

# Fakenham Medical Practice

## Quality Report

Meditrina House  
Meditrina Park, Trinity Road  
Fakenham  
Norfolk  
NR21 8SY  
Tel: 01328 851321  
Website: [www.fmp.nhs.uk](http://www.fmp.nhs.uk)

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fakenham Medical Practice on 23 March 2016. Overall the practice is rated as good

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

- The appointment system was flexible and ensured that patients who requested to be seen on the same day were.
- The practice had good facilities including disabled access. There were two lifts for those patients who could not manage the stairs.
- Information about the services and how to complain was available. The practice sought patient views about improvements that could be made to the service, including having a patient participation group (PPG).

- The practice proactively managed care plans for vulnerable patients and had effective management strategies for patients at the end of their life.
- There were systems, policies and procedures to keep patients safe and to govern activity for example, infection control.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.

We saw one area of outstanding practice;

- The PPG with financial support from the practice published a quarterly newsletter which was delivered to the home of every patient (approx. 8000). The newsletter delivered in Winter 2015/16 contained information on data sharing and consent, an article on how health commissioners seek to reshape the local healthcare system and the medical conditions that the duty nurse can deal with.

The areas where the provider must make improvements are:

# Summary of findings

- Ensure that risk assessments for fire safety are undertaken at both the main site and the branch site and that any identified actions are completed in a timely manner.
- Review the management of medicines to ensure that patients are safe from harm. This must include ensuring that staff are working within their scope of practice and have the appropriate qualifications to prescribe medicines to patients.
- Record the immunisation status for all clinical staff and review in line with the prevention of infection control policy to ensure that patients and staff are kept safe.
- In addition the provider should;
- Improve the clinical audits undertaken by completing the second cycle to ensure improvements have been implemented and embedded in practice.
- Review the business continuity plan ensuring that information needed to manage major incidents such as power failure and emergency contact numbers is included.

**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.

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. There was a system in place for reporting and recording significant events. Learning was shared to make sure action was taken to improve care and safety in the practice.

The practice had arrangements in place to safeguard patients from abuse and ensure enough staff were on duty to keep people safe.

Appropriate recruitment checks had been carried out for staff including Disclosure and Barring Service (DBS) checks for those who acted as chaperones.

There were systems and processes in place for the safe management of medicines and these were generally well managed. However, the system used for issuing some medicines during on the day appointments and triage was not robust and potentially put patients at risk of harm.

The practice had systems to identify and mitigate risks to staff and patients who used the service however, these were not sufficiently robust. For example fire risk assessments had not been reviewed regularly and when actions had been identified these had not been completed timely.

The practice did not have a robust business continuity plan in place to manage major incidents; emergency contact numbers had not been included.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

Data from the Quality and Outcome framework 2014/2015 showed high exception reporting in some domains when compared with other practices in the locality. The practice met with the CCG, identified that the exception reporting policy had not been applied correctly, they developed a co-ordinated plan and reviewed. Practice data for 2015/2016 showed that, to date, improvements had been achieved.

Staff referred to guidance from the National Institute for Health and Care Excellence.

Good



# Summary of findings

Staff had received training appropriate to their roles, any further training needs had been identified, and training was planned. There was evidence of appraisals and personal development plans for all staff.

Staff worked with multidisciplinary teams including community nurses, health visitors, care co-ordinator, and a mental health link worker for older people. The practice had 244 patients who had been identified as vulnerable and had, as a result of joint working, a written care plan held in their medical records.

There were 47 patients on the register for patients with learning disabilities, all of these patient's had received an annual review.

## Are services caring?

The practice is rated as good for providing caring services.

The GP national patient survey data published in January 2016 showed that patients rated the practice in line with others for several aspects of care. For example, the percentage of patients who usually had an appointment or spoke with their preferred GP was 62% compared with the CCG average of 60% and the national average of 59%.

Patients told us they were treated with compassion, dignity, and respect and they were involved in care and treatment decisions. We saw that staff treated patients with kindness and respect and in a way that was individual to those patients that needed extra support. For example, the practice was large and over three floors, reception staff acted as guides and pushed wheelchairs for those who needed help.

Confidentiality was maintained. The practice demonstrated that they prioritised patient centred care.

The practice had identified 3% of their patients as carers and provided them with a carer's pack which gave information including details of support groups.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Practice staff described how they were aware of the needs of their practice population, and tailored their care and services accordingly.

The practice had reviewed the demand for appointments and had developed a duty system using GPs and nurses to see patients on the day if requested. Telephone consultations and home visits were available when necessary. Dispensary staff delivered medicines for patients who were housebound.

Good



# Summary of findings

Appointments were available at the branch site for those that lived closer; patients could also be seen at the main practice if needed.

At registration, the practice identified armed forces veterans; GPs had received a briefing on the specialist services that were available to them.

The premises were suitable for patients who had a disability or those with limited mobility, the practice provided wheelchairs for those that needed them.

There was a complaints system in place that was fit for purpose. The complaints received had been dealt with in a timely and appropriate manner.

## 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 this.

There was a clear leadership structure and staff felt supported by management.

There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, this was not robust and there was a lack of oversight to ensure that risks were managed effectively to keep patients and staff safe.

The partners encouraged a culture of openness and honesty. The practice had systems in place for reporting safety incidents, investigating and taking action. Regular meetings were held to ensure shared learning.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

There was a strong culture on continuous learning and improvement.

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. Home visits were available for those unable to attend the practice. Continuity of care was maintained for older people through a stable GP workforce and personalised patient centred care. The practice provided visits to local care homes.

The practice regularly reviewed attendances at the accident and emergency department to ensure that those patients identified as vulnerable to admission were reviewed.

We saw evidence that the practice had worked to the Gold Standards Framework for those patients with end of life care needs.

Good



### People with long term conditions

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

Nursing staff had roles in chronic disease management; data showed that patient outcomes were in line when compared with other practices in the locality. Patients that had attended appointments had a structured annual review to check that their health and medication needs were being met. The practice held weekly meetings attended by GP, nurse and administration staff to ensure that patients received appropriate re-calls and follow up.

Home visits were available to those patients who could not attend the surgery.

Longer appointments were available if required. Practice staff followed up patients who did not attend their appointments by telephone.

Good



### Families, children and young people

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

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 patients who had a high number of A&E attendances. Immunisation rates were in line with local averages for all standard childhood immunisations. Young children were given priority appointments for urgent needs.

Good



# Summary of findings

The practice website offered an excellent range of information for young people. The information contained links on where young patients could access help if needed as well as the services available in the practice.

The practice was part of the C-Card scheme; this scheme enabled young patients to access free condoms.

Appointments were available outside of school hours and the premises were suitable for children and babies. We saw 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, including 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 reflected the needs for this age group.

The practice did not restrict patients to certain appointment times to attend for their annual reviews; patients who worked were able to book at times that were convenient to them.

Telephone consultations were available for those patients who wished to seek advice from a GP. NHS health checks were available.

Good



## **People whose circumstances may make them vulnerable**

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

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It offered longer appointments and carried out annual health checks.

The practice performance for the number of patients with learning disabilities that had received an annual review was 100%.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. We saw the practice provided vulnerable patients with information about how to access various support groups and voluntary organisations.

Good





# Summary of findings

Staff knew how to recognise signs of abuse or neglect 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.

Practice staff were intuitive to the needs of this group of patients and demonstrated that they had a personalised approach to helping them.

## **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 regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Staff told us that 70.2% of patients with dementia had received advance care planning and had received an annual review. These patients had a named GP and continuity of care was prioritised for them.

Same day appointments and telephone triage with a GP was offered to ensure that any health needs were quickly assessed for this group of patients.

The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Staff had knowledge on how to care for patients with mental health needs and dementia.

The practice was supporting a local initiative; a practice nurse was part of the steering group which hoped to develop Fakenham into a Dementia friendly community.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was mixed when compared with local and national averages. Two hundred and thirty five (235) survey forms were distributed and 129 were returned. This represented a 55% completion rate.

- 52% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried (CCG average 90%, national average 85%).
- 81% described the overall experience of their GP surgery as good (CCG average 89%, national average 85%).

- 76% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 83%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards which were all positive about the standard of care received.

We spoke with 12 patients during the inspection. Some patients said they were happy with the care they received and thought staff were approachable, committed and caring, however we did receive some negative feedback for example patients reported that they were not always informed if there was a delay in the time the GPs would see them.

## Areas for improvement

### Action the service MUST take to improve

- Ensure that risk assessments for fire safety are undertaken at both the main site and the branch site and that any identified actions are completed in a timely manner.
- Review the management of medicines to ensure that patients are safe from harm. This must include ensuring that staff are working within their scope of practice and have the appropriate qualifications to prescribe medicines to patients.

- Record the immunisation status for all clinical staff and review in line with the prevention of infection control policy to ensure that patients and staff are kept safe.

### Action the service SHOULD take to improve

- Improve the clinical audits undertaken by completing the second cycle to ensure improvements have been implemented and embedded in practice.
- Review the business continuity plan ensuring that information needed to manage major incidents such as power failure and emergency contact numbers is included.

## Outstanding practice

- The PPG with financial support from the practice published a quarterly newsletter which was delivered to the home of every patient (approx. 8000). The newsletter delivered in Winter 2015/16

contained information on data sharing and consent, an article on how health commissioners seek to reshape the local healthcare system and the medical conditions that the duty nurse can deal with.

# Fakenham Medical Practice

## 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 nurse specialist adviser, and a practice manager specialist adviser.

## Background to Fakenham Medical Practice

The Fakenham Medical Practice provides a range of medical services to approximately 14,900 patients; the practice catchment area covers the town of Fakenham and extends to a radius of approximately eight miles.

The practice operates from a purpose built building which was completed in 2011. In addition to the GP practice, other health agencies work from the premises for example Adult Social Care. It has a branch site in the nearby village of Walsingham and both practices have a dispensary. We included the dispensaries and the branch site in this inspection.

The practice holds a General Medical Services (GMS) contract to provide GP services and is a training practice with two GP trainers and two associate trainers. A training practice has GP registrars working in the practice; a GP registrar 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 GP registrars. There are currently two GP registrars working in the practice.

Data from Public Health England shows the practice serves an area where income deprivation affecting children and older people is in line with the England average.

The practice has a team of 11 GPs meeting patients' needs. Seven GPs (four male and three female) are partners and they hold managerial and financial responsibility for the practice. One male and three female salaried GPs and a long term locum are employed. In addition, there are nine practice nurses (this includes a nurse manager and independent nurse prescribers) and six health care assistants.

There is a chief executive, a practice manager, an accounts manager and an assistant practice manager. A team of 25 receptionist and administrators support the management team. A team of eight dispensers and assistant dispensers supports the dispensary manager. There are six cleaners, and two members of staff who manage the properties and garden.

Patients using the practice have access to a range of services and visiting healthcare professionals. These include health visitors, midwives, and community staff. In addition the practice holds additional contracts with the CCG to provide services such as Tier 3 (bariatric) weight management services and D-dimer testing. D-dimer tests are used to help rule out the presence of an inappropriate blood clot.

Outside of practice opening hours Integrated Care 24 (IC24) provides urgent health services. Details of how to access emergency and non-emergency treatment and advice is available within the practice and on its website.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

# Detailed findings

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

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.

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 23 March 2016. During our inspection we spoke with a range of staff including three GPs, nursing, reception and administration team staff. We spoke with staff at a local care home, with 12 patients who used the service and three members of the patient participation group. We observed how patients were being cared for and reviewed four comment cards where patients shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents, comments, and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

A specifically designed form, available electronically or in paper form was available to staff to report incidents and near misses. These were reported to the practice manager or GP partners.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed for the 12 months. This showed the practice had managed these consistently over time and could evidence a safe track record. Seventeen events had been recorded in the past 12 months. Each event was well documented and evidence of actions and shared learning was noted. For example, it was recognised that there had been inconsistencies in the prescribing of a medicine; this was easily available for patients to buy from the pharmacy. The practice discussed and agreed the practice policy at a meeting in January 2016.

### Overview of safety systems and processes

The practice had systems and processes in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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 practice held monthly safeguarding meetings which included other health care professionals such as the midwife and health visitor. Staff knew who to contact and report concerns to, both internally and to external agencies.

Vulnerable patients were highlighted on the practice electronic system. This included children subject to child protection plans and patients with a diagnosis of dementia.

- A notice was displayed in the waiting room, advising patients that nurses or staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). 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.
- There was a health and safety policy available with a poster in the office. We were concerned that the system in place to ensure that fire risk assessments and reviews had been carried out regularly was not sufficiently robust. Potentially patients and staff were at risk of harm. A full fire risk assessment for the main practice had been carried out in May 2012, with a review undertaken March 2016. A full fire risk assessment for the branch practice had been undertaken in 2007, we were not shown evidence that any reviews had taken place since. The practice immediately arranged for an independent consultant to carry out the inspections for both sites on 28 April 2016.

The fire extinguishers were checked in March 2016. An unannounced fire evacuation drill took place in October 2015 at the main practice. This was later identified as a false alarm, a patient had opened an alarmed fire exist door. An action plan had been written as staff identified areas where improvements were needed. For example the practice had not identified that the fire service procedures had changed and a staff member was required to dial 999 to raise the alarm. No staff member had raised the call. On the day of the inspection, not all the identified improvements had been completed.

The practice had other risk assessments in place to monitor the safety of the premises. For example, control of substances hazardous to health and infection control. Testing for legionella (a bacterium that can grow in contaminated water and can be potentially fatal) had been undertaken.

All electrical equipment was checked in July 2014 to ensure that it was fit for purpose. Clinical equipment was calibrated in March 2015 to ensure it was working properly.

- Appropriate standards of cleanliness and hygiene were followed, and cleaning schedules were completed. The practice employed a team of housekeepers and staff had received infection prevention training. We observed the premises to be visibly clean and tidy. The practice

## Are services safe?

nurse was the infection control clinical lead and had received training appropriate to their role. They had liaised with the local infection prevention teams to keep up to date with best practice.

A sharps injury policy was in place and staff were aware of the actions to take. Clinical waste was well managed. A comprehensive infection control audit was undertaken in April 2015 and identified actions were noted. We saw that most actions had been completed for example; environmental cleaning schedules and check lists had been put into place.

The practice did not have a record of the immunisation status of staff. This posed a risk to patient and staff safety.

We visited the practice dispensary at both sites and reviewed medicines that were stored and available for use within the practice treatment rooms. There was a lead GP for the management of the dispensaries within the practice. The practice delivered medicines to patients who were unable to attend the practice. All members of staff involved in dispensing medicines had received appropriate training.

Medicines were stored safely and records of fridge temperatures were reviewed. Electronic data loggers were used in each fridge that contained medicines to provide accurate and constant temperature checks.

Stock levels and expiry dates of medicines were checked monthly. Controlled medicines were stored correctly and the dispensary staff demonstrated understanding and a consistent approach towards the storage, recording, and destruction of controlled medicines. All medicines we checked were within their expiry date.

Staff told us that they received safety alerts such as those from Medicines and Healthcare products Regulatory Agency (MHRA), from the practice manager through the email system and would take any actions necessary. We saw evidence that actions were taken, for example, a piece of equipment that patients with diabetes may use was not giving accurate results. The dispensary manager identified the patients that maybe affected and contacted them by telephone. Some patients were under the management care of the local hospital, the manager liaised with the hospital clinic to ensure that these patients were contacted.

Significant events or near misses were well managed. For example, the dispensary staff used a paper system to request changes to patients' medicines, they identified that this did not provide an audit trail, and delays had occurred. The staff with the GPs agreed that the electronic clinical system should be used ensuring safe and robust management of patients' medicines.

Regular medicines audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines.

The nurses used Patient Group Directions (PGDs) and the HCAs used person specific directives (PSDs) to administer vaccines that had been produced in line with legal requirements and national guidance. We saw sets of PGDs that had been updated and signed.

To meet the demand of on the day appointments for patients, practice nurses who held either minor illness or advance clinical skills undertook a duty nurse role and offered five minute appointments (we were told that the appointments could be extended if clinically necessary). Not all of the nurses undertaking this role held an independent prescribers qualification and registration (nurses who hold an independent prescribers qualification can prescribe medicines to patients and sign the prescription form). We saw that nurses without a prescribing qualification made the decision to and issued medicines for patients. The prescription was later signed by a GP. On occasions, the GPs signed these prescriptions without seeing the patient, speaking with the nurse prescribing or reviewing the records. Medicines were not dispensed unless a GP had signed the prescription. Staff told us that there had been no reported incidences with regards to this system. We were concerned that this system put patients at risk and clinicians were working outside of their scope of practice.

There was a repeat prescription policy for non-clinical staff to follow. New medicines or alterations to existing medicines were not actioned by non-clinical staff. Uncollected prescriptions were highlighted to the GPs to ensure patient safety. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- The five staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification,

## Are services safe?

references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service for all staff.

- The practice recognised that they valued continuity of care, to meet this demand they discussed and agreed their holidays and used regular locum GPs to cover any leave. Staff told us there were sufficient numbers of staff on duty and that staff rotas were managed well. Some of practice staff worked part time which allowed for some flexibility in the way the practice was managed. For example, staff were available to work overtime if needed and could be available for annual leave and sickness absence cover. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe.

### **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements in place to respond to emergencies and major incidents; however the business continuity plan did not contain enough detail. For example it did not contain a list of emergency contact numbers.

- 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.
- A defibrillator was available on the premises and oxygen with adult and children's masks. A first aid kit and an accident book were 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.

The practice did not have a comprehensive business continuity plan in place for major incidents such as loss of the telephone system or staffing shortages. The plan we reviewed only detailed how to obtain a portable cabin to offer temporary accommodation.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff were familiar with best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and locally produced quality standards. The practice held a weekly clinical meeting where guidelines were reviewed and best practice shared.

### 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 98.7% of the total number of points available, with 15.6% exception reporting. (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 was 99.9%  
The practice had a higher rate of exception reporting, in seven out of the ten indicators related to diabetes. The exception reporting percentage for this indicator was 17% this was higher than the CCG average of 12% and the national average of 10.8%.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 100% which was 0.8% above the CCG average and 2.2% above the national average. Exception reporting for this indicator was 6.9% which was in line with than the CCG and England average.
- Performance for mental health related indicators was 99.8% which was 3.6% above the CCG average and 7% above the national average. The practice had a higher rate of exception reporting for all six related to mental health. The exception reporting percentage for this indicator was 44.9% this was higher than the CCG average of 19.5% and 11.1% of the national average.
- We discussed with the practice the high exception reporting in some indicators, they told us that they had recognised this and with support from the CCG had

identified that the exception policy had not always been applied correctly. On the day of the inspection, the practice shared with us their performance figures for exception reporting for the year 1 April 2015 to 31 March 2016 which showed the level of exception reporting had reduced significantly, for example exception reporting for asthma indicators and mental health had reduced to 0% and for those indicators relating to diabetes and hypertension had reduced to 0.1%. The data shared with us is not for a complete year and had not been verified.

Clinical audits demonstrated quality improvement.

- The practice undertook a range of clinical audits; we noted that the second cycle was not always completed to show improvements. We were shown one completed audit (a repeat second cycle had been performed). This audit was based on the post bariatric procedure follow up. The practice held a contract with the CCG to provide a Tier three bariatric weight management service. Patients from local practice were referred to this service.

We reviewed a second audit; this was undertaken following a significant event and was to ensure that patients using a particular cream were followed up appropriately. It identified that it was likely that some patients did not receive information leaflets and potentially did not have clear instructions on the use of the cream. This was discussed at a practice meeting in November 2015, actions identified included, medicines should not be added to a patients list of repeat medicines and improved wording for the instructions to patients. There was no date detailed for the second cycle to be undertaken.

We noted that the practice undertook an annual audit of certain medications such as lithium to ensure that patients were followed up appropriately.

Data from the CCG showed that the practice was not an outlier for secondary care activity. The practice offered a specialist test called D-dimer, some of the conditions that the D-dimer test is used to help rule out include deep vein thrombosis (DVT) Pulmonary embolism (PE), and this has reduced the number of patients that would otherwise have been referred to hospital.

### Effective staffing

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



# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings, and reviews of practice development needs. Staff appraisals had been carried out in the past 12 months. The practice had a system to manage staff training needs and updates. This included safeguarding, and infection control. Staff we spoke with confirmed they were given protected time for training and any request for additional training was considered and usually granted

### Coordinating patient care and information sharing

- Referrals for patients to secondary care or other agencies were well managed. Routine referrals were sent within seven days and urgent referrals within 24 hours. Most referrals went through the referral centre via the choose and book system (C&B). C&B is an electronic system between primary and secondary care and does not require any paper copies to be sent. This system increased the speed of referral receipt and reduced the risk of delay or confidentiality breaches.
- The practice staff worked with other services to meet patients' needs and manage those patients with more complex needs. This included community nursing teams and health visitors. The practice worked to the Gold Standards Framework when co-ordinating end of life care for patients. Regular meetings with the wider health team were held to manage and plan patients care.
- Special patient notes were completed by the practice on the electronic system and this ensured that emergency services staff had up to date information of vulnerable patients.
- Patients' individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system, which collated all communications about the patient including clinical summaries, scanned copies of letters and test results from hospitals. All communication was sent to the GPs, who took any required actions. We reviewed this system and found this to be well managed to ensure that patients were safe.

### Consent to care and treatment

Patients' consent to care and treatment was always sought 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 patients, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

All staff were aware of Gillick competency and applied it in practice. In September 2015, the practice completed cycle one of an audit. All consultations for patients aged 0 to 17 years who had seen a healthcare professional were reviewed to see if practice staff had recorded who accompanied the patient, who provided consent and if this person had parental responsibility. Lack of detailed recording was identified and recommendations made.

### Supporting patients to live healthier lives

The practice's uptake for the cervical screening programme was 73.7%, which was lower than the CCG average of 77.6% and the national average of 81.83%. Patients who did not attend for their cervical screening test were telephoned. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- The number of women screen for breast cancer was 80.8% this was similar when compared with the CCG average of 79.8% and higher than the national average of 72.2%.
- The number of patients screened for bowel cancer was 66.3% this was the same when compared with the CCG average of 66.3% and higher than the national average of 58.3%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given were;

- Immunisation rates for under two year olds ranged from 95.8% to 99.3% compared to with CCG range 95.6% to 98.2%
- Immunisation rates for five year olds ranged from 91.9% to 98.5% compared to with CCG range 92.3% to 98%

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

Sixty six percent (66%) of patients aged over 65s received flu vaccinations and 38% for those in the at risk groups.

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. Appropriate

follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice offered smoking cessation and weight management appointments.

The practice website signposted young patients to agencies who could offer specialist support. For example those that may have an eating disorder or emotional problems.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed staff being polite and helpful to patients.

The majority of the comments we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments highlighted that staff responded compassionately when they needed help and provided support when required. However, some feedback reflected that some patients were not informed of delays when waiting to see the clinicians.

We also spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. In particular they highlighted that the practice listened to them and that they felt valued by the management team. The PPG, with support from the practice publish a newsletter, called Surgery Notes each quarter which were delivered to the homes of patients. The Surgery Notes contain useful information for patients for example; Issue 23 Winter 2015/2016 contained details on the new PPG chair, information on the duty nurse appointments, and information about consenting to data sharing.

Results from the national GP patient survey showed the practice was in line with the CCG and national average for its satisfaction scores. For example:

- 90% said the GP was good at listening to them compared with the CCG average of 90% and national average of 89%.
- 93% said the GP gave them enough time compared with the CCG average of 88% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared with the CCG average of 97% and national average of 95%.
- 88% said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 88% and national average of 85%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 93% and national average of 91%.

- 86% said they found the receptionists at the practice helpful compared with the CCG average of 91% and 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed a mixed response when patients were asked about their involvement in planning and making decisions about their care and treatment. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%)
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3% of the practice list as carers. The practice offered carers packs to patients; this included written information to direct carers to the various avenues of support available to them. In addition the practice included consent for patients to complete and signing giving the practice consent to discuss their medical needs as appropriate and needed.

## Are services caring?

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Staff at the practice worked hard to understand the needs of their patients. Both clinical and non-clinical staff demonstrated a clear understanding of the concept of personalised care for the patients according to their individual needs. For example, the practice was signed up to identify veterans and worked with the locality to ensure that their health needs, both physical and mental were met.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments or home visits available for patients with a learning disability or dementia.
- Home visits were also available for older patients and others that needed one.
- Facilities for patients with disabilities were available. There were automatic doors, two lifts, and appropriate toilet facilities in place. There was a hearing loop available for patients who wore hearing aids.
- The practice building was large and patient services were over three floors, the reception staff acted as guides for those patients who were not confident or those with sight impairments to use the lift. The practice provided wheelchairs and practice staff would assist patients who had low mobility.
- GP appointment lists were extended to meet the demand of patients that requested to be seen on the day.
- The practice offered smoking cessation advice and weight management advice.
- The practice worked with voluntary workers for example, they provided a room for a volunteer service that provided hearing aid batteries to those patients that needed them.

### Access to the service

Appointments at Fakenham Medical Practice were available Mondays 7.30am to 7pm, Tuesdays 7am to 6.30pm Wednesdays and Thursdays 8am to 6.30pm, and

Fridays from 7.00am to 6.30pm. The practice closes for staff training each Thursday 1pm to 2pm. A message on the answer phones informs patients how to access emergency care during that time.

Appointments were available at the Walsingham branch site Mondays, Wednesdays, and Fridays 8am to 2pm and Tuesday 8am to 12.30pm There are no appointments offered on a Thursday. However, patients that needed medical attention could be seen at the Fakenham practice.

Pre-bookable appointments could be booked up to four weeks in advance; the practice was responsive to urgent appointments for people that needed them. GPs were flexible with their surgeries and patients were seen on the same day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages with the exception of the telephone access. People told us they were able to get appointments when they needed them, however, some patients commented that they did wait longer for appointments with the GP of their choice.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 52% patients said they could get through easily to the surgery by phone compared to the CCG average 78%, national average 73%.
- 78% patients described their experience of making an appointment as good compared to the CCG average 78%, national average 73%.
- 82% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average 72%, national average 65%.

The practice had recognised that telephone access to the practice was difficult for patients. In February 2016, an upgrade to the system and additional incoming lines had been installed. Staff were able to monitor the number of incoming calls, and allocate additional staff to manage calls at peak times.

### Listening and learning from concerns and complaints

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

The practice had a 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. The practice manager was responsible for dealing with these.

We saw that information was available to help patients understand the complaints system. There were leaflets and

posters displayed in the waiting area and information was available on the web site. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

There had been ten complaints recorded in 2016, we looked at two complaints and found these had been dealt with appropriately.

# 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

Staff exhibited an open, transparent attitude, described a consistent vision and ethos to offer good care and treatment to their patients, and were determined to meet their own mission statement, values, and principals.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care; however, this was not robust.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. The partners each had lead roles within the practice these were both clinical and managerial.
- Practice specific policies were implemented and were available to all staff.
- The management team maintained a comprehensive understanding of the performance of the practice. The partners acknowledged that the exception reporting was high in financial year April 2014 to March 2015 and they had taken actions to address this.
- A programme of continuous education, and clinical and internal audit was used to monitor quality and to make improvements. Meetings were held monthly. All nurses, GP registrars, and new doctors had a partner mentor. Protected time was available each month for them to meet and review performance, concerns and share learning. Staff we spoke with told us they valued this protected time.
- There were arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions, however, these needed to be improved. For example, the practice had not undertaken regular assessments or reviews for fire safety to ensure staff and patients would be kept safe. Patients were potentially put at risk as practice nurses, without appropriate qualifications worked outside of their scope of practice and issued medicines to patients. On occasions the GPs signed these prescriptions without seeing or reviewing the patient.

### Leadership and culture

The partners in the practice had the experience, capacity, and capability to run the practice and ensure high quality care. However, they lacked oversight to ensure that patients and staff were kept safe at all times.

The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The practice held regular meetings where complaints and significant events were discussed. Minutes were accessible for all staff. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings or speak directly to the GPs or the management team. They felt confident in doing so, supported, respected, and valued. All staff were encouraged to identify opportunities to improve the service delivered by the practice.

To ensure that all staff were kept up to date and included the practice produced a monthly newsletter. In the March newsletter it included information on the new policies that had been published for example a clinical governance policy and consultations protocol.

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

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

Feedback from patients had been gathered through surveys, the patient participation group (PPG), Healthwatch Norfolk and complaints received. An active PPG met on a regular basis and held regular sessions in the waiting room to encourage feedback from patients. The patient participation report for 2014/2015 showed feedback from some patients that staff attitude was not always as the practice promoted. The practice employed a reception manager and gave feedback to the staff and the GPs; latest feedback from Healthwatch Norfolk (November 2015) indicated that this had a positive effect.

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and took part in local pilot schemes to improve outcomes for patients in the area. For example from May 2016, the practice will engage with the 0

## Are services well-led?

Good 

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

– 19 child programme. This will include a school readiness check for children aged three years six months old. The practice will also continue to support the community in becoming dementia friendly



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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment</b></p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The practice had not undertaken a risk assessment for fire safety at the branch site Walsingham. Identified actions from a fire evacuation at the Fakenham site in October 2015 had not been implemented.</li><li>• Nurses who were not qualified to prescribe medicines to patients were working outside of their scope of practice. on occasions the GPs signed prescriptions for medicines issued by nurses without seeing or reviewing the patient's medical notes.</li><li>• The practice did not have a record of the immunisation status for clinical staff.</li></ul> <p><b>This was in breach of regulation 12(1)(2)(a)(b)(c)(d)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>