

East Norwich Medical Partnership

Quality Report

St Williams Way
Thorpe St Andrew
Norwich
NR7 0AJ

Tel: 01603 778277

Date of inspection visit: 2 February 2016

Website: www.eastnorwichmedicalpartnership.co.uk Date of publication: 03/03/2016

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?

Good



Are services effective?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
Detailed findings	7

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on 25 August 2015 and found that improvements were necessary in order to comply with the requirements of the Health and Social Care Act 2008.

In August 2015 we found that the provider did not have appropriate arrangements in place to ensure that staff, including those that undertook chaperone duties, had received a disclosure and barring check (DBS) or had a written risk assessment completed.

The practice's staff records did not consistently contain evidence of training and qualifications. The practice did not have effective auditing procedures for infection prevention and control with a designated lead who was appropriately trained. The practice did not have a legionella risk assessment.

After the inspection the practice provided us with an action plan to demonstrate how they intended to comply with the requirements of the Health and Social Care Act 2008. We undertook a focused follow up inspection to check that the practice had followed their action plan and to confirm that the requirements of the Health and Social Care Act 2008 had been met.

This report only covers our findings in relation to the improvements required following our inspection in August 2015. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for on our website at www.cqc.org.uk.

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?

We found that improvements had been made following our previous inspection. Checks with the Disclosure and Barring Service (DBS) had been undertaken for all clinical members of staff and for non-clinical staff that undertook chaperone duties.

An infection prevention and control audit had been undertaken and plans were in place going forward. Requirements resulting from the audit had been addressed.

A legionella risk assessment had been undertaken and actions were implemented as a result.

Significant event learning and dissemination had improved.

Good



Are services effective?

We found that improvements had been made following our previous inspection. Staff files were re-organised and contained evidence of training, qualifications and additional evidence that is required to be kept in these files.

Good



Are services well-led?

We found that improvements had been made following our previous inspection.

A staff survey was undertaken.

An appraisal system was adopted and a scheme of training sessions and meetings had been implemented.

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

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in end of life care. The practice worked with multi-disciplinary teams when providing care for older people, if required. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs, including visits for flu vaccinations. There was a programme of visits to local care homes and a named GP responsible for liaison with each home.

Good



People with long term conditions

There were regular clinics for people with conditions such as asthma, chronic obstructive pulmonary disease (COPD), hypertension, ischaemic heart disease, stroke and diabetes. Patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. For those people with the most complex needs, the staff worked with relevant health and care professionals to deliver a multidisciplinary package of care. Residential and nursing homes were visited routinely by the nurse practitioner and/or GP.

Good



Families, children and young people

Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. Women's Health clinics were available. Acutely ill children were given priority when arranging appointments. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

Patients commented they had difficulties in obtaining appointments but the practice was continually reviewing 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

Good



Summary of findings

this age group. The practice had identified a need to provide a contraceptive implant service due to a local demand. Clinic times were flexible and included mornings and evenings. Telephone appointments were available.

People whose circumstances may make them vulnerable

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Longer appointments were offered if deemed necessary. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Seven languages other than English were spoken by the staff and interpreting services were available. 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 provided proactive care to asylum seekers.

Good



People experiencing poor mental health (including people with dementia)

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. There was a GP who had specialist training as a psychiatrist and a nurse with specific training in this field. The practice had told patients experiencing poor mental health about how to access various support groups. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Good



East Norwich Medical Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector

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 on 25 August 2015, as part of our regulatory functions. This inspection was planned to check whether the provider was 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. Breaches of legal requirements were found. Specifically for Regulation 12, 15 and 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result we undertook a focused inspection on 2 February 2016 to follow up on whether actions had been taken to deal with the breaches.

How we carried out this inspection

As part of our inspection, we visited the practice and we reviewed information from the service. We carried out a visit on 2 February 2016. During our visit we revised documentation provided to us by the practice and had discussion with the lead GP and office manager.

Are services safe?

Our findings

The practice had made improvements following our findings at the inspection on 25 August 2015. The practice had systems and processes in place to help keep people safe, which included:

- All clinical staff and non-clinical staff that undertook chaperone duties 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). A comprehensive record was designed to ascertain when DBS checks had been undertaken.
- A legionella assessment had been undertaken in October 2015 and actions were implemented following the assessment. For example, regular running of taps and water temperature monitoring was undertaken by two dedicated members of staff.
- The practice had undertaken a thorough review of their management of Controlled Substances Hazardous to Health (COSHH). Following consultation with their external cleaning company the practice had recognised there were substances listed in their documentation that were not kept in the practice and liaised with the cleaning company to revise their COSHH sheets. The practice also encountered substances that were not deemed appropriate or practical for the practice and removed these from the premises. The practice had comprehensive information available in paper form and digitally for all staff.
- The practice had undertaken an infection prevention and control (IPC) audit in cooperation with the IPC lead for the area. A nurse practitioner had been appointed into the IPC lead role and had received training and guidance from the local lead. The audit had highlighted several recommendations which were acted upon, for example the installation of elbow operated taps. The practice had shared their IPC report with their external cleaning company and Norfolk Community Health and Care, with whom they shared one of their locations. Following that, the practice had requested an action plan from them to keep record of all changes as a result of the assessment. In addition to the audit, all staff at the practice had received IPC training in a group session.
- Learning from significant events had improved following the practice's recognition that there was a previous lack of dissemination and managerial overview of this element of the practice. As a response the practice had reviewed all the GPs' lead roles and reaffirmed the GPs' duties in relation of these roles, for example lead GPs now attended all staff meetings when appropriate to update all the practice's staff groups of any specific outcomes.
- An annual review of the significant events was planned for April 2016.
- Part of the development was still on-going and we saw minutes that this was discussed between the GPs on a weekly basis.
- The practice historically held Gold Standard Framework (GSF) meetings for patients that received palliative care. The lead GP explained that over the last year this forum had expanded in attendance to include a range of external services including social services, a community matron, palliative care nurses, physiotherapists and mental health nurses. This forum had developed into a regular GSF meeting as well as a multi-disciplinary forum to share significant events from the practice with all the external services. Learning was discussed and shared and then shared with other staff in the practice.
- The practice had invested in a CCTV system to allow patients in the various waiting rooms to be monitored, in case they become suddenly unwell. This was planned for installation in February 2016 and we saw evidence that the practice had purchased the system and installation.

Are services effective?

(for example, treatment is effective)

Our findings

The practice had made improvements following our findings at the inspection on 25 August 2015. The practice had implemented effective systems and processes, which included:

- The practice had compiled a comprehensive library of alerts and updates from the Medicines and Healthcare Products Regulatory dating back several years, digitally and in paper form for ease of access. A dedicated member of staff monitored new alerts and updates and would disseminate these accordingly to the relevant staff. Urgent alerts were acted upon immediately and non-urgent alerts were reviewed on a weekly and monthly basis.
- All staff records had been re-organised and contained adequate levels of information. The practice did not keep consistent records of photographic identity checks in all staff files but the practice recognised this and was in the process of addressing the gaps.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. Appraisals were undertaken for the majority of staff and the practice's staff manager was provided with training to be able to effectively undertake these appraisals. We saw evidence of this. The staff manager had commenced undertaking appraisals for all members of staff and had made considerable progress since their training, with a view to have them completed by the end of March. New staff underwent reviews at one, three, six and twelve months.

Are services well-led?

Good 

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

Our findings

The practice had made improvements following our findings at the inspection on 25 August 2015 which included:

- The practice had reviewed its managerial capacity and attracted a new staff manager. A new practice manager was due to start upon completion of their current notice period.
- Following our inspection, the lead GP had shared our report with all staff and had organised staff meetings with presentations and action plans. A staff survey was undertaken to allow staff input in moving forward. We were provided with an analysis of the survey and saw minutes of meetings where the topics raised by staff were reviewed and addressed. For example, there was a review on-going regarding annual leave entitlement for staff across the two locations.
- The practice had implemented an induction programme for newly appointed members of staff that covered topics such as health and safety, confidentiality and information governance. Exit interviews for staff who were leaving were also effectively held and recorded.
- We saw evidence that the practice had designed a locum GP information pack. The practice explained that this was not yet used as they had not needed any locum cover for at least the previous year.
- The practice had introduced 'lunch and learn' training sessions accessible for all staff, as well as for staff from other local practices, at which specialist subjects would be covered for an hour during lunch time. We were presented with a flyer for late February where a consultant general surgeon would provide a training session. This was free to attend and considered credible by the practice for continuous professional development and to improve networking.
- The practice had introduced monthly full staff meetings.
- The practice had employed a new nurse with the intention for them to develop and focus on diabetes treatment to maintain the practice's recent incline in diabetes related performance.
- The practice had designed a data compendium which provided digital access to all staff via any computer in the practice. The compendium contained a library of information related to the practice or role specific guidance; it allowed for easy access and reference to a wide range of information including, amongst many other pieces of information: Health and Safety Executive guidance, an overview of staff training and dates, a comprehensive library of alerts and updates from the Medicines and Healthcare Products Regulatory Agency, infection, prevention and control guidance, Controlled Substances Hazardous to Health information etc. The lead GP explained they had named this 'Knowledge East Norwich' or 'KEN' for short. We saw numerous references to 'KEN' in minutes from meetings and we were shown through the system. Despite appearing comprehensive in content, the practice was still developing it. The lead GP informed us that if staff needed to refer to information they could 'ask KEN'.