

The Humbleyard Practice

Inspection report

Cringleford Surgery, Cantley Lane
Norwich
NR4 6TA
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www.humbleyardpractice.co.uk

Date of inspection visit: 26 July 2023
Date of publication: 11/09/2023

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 location		Requires Improvement	
Are services safe?		Requires Improvement	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Requires Improvement	
Are services well-led?		Requires Improvement	

Overall summary

We carried out an announced comprehensive at The Humbleyard Practice on 26 July 2023. Overall, the practice is rated as requires improvement.

Safe - Requires improvement.

Effective - Good

Caring - Good

Responsive - Requires improvement.

Well-led - Requires improvement.

Following our previous inspection published on 27 January 2017, the practice was rated good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for The Humbleyard Practice on our website at www.cqc.org.uk

Why we carried out this inspection.

We carried out this inspection to follow up concerns reported to us.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included.

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.
- Staff questionnaires

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We found that:

Overall summary

- There had been significant growth of new housing within the practice area in recent years. Since 2010 the practice list size had grown from 14167 patients to the current list size of 21970. Data provided by the practice showed an increase in the number of patients each month since January 2010. This had caused significant workload challenges for the practice to meet the clinical and non-clinical needs of patients. The practice continued to try and meet this challenge as there was a lack of other primary care provision in the area.
- The practice had systems and processes in place to ensure medicines were prescribed safely.
- The practice had recognised the need to review and change the strategy and structure of the practice and had developed a plan to achieve this. This plan had resulted from the leaders recognising that staff morale was low, staff retention and recruiting was a challenge and there was a high workload for all staff.
- The practice did not evidence clear monitoring of action plans such as infection prevention and control to ensure all actions were completed.
- We found the practice did not have an action plan in place to ensure they had clear oversight and were not actively monitoring all risks, such as backlogs of work.
- The practice had failed to demonstrate good governance procedures were in place to mitigate all risks as some systems and processes had failed to ensure risks were fully reviewed, documented, and monitored to drive safe and effective services and ensure all actions from risk assessments were completed.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

We found a breach of regulation. The provider **must**:

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition, the provider **should**:

- Continue, monitor and encourage patients to attend appointments for the cervical cancer screening programme.
- Continue to monitor patient feedback particularly in respect of telephone access to the practice.
- Continue to monitor feedback from staff to improve communication and consistency across all sites.
- Continue to encourage patients who are carers to be added to the practice register in order to obtain any support that is available to them.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location. In addition, a member of the CQC pharmacy team, a nurse specialist advisor and an operational manager visited the practice.

Background to The Humbleyard Practice

The Humbleyard Practice is located in at:

Cantley lane

Cringleford

Norwich

NR4 6TA

The practice has 2 branch sites at:

Hethersett Surgery

Great Melton Road

Hethersett

Norwich

NR9 3AB

Mulbarton Surgery

The Common

Mulbarton

Norwich

NR14 8JG

For patients that are eligible, there is a dispensary in both branch sites and as part of this inspection we visited these.

The provider is registered with CQC to deliver the Regulated Activities, diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures. These are delivered from all sites. Patients can access services at either surgery.

The practice is situated within the Norfolk and Waveney Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 22,240. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices – Ketts Oak Primary Care Network (PCN).

Information published by Office for Health Improvement and Disparities shows deprivation within the practice population group is in the highest decile (10 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 2.1% Asian, 96% White, 0.5% Black, 1.2% Mixed, and 0.2% Other.

The age distribution of the practice population compared with the local and national averages shows a higher number of older people and younger people and less working age people. There are more male patients registered at the practice compared to females.

There is a team of 13 GPs who provide cover across the 3 sites. The practice has a team of 14 practice nurses, advance nurse practitioners and an emergency care practitioner who provide clinics for long-term condition available at all sites. The GPs are supported at the practice by a team of reception/administration staff. The practice manager is based at the main location to provide managerial oversight and each site has a surgery manager and an assistant surgery manager.

The practice provides extended access by offering late evening and early morning appointments. Saturday appointments are provided by the Ketts Oak Primary Care network between 9am and 5pm, including appointments with GPs, clinical pharmacists, physicians' associates, nurses, health care assistants, first contact practitioners, advanced practitioners and social prescribers.

Out of hours services are provided through the 111 service or the Norwich Walk in Centre.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• The practice did not demonstrate that actions to address concerns identified in an infection prevention and control audit had been taken.• The practice dispensary did not have systems and processes in place to ensure controlled drugs were managed in line with guidance and the practice policy.• The system in place to ensure repeat medicines were prescribed and dispensed safely was unclear. Medicines were re authorised by GPs who told us they reviewed medicines but did not record that a medicine review had been completed.• A system was in place for recording safety alerts but there were gaps in the actions taken.• The practice did not have clear oversight of the system and process used to ensure all cervical screening cancer results were received and acted upon.• The practice system showed some incidents and events were reported, investigated and learning shared, however, not all staff told us they would report all events. Practice meetings were held inconsistently and not all staff were invited which meant not all staff benefitted from the shared learning. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>