

# Cromer Group Practice

## Inspection report

Mill Road  
Cromer  
NR27 0BG  
Tel: 01263513148  
[www.cromergrouppractice.nhs.uk](http://www.cromergrouppractice.nhs.uk)

Date of inspection visit: 20 May 2021  
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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 location		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	

# Overall summary

We carried out an announced inspection at Cromer Group Practice on 20 May 2021. Overall, the practice is rated as Good.

The ratings for each key question are:

Safe - Requires Improvement

Effective - Good

Caring - Good

Responsive - Good

Well-led - Good

Following our previous inspection on 12 June 2019, the practice was rated Requires Improvement overall and for providing Safe and Well-led services. We rated the provider as Good for providing Effective, Caring and Responsive Services.

The full reports for previous inspections can be found by selecting the 'all reports' link for Cromer Group Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a focused follow-up inspection:

- We inspected the Safe, Effective and Well-led key questions.
- Pre inspection information did not highlight any change in ratings for providing Caring and Responsive services. Ratings for these key questions are carried forward from the previous inspection.
- We followed up on breaches of regulations identified at our previous inspection to ensure the required action had been taken.

## How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing and staff questionnaires
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider, other stakeholders and people who use the service

# Overall summary

- A short site visit.

## 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 have rated this practice as Good overall and for all population groups.**

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm, however the provider is required to improve the way high risk medicines and other medicines requiring monitoring are managed.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centred care.

We found one breach of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way.

There were other areas the provider could improve and **should**:

- Continue to monitor and improve prescribing rates of Pregabalin and Gabapentin.
- Continue to embed improvements initiated to increase uptake of health checks and reviews for people with learning disabilities and serious mental illness.
- Improve uptake for the national cervical cancer screening programme.
- Continue to improve staff communication and engagement.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## 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.

## Background to Cromer Group Practice

- The name of the registered provider is Cromer Group Practice.
- The address of the practice is Cromer Group Practice, Mill Road, Cromer, Norfolk, NR27 0BG.
- There are approximately 12,817 patients registered at the practice.
- The practice is registered to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.
- The practice has a General Medical Services (GMS) contract with the local Clinical Commissioning Group (CCG).
- The practice has four GP partners (three male, one female) who hold the registration for the practice, one salaried GP (female) and a clinical pharmacist. There is a practice manager supported by a team of reception and administration staff, as well as an assistant practice manager and operations lead. The nursing team includes five advanced nurse practitioners, three practice nurses and four healthcare assistants. There is a team of dispensers.
- The practice is a dispensing practice for patients that live more than one mile (1.6 kilometres) from their nearest pharmacy.
- The practice website is [www.cromergrouppractice.nhs.uk](http://www.cromergrouppractice.nhs.uk)
- The practice opening hours are 8.30am to 6pm Monday to Friday and is closed between 1pm to 2pm on a Tuesday. From 8am to 8.30am and 6pm to 6.30pm a duty GP is available to deal with any urgent concerns. Patients could also access an extended hours hub over the weekend, which is hosted from the practice.
- When the practice is closed, Integrated Care 24 provides the out of hours service; patients are asked to call the NHS 111 service to access this service, or to dial 999 in the event of a life-threatening emergency.
- The practice demography differs slightly to the national average, with slightly less 0-49 year olds and slightly more 70+ year olds. Male and female life expectancy in this area is above the England average at 79 years for men and 84 years for women. Income deprivation affecting children is 18%, which is below the England average of 20% and above the CCG average of 13%. Income deprivation affecting older people is 14% which is below the England average of 20% and above the CCG average of 12%.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Care and treatment must be provided in a safe way for service users</b></p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>The provider did not ensure the proper and safe management of medicines. Monitoring of patients prescribed high risk medicines and other medicines requiring specific monitoring was not always undertaken and was not always in line with current prescribing guidelines.</li></ul> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>