Norwich Practices Health Centre and Walk in Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Norwich Practices Health Centre and Walk In Centre on 4 August 2016. Overall the practice is rated as requires improvement. 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Some staff were overdue training required by the provider, needed 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.
- 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 provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure that patients with learning disabilities receive timely annual health reviews.
- Ensure that staff files are kept up to date, specifically for locum staff.
- Ensure that information about the service provided is monitored (for example, results from the National GP Survey) and used to drive improvements.
- Ensure there is an effective system in place to ensure staff training is kept up to date.
- Ensure that exception reporting outcomes within indicators of the Quality Outcomes Framework are improved. The practice had achieved higher averages than local and national exception reporting during 2013/14 (20%) and 2014/15 (22 %). A new strategy including arrangements for GPs to improve read coding and the appointment of a lead QOF nurse had

Summary of findings

been implemented and were proving successful according to QOF data for 2015/16, but the exception reporting had continued to remain above average at 23%.

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?

Good

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 and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Nearly all staff had received up to date training considered mandatory by the practice, although several members of the nursing team were overdue basic life support training. This was planned for the month following the inspection.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework (QOF) showed that the practice had achieved 95% of the total number of 2015/16 points available. This was 2% below the local average and in line with the England average. The practice reported 23% exception reporting, which was 10% above CCG and 13% above 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).
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were used in quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Requires improvement

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

Summary of findings

- Results from the National GP Patient Survey published in July 2016 were generally below CCG and national averages for patient satisfaction scores.
- 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.
- Patients who were carers were identified and signposted to local carers' groups. The practice had identified 87 (approximately 1%) patients as carers.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement 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.
- Patients said there were urgent appointments available the same day but continuity of care was not always evident. The practice explained this was predominantly due to high use of locum GPs, due to the nature of the organisation.
- The practice had good facilities and was well equipped to treat patients and meet their needs. A recent move to the current location had resulted in a considerable upgrade to the facilities available in the premises.
- Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice had a vision to deliver high quality care and promote good outcomes for patients
- There was a clear leadership structure and staff we spoke with felt supported by management.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of, and complied with, the requirements of the duty of candour. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. However there was scope to ensure that feedback from patients as part of the national GP survey also as acted as a catalyst for improvement. The patient participation group was virtual.
- There was a focus on continuous learning and improvement at all levels.

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

Requires improvement

The practice was rated as requires improvement in the domains of effective, caring, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice was operating an 18 month pilot which saw them provide primary care services to the residents of a 120 bed new care home (including 80 beds for people with dementia). The service was provided by an on-site nurse practitioner and health care assistant with an on-site consultation room, and GP support available.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure amongst others, were either in line or below local and national averages.
- The practice provided GP cover to two local care homes.

People with long term conditions

Requires improvement

The practice was rated as requires improvement in the domains of effective, caring, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice employed nurse specialists to improve services available for patients with specific conditions, for example diabetes and respiratory care.
- 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). Performance for 2015/16 diabetes related indicators was lower compared to the CCG and national average. With the practice achieving 73%, this was 16% below the CCG average and 17% below the national average.
- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Requires improvement

The practice was rated as requires improvement in the domains of effective, caring, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice employed a paediatric specialist trained nurse who dealt with all children that attended the walk in centre and was child safeguarding lead.
- 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.
- Condoms and chlamydia screening were available at the practice through the C-card system.
- The practice had a comprehensive cervical screening programme. The practice's percentage of patients receiving the intervention according to 2014-2015 data was 88.4%, which was 5.3% above the local average and 6.6% above the England average. Patients that had not attended for a screening 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. Regular meetings were held with these external service providers.

Working age people (including those recently retired and students)

Requires improvement

The practice was rated as requires improvement in the domains of effective, caring, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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. A smartphone application was also available.
- Appointments were available from 8am till 8pm, seven days a week, 365 days a year.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement

The practice was rated as requires improvement in the domains of effective, caring, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had 54 registered patients with a learning disability of which only four (7.4%) had a care plan and review in the past 12 months. The practice told us they would take immediate action to ensure that this group of patients was correctly identified on the practice's system and that they were proactively supported to attend their annual health review. We will follow up and assess the action taken at our next inspection.
- 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 identified and signposted to local carers' groups. The practice had identified 87 (approximately 0.9%) patients as carers.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The practice registered patients who had no fixed abode and worked collaboratively with the local City Reach to best manage their health needs.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice managed the local Special Allocation Scheme patient group since October 2011. Patients registered on this scheme had access to a nurse practitioner for advice Monday to Friday 08.30am till 6.30pm and have booked appointments with a GP twice a week.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice was rated as requires improvement in the domains of effective, caring, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice had 69 registered patients with dementia, of which 56 had received an annual review in the last 12 months.

Summary of findings

- The practice had 64 registered patients experiencing poor mental health, of which 53 had received an annual review in the last 12 months.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was performing generally below local and national averages. 370 survey forms were distributed and 88 were returned. This represented a 24% completion rate.

- 74% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 80% 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%.
- 76% 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%.
- 68% 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 78% and the national average of 78%.

We received four Care Quality Commission comment cards, which were all positive about the service experienced. The comments stated that the patient felt the practice offered a prompt and efficient service and that staff were kind and courteous. One card stated that there were not enough GP appointment available.

The practice's patient participation group was virtual and we were not able to speak with a representative on the day of the inspection.

We spoke with three patients, whose comments were in line with the comment cards, stating that staff were professional and kind but that waiting times could be longer than expected.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that patients with learning disabilities receive timely annual health reviews.
- Ensure that staff files are kept up to date, specifically for locum staff.
- Ensure that information about the service provided is monitored (for example, results from the National GP Survey) and used to drive improvements.
- Ensure there is an effective system in place to ensure staff training is kept up to date.
- Ensure that exception reporting outcomes within indicators of the Quality Outcomes Framework are improved. The practice had achieved higher averages than local and national exception reporting during 2013/14 (20%) and 2014/15 (22 %). A new strategy including arrangements for GPs to improve read coding and the appointment of a lead QOF nurse had been implemented and were proving successful according to QOF data for 2015/16, but the exception reporting had continued to remain above average at 23%.

Norwich Practices Health Centre and Walk in Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Norwich Practices Health Centre and Walk in Centre

Norwich Practices Health Centre and Walk In Centre is situated in the city of Norwich, Norfolk.

The practice provides services for approximately 9,500 patients. It holds an Alternative Provider Medical Services (APMS) contract with NHS England. A recent move to new premises resulted in a considerable upgrade to the facilities in the practice.

The provider operates both a health centre and walk in centre at the inspected location. However Norwich Practices Ltd also delivers other services to the local community, for example, physiotherapy services. At this inspection we only inspected the health centre and walk in centre.

Approximately 42% of the patient population is aged 25-34 and approximately 8% is aged 55 and over. Approximately 26% is aged below 25. It has a considerably higher proportion of patients aged 25-34 compared to the practice average across England.

The practice has five salaried GPs, two male and four female (of which two are the lead GPs) and a large selection of locum GPs. The practice is operated as a limited company governed by a board of directors, two whom are GPs, one a practice manager and one a non-executive.

There is one nurse practitioner, two practice nurses, one phlebotomist/health care assistant, one health care assistant and one phlebotomist. Overall at 4.6 whole time equivalent.

In the walk in centre there are six nurse practitioners (overall a 3.8 whole time equivalent) and 13 nurses (overall at 12.5 whole time equivalent) including two team leaders.. There are three clinical pharmacists active in the practice, overall at 2.9 whole time equivalent.

The practice also employs a practice manager, a business manager, a service manager, a lead nurse, a finance officer, an IT facilitator and a team of reception and administration staff as well as a medical secretary.

The practice is open from 8am till 8pm, seven days a week, 365 days a year. The walk in centre is open for anyone entitled to NHS services, whether registered with the practice, another GP practice or not NHS registered at all. They also provide services to overseas visitors. During 2015-16 the walk in centre had seen 62,783 patients.

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 4 August 2016. During our visit we:

- 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 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.

Good

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 weekly 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, a written apology and were told about any actions to improve processes to prevent the same thing happening again. Weekly reviews were undertaken on significant events and complaints for the practice and walk in centre combined. When we analysed the significant events for the 12 months prior to our inspection we saw that seven were related to the walk in centre and 37 were related to the health centre.
- Staff told us they would inform their line manager of any incidents either verbally or via email. We saw that managers investigated incidents immediately if required and shared these at weekly meetings. The incident recording 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 for relevance and shared with other staff, as guided by the content of the alert. Any actions required as a result were brought to the attention of the relevant clinician(s) to ensure issues were dealt with. Clinicians we spoke with confirmed that this took place.

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. However, when we reviewed the safeguarding policy for children we found that its content was not up to date despite it having a new review date. When we spoke with staff they were aware of up to date protocols and guidance. A traffic light protocol was available in consultation rooms so that staff had guidance readily to hand, but this was not incorporated within the policy. The leadership team informed us they would ensure the policy was reviewed immediately and we saw evidence that this had been actioned shortly after the inspection. 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 GP for safeguarding and GPs were trained to child safeguarding level 3. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies or healthcare professionals (for example, health visitors and school nurses). Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role, although we saw that refresher training was overdue for three members of the nursing team. The centre manager informed us (and we saw signs in staff areas that indicated) that staff were provided with training on female genital mutilation (FGM). They were aware of the responsibility to report any instances of FGM to the police in females under 18. Staff were aware of the process for referring patients or members of the public to local safeguarding teams and informed the patients' own GPs when required.
- A notice 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 appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. There were two appointed nurse infection control leads 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 induction training. We saw that the last infection control training for eight clinical

members of staff was in 2014 and for one other in 2013, the remaining staff had received training since 2015We saw evidence that action was taken to address any improvements identified as a result of infection control audits, but a new audit was due to be undertaken as the practice had moved location since the last one approximately a year ago in 2015. We were told that this would be undertaken in the near future. The new premises were newly designed and implemented in accordance with NHS England's guidance and the practice's input.

- 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 to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. The practice employed two clinical pharmacists who provided specialist support and knowledge. Prescription pads were securely stored and there was a system in place to monitor and track their use. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice had clear systems in place to monitor the prescribing of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area. The practice held a small stock of a controlled drug and had procedures in place that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.
- 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. When we reviewed locum staff files we found that appropriate information was kept in the files we reviewed but this had not been updated since the locums had commenced duties in the past. On the day of the inspection the practice advised us they would address this immediately and would review this monthly going forward.

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 in place and premises related risk assessments were undertaken. The practice had moved premises within the last year and had maintained premises related risk awareness. The practice had up to date fire risk assessments, carried out regular fire alarm tests. There were clear directions of what to do in the event of a fire. There were emergency buttons on the computers to raise an alarm if needed.
- 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 and legionella, undertaken annually for both locations (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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. The practice's staff worked at both locations.
- A system of initial assessment was used to assess walk-in patients and ensure they had attended the correct service. Reception staff asked patients what their concern was and prioritised them on the basis of their need. For example, children were prioritised for an appointment.

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.

Good

Are services safe?

- Staff received basic life support training and there was a wide range of emergency medicines available. However when we reviewed training records, we noted that basic life support training was overdue for seven nursing staff. This was planned for the month following the inspection. Emergency medicines were accessible and all staff knew of their location. All the emergency medicines we checked were in date and stored securely and two defibrillators were available on the premises and oxygen with adult and children's masks. Each floor had its own emergency response trolley.
- 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.

Requires improvement

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

A system of initial assessment was used to assess walk-in patients and ensure they had attended the correct service. Reception staff asked patients what their concern was and prioritised them on the basis of their need. For example, children were prioritised for an appointment.

When we spoke with reception staff about questions they asked patients, they did have an appropriate knowledge of how to prioritise on the basis of patient need.

For the walk in centre there was a key performance target (KPI) of patients being seen by a member of the clinical team within one hour from when they presented to reception. When we reviewed 2015-16 data (during which the walk in centre had seen 62,783 patients) we saw that the walk in centre performed at 91% for this KPI during the months April, May and June 2015 (15,210 patients) as well as January, February and March 2016 (17,963 patients). During July, August and September 2015 KPI performance was 93% (13,843 patients) and for October to December 2015 it was 94% (15,767 patients).

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results from 2015/2016 showed that the practice had achieved 95% of the total number of 2015/16 points available. This was 2% below the local average and in line with the England average:

- Performance for asthma, atrial fibrillation, chronic kidney disease, chronic obstructive pulmonary disease, dementia, depression, epilepsy, heart failure, hypertension, learning disability, mental health, osteoporosis: secondary prevention of fragility fractures, palliative care, peripheral arterial disease, secondary prevention of coronary heart disease, stroke and transient ischaemic attack and rheumatoid arthritis were better or the same in comparison to the CCG and national averages.
- Performance for cancer related indicators was lower compared to the CCG and national average. With the practice achieving 91%, this was 9% below the CCG average and 7% below the national average.
- Performance for diabetes related indicators was lower compared to the CCG and national average. With the practice achieving 73%, this was 16% below the CCG average and 17% below the national average.

The practice reported 23% exception reporting, which was 10% above CCG and 13% above 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).

During the inspection the leadership team explained that the practice had undergone significant GP staffing changes and challenges during the 2014-16 period and this had impacted on QOF performance. The practice explained that, in the past, a lead GP would review all the exceptions to ensure they were appropriate and all attempts had been made to ensure patient's had been contacted and encouraged to attend where appropriate. Although the practice had not been able to maintain this with the loss of salaried GPs in the last two years they explained that they had maintained all attempts to contact patients to encourage them to attend appointments.

The practice also explained that engagement with certain patient groups had proven difficult during a time of instability for the clinical team, for example young diabetic and mental health patients. The practice manager explained that the practice were seeking to resolve this going forward by looking at different ways of engaging with these specific groups to improve outcomes and reduce exceptions.

After the inspection we were shown information that indicated the practice had reported within guidelines on

Requires improvement

Are services effective?

(for example, treatment is effective)

their QOF exception reporting in most domains. However, an outlier was the asthma exception reporting, where the practice had excepted patients in error on 20 out of 77 occasions.

Clinical audits were carried out to demonstrate quality improvement and relevant staff were involved to improve care and treatment and people's outcomes. We saw evidence of a good variety of audits that the practice had undertaken. We saw evidence of multiple and completed audit cycles where the improvements found were implemented and monitored.

For example, we saw evidence of an audit on the prescribing of diclofenac (a nonsteroidal anti-inflammatory drug) with the aim to ensure that prescribing of diclofenac was in accordance with national recommendations. An audit was taken in December 2015 with a re-audit done in July 2016. The initial audit concluded that the majority of patients had not been advised to try alternatives (ibuprofen or naproxen) first. Four patients who were prescribed diclofenac on a repeat prescription did not have a risk assessment documented. The re-audit in July showed some improvement as fewer patients were prescribed diclofenac and more had tried alternative medication. Patient on repeat diclofenac prescription had a risk assessment recorded. However, the practice concluded that overall prescribing of diclofenac was still too high and that acute prescribing of diclofenac could be reduced by up to 66% as those patients had not tried a first line nonsteroidal anti-inflammatory drug. There was one locum responsible for 36 of the acute prescriptions and the practice intended to update their clinical knowledge so that their practice would lead to improvement in future outcomes.

Another audit we reviewed focussed on the appropriate prescription of pregabalin (a drug used to relieve neuropathic pain) for epilepsy and patients with general anxiety disorders. The outcome was that 37% of patients switched to another brand of medicine.

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 role specific training on various elements of the different roles including safeguarding, 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 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 we spoke with confirmed this took place and told us they had ample development opportunities. We were told that if staff undertook training in their own time the practice reimbursed them. Staff informed us they felt well supported.
- Staff had access to mandatory learning, and made use of, e-learning training modules, in-house and external training. When we reviewed the training records we saw that certain elements of mandatory training were outstanding for some staff. For example, infection control and basic life support training. But we saw that this was planned for the month following our inspection.

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 undertook medication reviews appropriately, but when we reviewed the process we found that not all GPs we spoke with were aware of the practice's policy on managing high risk drugs, although these GPs did ensure timely reviews and tests were undertaken and planned. A health care assistant in the practice checked that tests were done timely and whether follow up action was required. The day following the inspection the practice provided us with an action plan which explained that they would ensure all clinicians would receive the relevant policy and discuss it at a clinical meeting. A continuation of audits was planned for Methotrexate to ensure safe prescribing.
- 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

Requires improvement

Are services effective?

(for example, treatment is effective)

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. Where there had been difficulties in engaging with other services through no fault of the practice we saw that the practice had taken steps to address this with local authorities. The practice monitored referrals made by locum staff after every locum session and records were kept to ensure action taken as a result was monitored.

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 practice's percentage of patients receiving the intervention according to 2014-2015 data was 88.4%, which was 5.3% above the local average and 6.6% above the England average.

Patients that had not attended for a screening appointment were followed up with letters and telephone calls.

The practice 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 81.7% of the target population, which was higher than the CCG average of 79.8% and national average of 72.2%. Furthermore, the bowel cancer screening rate for the past 30 months was 68.3% of the target population, which was above the CCG average of 66.3% and the national average of 58.3%.

Childhood immunisation rates for the vaccinations given to under twos during 2015-16 ranged from 83% to 86% and for five year olds from 74% to 82%.

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. Smoking cessation services were also offered, during 2015-16 9576 patients had been offered this advice out of 10111 patients deemed eligible.

Requires improvement

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.

We received four Care Quality Commission comment cards, which were all positive about the service experienced. The comments stated that the patient felt the practice offered a prompt and efficient service and that staff were kind and courteous. One card stated that there were not enough GP appointments available.

The practice's patient participation group was virtual and we were not able to speak with a representative on the day of the inspection.

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

- 72% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.
- 58% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 70% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.
- 73% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 83% 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 three patients we spoke with 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.

Results from the National GP Patient Survey published in July 2016 showed patients generally responded below average to questions about the involvement in planning and making decisions about their care and treatment. For example:

- 68% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 59% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 76% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 90%.
- 68% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice proactively reviewed its processes in response to survey data to with the aim to improve access to appointments but we saw that improvement was needed in addressing survey results related to GP involvement in care.

Patient and carer support to cope emotionally with care and treatment

Some 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 but the practice had kept the number of information leaflets minimal. 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 87 (approximately 0.9%) patients as carers. Written information was available to carers to inform them of the various avenues of support available to them. There were links to various support services available through the practice's website.

Requires improvement

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.
- Telephone consultations were available for patients.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- There were accessible facilities and translation services available. The check in screen could be used in variety of languages.
- Online appointment booking, prescription ordering and access to medical records was available.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice employed nurse specialists to improve services available for patients with specific conditions, for example diabetes and respiratory care. The practice identified 2% of the patient population that were at risk as part of reducing unplanned admissions.
- The practice looked after older patients living in local care homes and supported living housing; home visits were undertaken more than once a week where required.
- The practice registered patients who had no fixed abode and worked collaboratively with the local City Reach to best manage their health needs.
- The practice managed the local Special Allocation Scheme patient group since October 2011. Patients registered on this scheme have access to a Nurse Practitioner for advice Monday to Friday 8.30am till 6.30pm and have booked appointments with a GP twice a week.
- The practice was operating an 18 month pilot which saw them provide primary care services to the residents of a 120 bed new care home (including 80 dementia beds). The service was provided by an on-site nurse practitioner and health care assistant with an on-site consultation room, and GP support was available. A clinical pharmacist was also available on site twice a week to deal with medication queries, support clinical staff in delivery of care, optimise medication regimens and ensure appropriate therapeutic monitoring. GPs attended the care home for visits twice a week as standard or more often if required.This service was independently evaluated and outcomes indicated a reduction in the number of ambulance conveyances, a reduction in the number of out-of-hours calls and a reduction in the workload of community nursing colleagues.

Access to the service

The practice and the walk-in centre were open seven days a week from 8am to 8pm, 365 days a year. Out-of-hours care was provided by Integrated Care 24.

Telephone consultations were available for patients that wished to use this service.

Results from the National GP Patient Survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment generally in line with, or below, local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.
- 63% 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%.
- 65% of patients describe their experience of making an appointment as good compared to the CCG average of 74% and the national average of 73%.
- 19% of patients usually get to see or speak to their preferred GP compared to the CCG average of 58% and the national average of 59%.

The GP service provided was through two salaried GPs and locum GPs which explains the low score above on the percentage of patients that usually get to see or speak to their preferred GP. As the provider was an initiative supported by 23 local practices there were no GP partners active in the service; it was overseen by a board of directors.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

The provider operated both a health centre and walk in centre at the inspected location. However Norwich Practices Ltd also delivered other services to the local community, for example, physiotherapy services. At this inspection we only inspected the health centre and walk in centre.

We saw 2015-16 data that indicated the walk in centre had seen 62,783 patients during that year.

We reviewed a survey assessing patient satisfaction from 2014/15 that the practice had undertaken which highlighted patients were finding it difficult to get through on the telephone. As a result the practice had installed a new telephone system with additional lines and an automatic assistant directing patients. The practice stated that comments and complaints about telephone access had reduced.

A survey from February 2016 indicated that the practice had asked patients about access and stated, amongst other points, that 57% of patients taking part could see a GP on the same day if they did not specify a particular GP.

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 were designated responsible persons who handled all complaints in the practice. The practice reviewed the complaints on a weekly basis. The practice had received 28 complaints since April 2016, these were a combination of both clinical and non-clinical complaints, records were available on both varieties. 13 of these were complaints related to the walk in centre. Several of these complaints were related to the attitude of a couple of staff.We saw that action had been taken by the practice in response and improvements made. Eight complaints were related to the health centre, the majority of these were related to administrative matters (such as booking appointments) and the attitude of locum staff. The practice advised us that the issues were raised with those involved and that they had stopped using some locum GPs.

During 2015-16 the practice received 80 complaints and the previous year (2014-15) 100 complaints were received. We noted the number of complaints received was indicative of a responsive attitude to recording and learning from complaints.

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 an understanding of the complaints' procedure.

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner. There was a system in place for staff to learn from complaints through discussion at regular meetings or via direct feedback.

Are services well-led?

Requires improvement

(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 vision to deliver high quality care and promote good outcomes for patients:

- The practice's aims and objectives included that they aimed 'to ensure their patients were at the heart of the practice', to 'ensure services are safe and effective' and 'to act with integrity and confidentiality at all times'. There were 13 further aims which included a focus on robust governance, staff support, working with other services and equality and diversity matters.
- The practice had a robust strategy and supporting business plans which reflected the vision and values which were regularly monitored. This was overseen by a board of directors, which included GPs from other local surgeries.

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. The various teams in the practice each had their own lead individual.
- The GPs and nurses were supported to address their professional development needs for revalidation but we did see evidence that some refresher training was overdue.
- Practice specific policies were implemented and were available to all staff but we noted the safeguarding children policy was reviewed but the content not up to date. Shortly after the inspection we saw the policy's content was updated. During the inspection, staff we spoke with were aware of up to date safeguarding protocols and there was a traffic light aide memoire present in all consultation rooms.
- There were sufficient 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 but we saw that improvement was needed in addressing survey results related to GP involvement in care.
- The practice monitored performance data and had taken responsive action following below average performance for QOF results during 2013/14 (76%) and 2014/15 (77 %). A new strategy including arrangements for GPs to improve read coding and the appointment of a lead QOF nurse had been implemented and were proving successful according to data for 2015/16 (95%). However, we noted that exception reporting had not improved over the same period.

Leadership and culture

The salaried GPs and leading nurses 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 lead staff were visible in the practice and staff told us that they were approachable and took the time to listen to all members of staff.

We saw evidence, and 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.

The lead nurse explained they adopted a no blame culture to ensure learning of incidents, complaints and other events would take place. We saw evidence to support this, for example minutes of meetings where serious events were discussed and learning shared.

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 lead staff encouraged a culture of openness and honesty.

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service. However, the practice needs to ensure that information is monitored (for example, results from the National GP Survey) pro-actively and used in driving improvements

Are services well-led?

Requires improvement

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

The practice had a virtual PPG but there were no members available to talk to us on the day of the inspection. The practice had found it difficult to encourage a diverse membership due to its population ages groups. The virtual PPG was advertised on the practice's website and highlighted at registration. Leaflets were available at the practice.

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.

Quarterly newsletters were available to patients, outlining practice news and staff updates.

Continuous improvement

The practice was part of a national pilot scheme to test the role of clinical pharmacists in general practice. Clinical pharmacists were available to resolve day-to-day medicine issues, assist in managing long term conditions, medication reviews and act as port of call for medicine related queries.

The practice managed the local Special Allocation Scheme patient group since October 2011. Patients registered on this scheme have access to a Nurse Practitioner for advice Monday to Friday 8.30am till 6.30pm and have booked appointments with a GP twice a week. This is a scheme for patients who have been removed from a practice list due to their violent or aggressive behaviour. In this scheme, patients get a plan drawn up by a panel of experts on care (which includes nurses, mental health services, a GP, practice managers, a commissioning officer and a homeless and rough sleep coordinator for the local council). These plans include detailed knowledge of the patient and engagement takes place with each patient on the scheme. The practice explained that as a result of the scheme partner organisations are more interested to contribute because of the benefits to all concerned. When possible, and if successful, patients are able to return to mainstream general practice through a step down process during which patients continue to be monitored. Since taking on the contract in October 2011 a total of 40 patients had been assessed and allowed to register again at a surgery of their choice, none of whom returned to the scheme. 11 patients had been transferred to other areas in the UK due to relocation. Five patients had been transferred to City Reach due to being homeless and there were 20 patients active on the scheme at the time of our inspection.