

Dr H I Lazarus and Partners

Quality Report

Southgates Medical and Surgical Group
41 Goodwins Road
Kings Lynn
Norfolk
PE30 5QX
Tel: 01553 819477
Website: www.southgates.org

Date of inspection visit: 3 January 2017
Date of publication: 15/02/2017

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	10

Detailed findings from this inspection

Our inspection team	12
Background to Dr H I Lazarus and Partners	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr H I Lazarus and Partners on 3 January 2017. The practice is also a surgical centre and registered for acute services; we did not inspect the surgical unit as part of this inspection. Overall the practice is rated as good.

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

- The practice had recently taken over responsibility for another practice within the area; this second practice held a separate contract for providing medical services and was not part of this inspection. A new management team had recently been formed to ensure consistent and sustainable management over both practices.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice used a range of assessments to manage the risks to patients; however management oversight of these needed to be improved.
- Practice staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge, and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.
- Information about how to complain was not easily available. However where patients did complain, improvements were made to the quality of care as a result.
- 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.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice;

- The practice enhanced the skill mix available to meet the patients' needs. For example, they employed two specialist nurses (matrons) to ensure vulnerable housebound patients were well supported and received holistic care. Both nurses held a prescribing qualification, which enabled them to ensure that patients received timely, appropriate care. These nurses also visited the local care homes to support the GPs and care staff to ensure patients are cared for in the place of their choice. Furthermore, the practice had over 5000 patients who did not speak English as a first language. The practice had identified that Russian and Lithuanian were the two most common languages spoken, and in addition to the translation services available they had employed three staff members who were able to translate these languages for patients ensuring they had easy access to healthcare.
- One GP partner had additional qualifications in mental health and was previously section 12 approved (some decisions under the Mental Health Act, such as deciding on your medication or giving you permission to leave the ward or hospital, can only be taken by approved clinicians). The practice told us that this enabled them to manage patients who may be experiencing poor mental health within the practice setting, in particular the patients who did not speak English as a first language. The GP shared this additional knowledge with the practice team.

However, there were areas of practice where the provider must make improvements:

- Ensure that systems and processes are in place to ensure and record that all staff are safely employed. Not all practice staff who acted as chaperones or interpreters had received a disclosure and barring (DBS) check or written risk assessment. The management team did not have an accurate record of the DBS checks that had been received by clinical staff.
- Ensure that systems and process are in place to record the immunisation status of staff appropriate to their role.
- Ensure that systems and processes are in place to identify and mitigate risks relating to fire safety and legionella.

There were also areas of practice where the provider should make improvements:

- Maintain accurate records and oversight to ensure practice staff receive the training appropriate to their role and responsibilities.
- Ensure that information about how to complain is accessible for patients.
- Promote and encourage patients to take up national screening programmes.

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 requires improvement for providing safe services.

- The practice had newly implemented systems and processes to identify and mitigate risk. These assessments were comprehensive, but the practice had failed to undertake all the actions identified in the risk assessments relating to fire safety and had not undertaken a risk assessment to identify and mitigate the risk associated with legionella disease.
- There was an effective system in place for reporting and recording significant events. Comprehensive minutes of meetings where learning was shared were available for all practice staff.
- Where learning was identified, this was shared and action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, and a detailed written apology. They were told about any actions to improve processes to prevent the same thing from happening again.
- The practice had clearly defined and embedded systems, processes, and practices in place to keep patients safe and safeguarded from abuse.

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 for 2015-2016 were in line with the local and national averages. The practice exception reporting rate was 11%, this was in line with the CCG and national average.
- Practice staff assessed patient's needs and delivered care in line with current evidence based guidance.
- Clinical audits were routinely used to encourage quality improvement.
- Practice staff had the skills, knowledge, and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Practice 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 showed patients rated the practice in line with and above other practices both locally and nationally for all aspects of care.
- Patients said they were treated with compassion, dignity, and respect, were listened to, and were involved in decisions about their care and treatment.
- Information for patients about the services available was generally easy to understand and accessible. The practice has a population on 5073 patients that had not listed English as their first language and whilst some information was available in other languages we found that some information, for example, how to register as a carer was only available in English. Practice staff told us that they would speak directly with patients and obtain the information required if available in their language.
- We saw staff treat patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 157 patients as carers (1% of the practice list).

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. The practice offered to host clinics to bring services closer to the patient, for example a continence nurse, specialist team for drug and alcohol dependency and a midwife attended the practice.
- The practice had over 5000 patients who did not speak English as a first language. The practice employed staff who could speak the highest identified languages of Russian and Lithuanian. The practice had letters, leaflets and useful templates translated to ensure these patients were managed safely. For example the practice had translated versions of a screening tool used to help identify patients who may be of low mood. The practice did not have information regarding carers or how to complain easily available in other languages, practice staff would discuss this with the patients.
- Travel advice was given to patients ensuring that patients had access to immunisations that were covered under the NHS and those that the patient paid privately for.

Good



Summary of findings

- Patients said they found it more difficult to make an appointment with a named GP, however, they were always able to see a GP if needed.
- Information about how to complain was not easily available. When complaints were received evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice employed two specialist nurses (matrons) to ensure the vulnerable housebound patients were well managed.

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 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. They held regular governance meetings with comprehensive minutes taken to ensure that all actions were managed and reviewed.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. These had recently been implemented and the management team had identified areas that needed further improvement.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. Regular reports were produced and shared with all the practice staff.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous improvement. The practice had recently taken over a failing practice.

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.

- 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 that needed them.
- The practice employed two specialist nurses (matrons) who predominantly worked with older patients ensuring holistic assessment in the patients preferred place of care.
- The practice looked after patients who lived in eight different care homes, including an end of life care unit. They offered proactive care for these patients and undertook regularly visits to the homes.
- The practice referred to voluntary and third sector agencies, for example West Norfolk Befrienders and West Norfolk Carers, This ensured that patients who may be marginalised or isolated had access to support and advice.

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 worked closely with the diabetic specialist nurse, ensuring that patients were treated and supported without the need to travel to the hospital.
- Longer appointments and home visits were available when needed this included for patients with a learning disability.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

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 in line with the national average for the standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered six week postnatal and baby checks.
- A full range of contraceptive care was offered including long acting contraceptives.
- 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, students had been identified, and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice provided evening appointments on a Wednesday and on one Saturday morning each month.
- Telephone appointments were available for those patients who wished to access advice this way.
- 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.
- Smoking cessation and NHS health checks were encouraged.
- The practice was flexible with appointments; patients were able to make appointments at times that were convenient to them for routine and annual follow ups.

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 told us they were aware of the patients who were vulnerable, and worked cohesively as a team to ensure their needs were met.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability. The practice undertook regular reviews of these patients.
- 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 were aware of their responsibilities regarding information sharing, and the documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

The practice held drug dependency clinics in shared care arrangements with the Norfolk Recovery Partnership on a regular basis. This ensured that this group of patients who may be marginalised had access to specialist care and general healthcare closer to home.

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 64 patients diagnosed with dementia on the register. 80% of these patients had received an annual review. The reviews included advance care planning. Most of the remaining 20% lived in the care homes and received reviews on a regular basis rather than annually.
- One GP partner had additional qualifications in mental health and was previously section 12 approved (some decisions under the Mental Health Act, such as deciding on your medication or giving you permission to leave the ward or hospital, can only be taken by approved clinicians).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those 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.
- Appointments were available with GPs on the day to ensure that any potential crisis or deterioration of situations were managed timely.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 249 survey forms were distributed and 108 were returned. This represented a 43% response rate.

- 77% of patients found it easy to get through to this practice by phone compared to the CCG average of 80% and the national average of 73%.
- 89% 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 87% and the national average of 85%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.

- 89% 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 82% 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 34 comment cards, most of these were positive about the standard of care received. Four cards were mixed in their feedback and there was one negative comment regarding care received which we discussed with the practice.

We spoke with three patients during the inspection who 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 that systems and processes are in place to ensure and record that all staff are safely employed. Not all practice staff who acted as chaperones or interpreters had received a disclosure and barring (DBS) check or written risk assessment. The management team did not have an accurate record of the DBS checks that had been received by clinical staff.
- Ensure that systems and process are in place to record the immunisation status of staff appropriate to their role.

- Ensure that systems and processes are in place to identify and mitigate risks relating to fire safety and legionella.

Action the service **SHOULD** take to improve

- Maintain accurate records and oversight to ensure practice staff receive the training appropriate to their role and responsibilities.
- Ensure that information about how to complain is accessible for patients.
- Promote and encourage patients to take up national screening programmes.

Outstanding practice

- The practice enhanced the skill mix available to meet the patients' needs. For example, they employed two specialist nurses (matrons) to ensure vulnerable housebound patients were well supported and received holistic care. Both nurses held a prescribing qualification, which enabled them to ensure that patients received timely, appropriate care. These nurses also visited the local care homes to support the

GPs and care staff to ensure patients are cared for in the place of their choice. Furthermore, the practice had over 5000 patients who did not speak English as a first language. The practice had identified that Russian and Lithuanian were the two most common languages

Summary of findings

spoken, and in addition to the translation services available they had employed three staff members who were able to translate these languages for patients ensuring they had easy access to healthcare.

- One GP partner had additional qualifications in mental health and was section 12 approved (some decisions under the Mental Health Act, such as deciding on your medication or giving you permission to leave the ward

or hospital, can only be taken by approved clinicians). The practice told us that this enabled them to manage patients who may be experiencing poor mental health within the practice setting, in particular the patients who did not speak English as a first language. The GP shared this additional knowledge with the practice team.

Dr H I Lazarus and Partners

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 Dr H I Lazarus and Partners

Dr H I Lazarus and Partners is situated in Kings Lynn, Norfolk. The practice area extends into the outlying villages, and dispenses medicines to patients who live in these villages. The partners have a second practice nearby which they recently took over as it was struggling to maintain the standards required. The partners and some of the staff work at both practices. We did not inspect the second practice as it has a separate contract. The practice is also a surgical centre and registered for acute services without overnight beds / listed acute services with or without overnight beds; we did not inspect the surgical unit as part of this inspection.

The practice offers health care services to 16,000 patients and has continuous population growth. They have consultation space for GPs and nurses as well as extended attached professionals including midwives and specialist teams such as the Norfolk Recovery Partnership. We visited the dispensary as part of this inspection.

The practice holds a Personal Medical Service (PMS) contract with the local CCG, and is a training practice with one GP trainer, two associate trainers, and two undergraduate tutors. A training practice has trainee GPs working in the practice; a trainee GP is a qualified doctor

who is undertaking further training to become a GP. A trainer is a GP who is qualified to teach, support, and assess trainee GPs. There is currently one trainee GPs working in the practice.

There are ten GP Partners and four salaried GPs at the practice (ten female and four male GPs). There are twelve members of the nursing team including nurse practitioners, practice nurses, specialist nurses (matrons), and health care assistants. A team of four trained dispensary staff support the dispensary manager. There is a delivery driver, cleaners, and gardeners. There are also three interpreters employed by the practice. A team of 22 administration and reception staff support the general manager and the deputy manager.

The practice is open between 8am and 6.30pm Monday to Friday; extended hours are available on Wednesday evenings. Appointments are available on one Saturday morning each month. If the practice is closed, patients are asked to call the NHS111 service or to dial 999 in the event of a life threatening emergency.

The practice has a lower number of patients aged 60 and over and a larger number of patients aged 0 to 60 years. Male and female life expectancy in this area is 77 years for men compared with the CCG average of 80 years and the national average of 79 years and 83 years for women compared with the CCG average of 84 years and the national average of 83 years.

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

Detailed findings

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 3 January 2017. During our visit we:

- Spoke with a range of staff (GPs, the general manager, deputy manager, nurses, administrators, receptionists, healthcare assistants, and dispensers) and spoke with patients who used the service.
- We spoke with the staff at two local care homes.
- Observed how patients were being cared for and talked with carers and/or 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

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. 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 GP for safeguarding and the Mental Capacity Act (2005). 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 child protection or child safeguarding level three but the management oversight of the training needed to be improved. On the day of the inspection, the training log held by the management team did not contain all the information to evidence that staff were trained appropriate to their roles. Some practice staff showed us their certificates but according to the log they had not completed the training.
- A notice in the waiting room advised patients that chaperones were available if required. Practice staff who acted as chaperone had been trained for the role, but not all had received a Disclosure and Barring Service (DBS) check or had a written risk assessment undertaken (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 appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. An infection control clinical lead had been appointed and they 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. An annual infection control audit was completed December 2016, identified actions had been carried out, and improvements made.

- We reviewed four personnel files and found most appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. However the appropriate checks through the Disclosure and Barring Service were not all recorded. We found that the practice checked the registration details of clinical staff on line but had not always recorded this. The practice prior to our inspection had identified this shortfall and had undertaken a written risk assessment. Immediately following our inspection the practice put systems and processes in place to ensure an accurate record was available and maintained.

Medicines management

- Medicines, including emergency medicines and vaccines, were securely stored, the appropriate records were kept, and safe disposal arrangements were in place. Blank prescriptions were securely stored and an audit trail in place so the practice could account for the prescriptions that they had received.
- We looked at the process for monitoring people who were prescribed high risk medicines. We saw systems had been put in place they were well understood by staff. The prescriptions for these medicines were tagged and the GPs undertook checks of the medical records before signing the prescription.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). These were stored securely and

Are services safe?

records of receipt and issue were kept. The dispensary manager undertook monthly stock checks. There were suitable arrangements in place for the destruction of controlled drugs.

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 with a poster in the office which identified local health and safety representatives. The practice had up to date fire risk assessments but had not undertaken all actions identified. The practice told us that there had been changes and gave us evidence of a further assessment to be undertaken. The practice carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control however, they had not undertaken a risk assessment to identify and mitigate the risk of legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice gave us evidence to show a specialist had since been booked to undertake the assessment.

- 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.

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 in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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 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 guidelines 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 were 95% of the total number of points available. The overall exception reporting rate was 11% which was in line with the CCG and the national average (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).

- Performance for diabetes related indicators 81%; this was 12% below the CCG average and 9% below the national average and CCG average. The exception reporting rate for all indicators was 12%, and this was in line with the CCG average of 13% and the national average of 12%.
- Performance for mental health related indicators was 100%; this was 2% above the CCG average and 7% above the national average. The exception reporting for this indicator was 14%; this was in line with the CCG average of 13% and the national average of 11%.

- Performance for asthma related indicators was 100%; this was 1% above the CCG and 3% above the national average. Exception reporting for all these indicators was 3%; this was 10% below the CCG and 7% below the national averages.
- Performance for indicators relating to Osteoporosis was 100%; this was 10% above the CCG and 13% above the national average. Exception reporting for these indicators was 0%; this was significantly below the CCG average of 14% and national average of 15%.
- We saw that the practice regularly used audits both clinical and managerial to identify and encourage improvements. These included audits on high risk medicines, cervical screening, access, and reviewing appointment demand and did not attend.
- We reviewed two clinical audits, one relating to the prescribing of an antibiotic Co-amoxiclav. The audit showed an improvement in the length/duration of medicine prescribed. The second audit was undertaken following a significant event relating to a gastrointestinal bleed. The audit looked to see if patients taking certain medicines had received adequate follow up. The second cycle of the audit showed an improvement but the practice had not reached the target set. A further audit was planned for six month later.

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, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings, and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Practice staff had received an appraisal within the last 12 months.
- The practice staff received training that included safeguarding, fire safety awareness, and basic life support and information governance. However, the practice oversight for this needed to be improved. Once the practice (prior to our inspection) had identified this shortfall, they had undertaken a risk assessment and immediately following our inspection the practice put new systems and processes in place. Practice 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.

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.

- Practice 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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation and dietary advice was available to patients using the practice.
- The practice's uptake for the cervical screening programme was 70%, which was in line with the CCG average and the national average of 73%.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Figures published by Public Health England show that 51% of the practice's target population were screened for bowel cancer which was below the national average of 58%. The same data set shows that 69% of the practice's target population were screened for breast cancer in the same period, compared with the national screening rate of 72%.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were mixed when compared to CCG/national averages. For example, childhood immunisation rates for the

Are services effective? (for example, treatment is effective)

vaccinations given to under two year olds from April 2015 to March 2016 were in line with the CCG and national averages of 90 to 100%. However the practice performance for immunisation rates for five year olds was between the 70% and 90% threshold.

Practice staff told us that they actively tried to improve uptake, both clinical and non-clinical staff telephoned the parents or guardian of children to discuss and encourage attendance. The practice told us that a challenge they

faced was in relation to the patients who did not speak English as a first language and the different vaccination programme the children may have had in their home country.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice interpreters would contact the patients who did not speak English as a first language to encourage them to attend these appointments.

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. The practice had redesigned the waiting area to minimise patients being overheard and reduce the risk of trip hazards. Patients were also informed that they could discuss the reason for their visit in private if this was requested.

Patients told us they were very satisfied with the care provided by the practice and staff were helpful, caring and treated them with dignity and respect. 29 of the 34 Care Quality Commission patient comment cards we received were positive about the caring nature of the service experienced. We spoke with three members of the patient participation group (PPG). They also highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed the practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average 91% and national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and national average of 91%.
- 96% of patients said they had confidence and trust in the last nurse they saw or spoke to compared with the CCG average of 98% and the national average of 97%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% 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. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed results were in line with and above the local and national averages for how patients responded to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 93% and national average of 90%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 90% and the national average of 85%.

Are services caring?

The practice provided facilities to help patients to 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. The practice had three in house translators, who were also receptionists, and spoke Lithuanian and Russian. For those patients that spoke a different language, a translation service was available.
- Patients requiring translation services were given 15-20 minute appointments.
- Patients with poor mental health or learning disabilities were also offered 15 minute appointments.
- A chaperone service was offered to patients and was clearly advertised in the practices in the waiting area, as well as on the website.

Patient and carer support to cope emotionally with care and treatment

A patient information notice was available in the patient waiting area which told patients how to access the West Norfolk Carers group. 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 157 patients as carers (1% of the practice list). A representative from Stonham Support came in monthly to support carers and offered home visits and phone calls. Written information was available to direct carers called a carers information pack which included local support group information, a carers allowance form and an emergency pot with a medicines list in. All carers were offered a flu vaccination.

Staff told us that if families had suffered bereavement, the appropriate person contacted them; this was either a GP or matron. They were then sent a personalised letter with details of support agencies, if this was felt appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

- The practice employed two specialist nurses (matrons) to ensure their vulnerable, housebound patients were well supported and received holistic care. Both nurses held a prescribing qualification which enabled them to ensure that patients received timely, appropriate care. These nurses also visit the local care homes supporting the GPs and care staff to ensure patients are cared for in the place of their choice.
- Appointments were available outside school and core business hours to accommodate the needs of children and working people.
- There were longer appointments available for patients with a learning disability or those that needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were facilities for patients with disabilities and in house translators or translation services were available.
- The practice worked closely with community midwives, mental health link workers, and diabetic specialist nurses and promoted provision of these services from the surgery premises where possible.
- The practice dispensed weekly packs for people who needed support to manage their medicines.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours were offered on Wednesday evenings, and one Saturday morning each month. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were mixed when compared with the local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 73%.
- 72% of patients with a preferred GP usually got to see or speak with that GP compared to the CCG average of 64% and the national average of 59%.

Comment cards we reviewed and patients we spoke with told us on the day of the inspection that they were able to get appointments when they needed them.

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.

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, both in the waiting area and on the web site.
- The practice produced a comprehensive minutes from meetings with actions and learning clearly identified. Actions were coloured coded to ensure they were completed.

Thirty three complaints (mixture of written and verbal) had been received in the 2015 – 2016. Each complaint had been fully detailed and lessons were learnt. For example, a patient had complained about the medicine that had been

Are services responsive to people's needs? (for example, to feedback?)

prescribed. We saw evidence of action taken, the patient contacted and discussion at a partners meeting. Verbal complaints were logged as concerns; we noted that these were discussed at appropriate meetings with practice staff.

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 had a mission statement and staff knew and understood the values.
- The practice had a strategy and supporting business plan which reflected the vision and values and this was regularly monitored. The practice reviewed their strategic plan every year to ensure that they were meeting their objectives. The partners held meetings at the weekends ensure that they were able to make decisions in an environment that had allowed full discussion and consideration.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care; the newly formed management team recognised that some improvements needed to be made and they were working towards this.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The management team had a comprehensive understanding of the performance of the practice. They used weekly and monthly searches to ensure all targets and monitoring were met.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Minutes of meetings were comprehensive and actions clearly identified and reviewed.
- There were arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions, the practice recognised that there had been a lack of oversight in certain area and had implemented changes to address this.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity, and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The practice 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). This included training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, 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.

- Practice staff told us the practice held regular team meetings to ensure that any improvements were made in a timely manner. We saw that minutes were comprehensive and shared by the staff members.
- Practice 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 and management team 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

Are services well-led?

Good 

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

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 patient participation group (PPG) and through surveys and complaints received.
- The practice had gathered feedback from staff through, one to ones and general feedback at meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Practice staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes and bring services closer to patients in the area.

The practice management team told us that the whole practice team would continue to develop their management structure to ensure that they were able to meet future challenges. For example, the practice list size was expected to continue to grow, the practice were in discussion with the CCG regarding their premises. The second practice run by the partners and management team currently used a different clinical IT system; they were working to change both practices to the same system to enable shared and consistent standards to apply across both sites.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: <ul style="list-style-type: none">• The practice's system and processes in place did not evidence that all staff were safely employed. The management team did not have an accurate record of the Disclosure and Barring Service checks or risk assessments that had been received by clinical staff.• The systems and processes in place did not evidence that the immunisation status of staff appropriate to their role was known.
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none">• The practice had not completed actions identified in the fire risk assessment.• The practice had not undertaken a risk assessment in relation to identifying and mitigating the risk of legionella disease.