% on re-audit.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It included training on safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

# Are services effective?

## (for example, treatment is effective)

scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.

- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to, and made use of, e-learning training modules, in-house and external training. Staff we spoke with said they had been provided with additional training they had shown an interest in and were either provided with protected study time.

### Coordinating patient care and information sharing

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

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

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

The practice had a comprehensive cervical screening programme. The percentage of patients receiving the intervention according to 2014-2015 data was 83.6%, which was above the local average of 83.1% and the England average of 81.8%. Patients who did not attend their appointment were followed up with letters and telephone calls.

Childhood immunisation rates for the vaccinations given to under twos during 2014-15 ranged from 92.6% to 97.3% compared to the local average of 94.3% to 97.1%; and for five year olds from 84.7% to 92.1% compared to the local average of 90.6% to 96.1%.

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. The breast cancer screening rate for the past 36 months was 73.8% of the target population, which was comparable to the CCG average of 74.3% and above the national average of 72.2%. Furthermore, the bowel cancer screening rate for the past 30 months was 62.3% of the target population, which was just below the CCG average of 62.5% and above the national average of 58.3%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40-74. Where abnormalities or risk factors were identified, the practice informed us that follow-ups on the outcomes of health assessments and checks were made.



# 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 36 Care Quality Commission comment cards of which 29 were positive about the service experienced. Six cards stated patients had experienced difficulties in making appointments. One card contained negative comments about the care received not being consistent. The comments generally stated that the patients felt the practice offered an excellent service, that the premises were clean and that staff were kind, caring and treated them with dignity and respect.

We spoke with seven members of the patient participation group (PPG) and three other patients. They all told us they were satisfied with the care provided by the practice, they said their dignity and privacy was respected and all felt involved in the decisions around the care they received. Some patients commented that GPs contacted them out of working hours with test results or after hospital discharges. Two patients comments that it could be difficult getting through on the phone to make an appointment.

Results from the National GP Patient Survey published in January 2016 were generally above CCG and national averages for patient satisfaction scores. For example:

- 96% of patients said the GP was good at listening to them compared to the CCG average of 89% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 93% 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 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

All ten patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to, supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from all but one of the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey published in January 2016 showed patients generally responded positively to questions about the involvement in planning and making decisions about their care and treatment. Results were generally comparable to, or above, local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% 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 average of 83% and the national average of 85%.

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

## Are services caring?

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. A quarterly practice newsletter was available for patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 140 (just under 1%) patients as carers. The practice recognised this was a fairly low percentage and informed us they would undertake a

review of their records in response to better identify patients with caring responsibilities. Written information was available to carers to inform them of the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice looked after 66 patients living in six local care homes, where GPs undertook weekly visits.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Online appointment booking, prescription ordering and access to basic medical records were available for patients.
- There were disabled facilities and translation services available. Patients requiring translation were given longer appointments if required.
- A regular well-being service was held at the practice and patients had access to a health trainer if required.
- Eye screening for patients with diabetes was undertaken at the practice.
- 12 clinicians at the practice had attended a Royal College of General Practitioners' Alcohol Certificate course, providing staff with an extended understanding to be able to deal with patients with alcohol related concerns.
- The practice was able to refer patients to "Fun and Fit Norfolk", a service that helped patients find an activity they would enjoy and improve their health.

### Access to the service

All three locations provided surgery hours on Monday to Friday from 8am to 5.30pm. Extended hours clinics were

available Saturday morning from 8.30am to 11am, these were held at each location on a rotational basis. Patients were able to attend appointments at all three locations. Out-of-hours care was provided by Integrated Care 24.

Results from the National GP Patient Survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 75%.
- 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 73%.
- 74% 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 65%.
- 80% of patients describe their experience of making an appointment as good compared to the CCG average of 74% and the national average of 73%.

### 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 on the practice's website and in their information leaflet. Information about how to make a complaint was also displayed on the wall in the waiting area. Reception staff showed a good understanding of the complaints' procedure.

The practice had received 25 complaints in 2015 and seven in 2016 up to the date of our inspection. We looked at documentation relating to a number of these complaints received and found that they had been fully investigated and responded to in a timely and empathetic manner. Complaints were discussed during monthly meetings and reviewed annually.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients:

- The practice's aim was to "provide good quality of care to all patients in an environment that is fulfilling to work in and within the resources available".
- The practice had a robust strategy and supporting business plans which reflected the vision and values which were regularly monitored and updated. Its core values included openness, fairness, respect, support, accountability and compassion.

### Governance arrangements

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

- There was a clear staffing structure and rota planning and staff were aware of their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness, across the three locations. The various teams in the practice each had their own lead individual.
- The leadership structure in the practice provided robust leadership capabilities and resilience. As a result a comprehensive understanding of the performance of the practice was maintained and the drive to improve and perform well was evident in clinical and non-clinical areas.
- The GPs and nurses were supported to address their professional development needs for revalidation.
- Staff were supported through a system of appraisals and continued professional development.
- Learning from various sources, such as complaints and serious incidents was shared with staff at the three locations and reviewed annually.
- Practice specific policies were implemented and were available to all staff.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- The practice proactively reviewed its processes in response to survey data to with the aim to improve access to appointments.

### Leadership and culture

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

Staff told us that various regular team meetings were held. Staff explained that they had the opportunity to raise any issues at these meetings, were confident in doing so and felt supported if they did. Staff said they felt respected and valued by the partners in the practice.

The provider was aware of, and had systems in place to ensure, compliance with the requirements of the duty of candour. This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

Three members of staff held positions on local governing bodies. For example, one of the GPs was the prescribing lead for the local CCG. One GP was a member of a NICE guideline group for food allergies in children.

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

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

The practice had gathered feedback from patients through the PPG, surveys, the National GP Patient Survey and complaints received. The PPG gave feedback to the practice through regular meetings with the practice. The PPG were also actively involved in patient engagement, for example an open day was held in August 2015 with an associated health fair. The practice had also undertaken annual patient surveys, the most recent being in April 2016. In this survey 61 patients had participated. We saw that results were compared with the previous three years and

# Are services well-led?

Good 

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

that the overall score had increased. We noted that, specifically, the practice scored highly in areas relating to the confidence patients had in the practice and the ability to express their concerns and fears.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run and that there was a non-hierarchical approach to how the practice was run. The practice organised social events and had organised partner away days.

## Continuous improvement

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

our inspection two nurses were undertaking a diploma in diabetes. Staff we spoke with confirmed they received protected time to undertake training and felt that that training was readily accessible and well supported.

The practice was a training practice and teaches medical students as well as GP registrars (trainee doctors). The practice was also actively involved in various research projects and we saw evidence of 16 research projects the practice was, or had been, active in. The projects were clearly displayed on a notice board in the waiting room to inform patients. The ongoing projects included, amongst others: CANDID (colorectal CANcer Diagnosis Decision rules), a study trying to identify which symptoms might be important and therefore assist with the early diagnosis of colorectal cancer; HFPEF (Heart Failure with Preserved Ejection Fraction), a study to assess the epidemiology, prevalence and characteristics of heart failure with preserved ejection fraction; Primrose, research aimed at reducing cardiovascular risk in patients with severe mental health issues.

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	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p><b>(1) All premises and equipment used by the provider must be clean -</b></p> <p>We observed the Mile End Road premises to be clean and tidy but noted that the Tuckswood location had several surfaces that were dusty, including curtain rails and surfaces in the treatment room. The Gurney location had similar dusty surfaces and the carpets throughout the hallways had stains in various places. There was also an unpleasant odour present in a small part of the hallway that indicated there were, or had been, damp issues. We also found ceiling ventilation panels were dirty and didn't appear to have been cleaned.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	