Manor Farm Medical Centre

Quality Report

Mangate Street
Swaffham
Norfolk
PE37 7QN
Tel: 01760721786
Website: www.swaffham-doctors.co.uk

Date of inspection visit: 2 February 2015
Date of publication: 09/07/2015

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 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 Manor Farm Medical Centre on 02 February 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, well-led, effective, caring and responsive services. It was also good for providing services for 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, and people experiencing poor mental health.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

Action the provider MUST take to improve

The provider must ensure the recruitment policy is consistently followed in practice to ensure that staff were suitable to carry out the work they were employed to do. Ensure staff are employed with relevant background checks carried out.

Action the provider SHOULD take to improve:

- Ensure staff receive training appropriate to their roles, and any training needs are identified and planned. For example, infection control, and health and safety.
- Complete Control of Substances Hazardous to Health (COSHH) and health and safety risk assessments to ensure safe systems, processes and practice.
- Dispensing staff should acknowledge and sign up to the written safe operating procedures for dealing with dispensing errors.
- Ensure the cabinet used to store controlled drugs at Manor Farm Medical Centre, conforms to the requirements of the Misuse of Drugs (Safe Custody) Regulations (1973)
- Establish up a system to oversee that the practice nurses and GPs remained fit to practice with their relevant professional body, prior to their employment and on an annual basis.
- Ensure staff appraisals are held regularly to review performance and learning and development needs.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for safe. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Dispensing arrangements at the main site and branch surgery needed review around safe systems processes and practices, staff training, and staffing levels. Information about safety was recorded, monitored, appropriately reviewed and addressed. The recruitment and selection process was not effective. Staff were employed without relevant background checks carried out. Sufficient staffing levels were provided to meet patients' needs. Some risk assessments were not in place around health and safety and Control of Substances Hazardous to Health (COSHH). Systems were in place to ensure the environment and equipment were clean and staff followed hygienic procedures to minimise the risk of infection.

Are services effective?

Good

The practice is rated as good for effective. National Institute for Health and Care Excellence (NICE) guidance is referenced and used routinely. Patients' needs were assessed and their care and treatment was delivered in line with current evidence based practice and legislation. Effective audits were carried out to monitor the quality of care and to improve the outcomes for patients. Staff worked with multidisciplinary teams. Some staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. Staff had the skills, knowledge and experience and were supported to deliver effective care and treatment.

Are services caring?

Good

The practice is rated as good for caring. Patients described the staff as friendly and caring, and said that they felt that they treated them with respect and dignity. Patients were involved in decisions about their health and treatment, and received support to cope emotionally with their care and condition. Staff were respectful, polite and friendly when dealing with patients. Patients whose first language was not English could be provided with an interpreter to help them to understand the care and treatment they needed.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the NHS Area Team (AT) and Clinical Commissioning Group (CCG) to secure service

Summary of findings

improvements where these were identified. The appointment system was flexible. The practice had made improvements by introducing more telephone consultations, and GP appointments. The practice worked in partnership with other providers and organisations to meet patients' needs in a responsive way. The practice facilities were well equipped to treat patients and meet their needs. Patients concerns and complaints were listened and responded to and used to improve the service

Are services well-led?

Good

The practice is rated as good for well-led. The practice had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was good teamwork, leadership and commitment to improving the quality of care and patients experiences. There were high levels of staff satisfaction and engagement. All staff had clear roles and responsibilities to ensure that the practice was well led. There was an active approach to seeking out new ways of providing care and treatment. The practice had an active patient participation group (PPG). Staff had received inductions, and attended staff meetings and events.

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

Good

The practice is rated as good for the care of older people. Patients 65 years and over were offered an annual health check. All patients 75 years and over were allocated a named GP to offer continuity of care to ensure that their needs were being met. Health care plans were provided for patients over 75 years, to help avoid unplanned admissions to hospital. 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 dementia and end of life care. The practice was responsive to the needs of older people, including offering home visits for elderly housebound patients.

People with long term conditions

Good

The practice is rated as good for the population group of people with long term conditions. All patients were offered an annual review including a review of their medication, to check that their health needs were being met. When needed longer appointments and home visits were available. Where possible, clinicians reviewed patients' long term conditions and any other needs at one time, to prevent them from attending various appointments. Emergency processes were in place and referrals were made for patients that had a sudden deterioration in their health. For those people with the most complex needs, a named GP worked with relevant health and care professionals to deliver multidisciplinary support and care.

Families, children and young people

Good

The practice is rated as good for the population group of families, children and young people. Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. For example children and young people who had a high number of A&E attendances. The GP safeguarding lead regularly met with the health visitor to discuss looked after children, unborn babies and mothers, and children on the safeguarding register to share information, concerns, and best ways to support families. Immunisation rates were high for all standard childhood immunisations. The practice worked in partnership with midwives and health visitors. Appointments were available outside of school hours to enable children to attend. Emergency processes were in place and referrals made for children and pregnant women who had a sudden deterioration in health.

Summary of findings

Working age people (including those recently retired and students)

Good

The practice is rated as good for the population group of the working-age people (including those recently retired and students). The practice provided extended opening hours one evening to enable patients to attend in early evening. Patients were also offered telephone consultations and were able to book non-urgent appointments around their working day by telephone, and on line. The practice offered a choose and book service for patients referred to secondary services, which enabled them greater flexibility over when and where their test took place. NHS health checks were offered to patients over 40 years. The practice offered health promotion and screening appropriate to the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including people with learning disabilities. Patients with a learning disability were offered an annual health review, including a review of their medication. When needed longer appointments and home visits were available. The practice worked with multi-disciplinary teams in the case management of people in vulnerable circumstances and at risk of abuse. Carers of vulnerable patients were identified and offered support. Alcohol and drug abuse services were available to patients. Travellers and their families were supported by the practice.

People experiencing poor mental health (including people with dementia)

Good

The practice held a register of patients experiencing poor mental health. Patients were offered an annual health check review including a review of their medicines to ensure that medicines were prescribed appropriately and safely. The practice referred patients to Family Action for support with emotional and mental health needs. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, to ensure their needs were regularly reviewed, and that appropriate risk assessments and care plans were in place. Patients were supported to access emergency care and treatment when experiencing a mental health crisis.

Summary of findings

What people who use the service say

During our inspection we spoke with 11 patients, six in person and five on the telephone. In addition we spoke with two members of the Patient Participation Group. The PPG includes patient representatives who work with the practice to improve the quality of care and services. We received CQC comments cards from 25 patients. We also spoke with representatives of eight care homes where patients were registered with the practice.

Patients we spoke with expressed a high level of satisfaction about the way the services were provided. Patients told us that the premises were clean, and that the facilities were accessible and appropriate for their needs. Patients described the staff as friendly and caring, and felt that they treated them with dignity and respect. They also said that they felt listened to, and able to raise any concerns with staff if they were unhappy with the care or the service.

Patients said that they promptly received test results and were referred to other services, where appropriate. They also said they were involved in decisions about their treatment, and were satisfied with the care and service they received.

Care home representatives we spoke with praised the support received from the GPs, and the care and service patients received. They said that patients were promptly seen. However, some representatives said that they did not find it easy to get through to the dispensary service by telephone.

Representatives of the PPG told us they worked in partnership with the practice. Patients were asked for their views, and their feedback was acted on to improve the service. The PPG carried out a patient survey and 2014 and patients said that they were generally very satisfied with the care, accessibility could be improved, and action plans were developed and changes made.

Areas for improvement

Action the service MUST take to improve

The provider must ensure the recruitment policy is consistently followed in practice, to ensure that staff were suitable to carry out the work they were employed to do. Ensure staff are employed with relevant background checks carried out.

Action the service SHOULD take to improve

Ensure staff receive training appropriate to their roles, and any training needs are identified and planned. For example, infection control, and health and safety.

Complete Control of Substances Hazardous to Health (COSHH) and health and safety risk assessments to ensure safe systems, processes and practice.

Dispensing staff should acknowledge and sign up to the written safe operating procedures for dealing with dispensing errors.

Ensure the cabinet used to store controlled drugs at Manor Farm Medical Centre, conforms to the requirements of the Misuse of Drugs (Safe Custody) Regulations (1973)

Establish up a system to oversee that the practice nurses and GPs remained fit to practice with their relevant professional body, prior to their employment and on an annual basis.

Ensure staff appraisals are held regularly to review performance and learning and development needs

Manor Farm Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist advisor, practice manager and a CQC medicine inspector.

Background to Manor Farm Medical Centre

Manor Farm Medical Centre is situated close to the centre of Swaffham and serves approximately 6,786 patients. There are two branch surgeries - Oak Farm Surgery in Necton, and Main Road Surgery in Narborough. Patients can attend any of the surgeries. Manor Farm Medical Centre and Oak Farm Surgery provide a dispensing service. We visited the main site Manor Farm Medical Centre and Oak Farm branch surgery during this inspection. The practice has a high middle age/elderly population with 13% of patients between 70-79 years old. The practice also serves a local travelling community. The practice provides a range of services including minor surgery, the treatment of minor injuries, family planning, maternity care, blood testing, vaccinations and various clinics for patients with long term conditions.

The practice employs 21 whole time equivalent staff including eleven administrative staff, a practice manager, five GPs (three female two male), three practice nurses, one health care assistant and six dispensary staff. There are four GP partners two full time, and one full time locum GP. Together they provide 34 sessions per week. All the GPs work extended hours on a Monday night 6.30 -7.15pm. The practice is a teaching practice for medical students and F2 Doctors. A Foundation doctor (FY1 or FY2) is a grade of medical practitioner in the United Kingdom undertaking a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training

The practice opted out of providing an out-of-hours service. The practice holds a General Medical Services (GMS) contract to deliver essential primary care services. The practice works with the Norfolk CCG (Clinical Commissioning Group). A CCG is an NHS organisation that brings together GPs and health professionals to take on commissioning responsibilities for local health services.

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 part of our regulatory functions. This 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.

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.

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:

Detailed findings

- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 February 2015. During our visit we spoke with a range of staff including GPs, receptionists, managers, practice nurse, administrative staff, health care assistant and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members. In addition we contacted eight of the care homes that are served by the practice.

Good

Are services safe?

Our findings

Safe track record

Records showed that safety incidents and concerns were appropriately dealt with. Risks to patients were assessed and appropriately managed. A system was in place to ensure that staff were aware of national patient safety alerts and relevant safety issues, and where action needed to be taken. The practice used a range of information to identify risks and to improve patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients. We reviewed incident reports and minutes of meetings where incidents were discussed from the last 18 months**.** This showed the practice had managed incidents consistently over time, and so could evidence a safe track record.

Staff we spoke to were aware of their responsibilities to raise concerns, and how to report incidents and near misses. For example, a staff member had reported a concern about medication a patient had been given. Additional checks had been put in place to prevent further errors.

Learning and improvement from safety incidents

Staff told us that the practice was open and transparent when things went wrong. We saw that a system was in place for reporting, investigating and monitoring incidents, accidents and significant events. We saw records of incidents and events that had occurred during the last 12 months. We looked at three recent significant events. These were completed in a comprehensive and timely way, and included action taken. Significant events were a standing item on the monthly practice meeting agenda. Records of significant events showed that appropriate learning and improvements had taken place, and that the findings were communicated widely.

Reliable safety systems and processes including safeguarding

Systems were in place to manage and review risks to vulnerable children, young people and adults. All staff we spoke with said that they had received safeguarding training specific to their role. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities to share information, record safeguarding concerns and how to contact the relevant agencies.

A system was in place to highlight vulnerable patients on the practice's electronic records, including children and young people who were looked after, or on a child protection plan, or people experiencing domestic violence. The alert system ensured they were clearly identified and reviewed, and that staff were aware of any relevant issues when patients attended appointments or contacted the practice. One of the GPs was the designated lead for safeguarding. As part of their role they attended regular meetings with relevant professionals to discuss patients who were vulnerable, at risk of abuse or on a child protection plan. Essential information was recorded in patients' records.

A chaperone policy was in place and posters visible in the waiting area and consulting rooms. Discussions with staff and a review of records showed that not all staff who acted as chaperones had undertaken relevant training. Staff understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. Following the inspection, we received assurances that further chaperone staff training had taken place on the 18 March 2015 with nurses, health care assistants and reception staff.

Patients' individual records were managed in a way to keep people safe. Records were kept on an electronic system, which held all information about the patient including scanned copies of results and communications from other health and social care services. This ensured that staff had access to essential information about patients.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff followed the policy. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

Good

Are services safe?

The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of both sets of directions and evidence that nurses had received appropriate training to administer vaccines.

We visited the dispensary at the main site Manor Farm Medical Centre and at the Oak Farm branch surgery. The dispensary at Manor Farm Medical Practice provided a medicine delivery service for patients who lived more than one mile from the surgery, or patients could choose to take their prescriptions to the local chemist. The dispensary was open 8.30-6.30pm Monday to Friday. The dispensary at Oak Farm surgery opened Monday, Wednesday and Friday 9.00-11.30am. Patients we spoke with and their representatives told us they received their repeat prescriptions promptly and did not experience delays in the supply of their medicines. The practice had monitored and assessed the quality of its dispensing service by patient satisfaction surveys.

The dispensary manager told us there were regular meetings to discuss issues arising including when there were medicine-related incidents. The meetings led to actions to improve safety. We noted there had been few dispensing errors recorded but recently at Manor Farm Medical Centre some near miss dispensing errors had been recorded. We noted that whilst policy documents relating to medicine management and dispensing practices were regularly updated, members of dispensary staff did not always acknowledge and sign up to them including the written procedure for dealing with dispensing errors. We noted that recent procedures had been put in place to ensure that medicines were handed to patients after prescriptions were signed and authorised by the doctors. This included when changes were made following recommendations by, for example, hospital doctors when patients were discharged from hospital.

We were told that at the Oak Farm branch surgery, a single-handed dispenser, who also undertook receptionist duties, routinely supplied medicines to patients without checks by other suitably qualified members of staff. The practice had not assessed the risks relating to this to ensure safe procedures for medicine supply were always being followed.

Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. We looked at the arrangements in place for the security of medicines in the dispensaries at Manor Farm Medical Centre and Oak Farm Surgery and found improvements were needed to ensure the dispensaries could only be accessed by authorised staff. Following on our inspection the practice manager confirmed they had undertaken risk assessments around dispensing arrangements at the Oak Farm branch surgery to ensure safe systems processes and practices. Staff had received further training and adjustments were made to staffing levels with an extra staff member identified for Oak Farm branch surgery.

We noted there were arrangements in place for the regular monitoring and destruction of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). We checked a sample of controlled drugs and found we could account for them in line with registered records. However, we noted that the cabinet used to store controlled drugs was not secured in line with the Misuse of Drugs (Safe Custody) Regulations (1973).

The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. Dispensary staffing levels at Manor Farm Medical Centre but not Oak Farm branch dispensary were in line with DSQS guidance. Records showed that all members of staff involved in the dispensing process were appropriately qualified and their competence was checked annually, however, members of dispensary staff had not always completed training or kept updated according to their roles. Following on our inspection the practice manager confirmed staff had received further training.

During our inspection we attended briefly the Annual Prescribing Meeting organised by West Norfolk Clinical Commissioning Group (CCG) at the practice. All the GPs attended with the dispensary manager and met with the Prescribing Advisor (a pharmacist). The group discussed Quality, Innovation, Productivity and Prevention (QIPP). This is a large scale programme developed by the Department of Health to drive forward quality improvements in NHS care. The group discussed best prescribing, 2015-16 prescribing incentive scheme, and meeting practice budgets. We saw the practice worked with agencies to improve medicine management systems and operating procedures, and outcomes for patients.

Cleanliness and infection control

Good

Are services safe?

The practice nurse was the lead for infection control and had undertaken infection control training. The practice manager confirmed further advanced training would be provided in 2015 to enable the infection control lead to provide advice on the practice infection control policy and carry out staff training. Most staff had received training about infection control specific to their role. We saw evidence of further infection control training was planned for 2015. The infection control lead had carried out infection prevention and control audit in 2014 with issues identified had been addressed, and a further audit was completed on 3 February 2015.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury.

Each of the clinical rooms had hand washing sinks along with liquid soap, hand towels in dispensers and alcohol gel. There was a spillage kit to be used to deal with blood spillage and staff were aware of its location. Some staff told us the spillage kit was out of date and there was no Spillage policy. We were unable to independently verify this and will check when we inspect this practice next.

We observed the premises to be visibly clean. There was no evidence of accumulated dust and the premises were free of clutter. Treatment rooms were fitted with easy clean floor coverings. All were clean and free of staining and marks. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

There was a receptacle at the reception desk for patients who brought samples to the practice The nurse then sent them to the laboratory.

We spoke with the practice on the management, testing and investigation of legionella (water borne bacteria found in the environment which can contaminate water systems in buildings). We found the practice had not undertaken a legionella risk assessment. Following on our inspection the practice manager arranged for an outside contractor to undertake this work at the main site and two branch surgeries on 18 February 2015.

Equipment

Staff we spoke with confirmed that all equipment was safe to use, and that they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. The next portable appliance testing was due June 2015. Records showed that equipment was regularly tested and maintained, including items requiring calibration such as weighing scales and blood pressure machines.

Staffing and recruitment

The practice's own recruitment policy detailed the various stages of the recruitment process and what information to obtain when recruiting new staff. We checked the files of four staff employed in the last twelve months.

We found that the provider's recruitment policy was not consistently followed in practice to ensure that staff were suitable to carry out the work they were employed to do. Four staff files we checked did not contain all the required information. For example, three files did not include criminal records checks through the Disclosure and Barring Service (DBS) until after they had commenced work, and one person file had a DBS check from 2012 although recruited in 2014. Three files did not hold proof of identity a photograph of the staff member. The provider must carry out relevant checks when they employ staff. The practice manager took immediate action to request and obtain this information following on our inspection. We were unable to independently verify this and will check when we inspect this practice next.

Staff told us they had checked staff were fit to practice with their relevant professional body on a regular basis but there were no systems in place to confirm this. The practice manager told us they would set up a system to oversee that the practice nurses and GPs remained fit to practice with their relevant professional body, prior to their employment and on an annual basis. The practice manager provided

Good

Are services safe?

this information during our inspection by checking on the Nursing and Midwifery Council (NMC) and General Medical Council (GMC) website against each member, which was employed at the practice.

The practice had an established staff team and patients received care from regular staff that they knew. Staff told us about the arrangements for ensuring sufficient numbers and skill mix of staff were available to meet patients' needs. Staff said that there was usually enough staff on duty to ensure patients were kept safe, and to maintain the smooth running of the practice.

Monitoring safety and responding to risk

The practice had various systems and policies in place to identify, manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the equipment and the management of medicines. Action plans were in place to reduce and manage any risks. These were discussed at monthly GP partners' and team meetings. The practice had a health and safety policy, which staff had access to. The practice manager was the lead member of staff on health and safety issues. However we found Control of Substances Hazardous to Health (COSHH) assessments or Health and Safety Risk assessments were not completed. The practice manager was the health and safety lead. Following on our inspection the practice manager told us they would arrange completion of these risk assessments and health and safety training.

We saw that staff were able to identify and respond to risks to patients including deteriorating health and well-being or medical emergencies. For example emergency processes were in place for patients with long term conditions. Staff gave us examples of referrals made for patients that had a sudden deterioration in health. The practice monitored repeat prescribing for patients receiving high risk medicines. There were emergency processes in place for identifying acutely ill children and young people. Emergency processes were in place for acute pregnancy complications. Staff gave examples of how they responded to patients experiencing a mental health crisis, including supporting them to access emergency care and treatment.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to deal with emergencies. Records showed that staff had received training in basic life support. We found there were no staff trained in first aid. Following on our inspection two staff were identified for first aid training. Emergency equipment was available including access to oxygen and an automated defibrillator (used to attempt to restart a person's heart in an emergency). Records showed that the emergency equipment and medicines were regularly checked to ensure they were fit to use and within their expiry date. All the medicines we checked were in date and suitable to use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the day to day running of the practice. Risks identified included power failure, adverse weather, and access to the building and staff changes. Actions were recorded to reduce and manage the risks. A fire safety risk assessment had been completed in April 2013 for the three sites. Following on our visit we received assurances these would be completed in May 2015 including actions required to maintain fire safety. Records showed that staff had received recent fire safety training and that fire drills were carried out annually, to ensure they knew how to evacuate the premises and what to do in the event of a fire.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff told us that they received updates relating to current best practice and the National Institute for Health and Care Excellence (NICE) guidelines electronically. GPs told us these aspects were discussed at clinical and governance meetings. The aim of the guidelines is to improve health outcomes for patients.

The practice knew the needs of their patient population well. The GPs and nurses had lead clinical roles relevant to their skills and knowledge, which enabled them to focus on specific conditions and to help drive improvements. We found that patient needs were assessed and that they received effective care and treatment to meet their needs. A system was in place to recall older people, those in vulnerable circumstances, with long term conditions and experiencing poor mental for an annual health review. Records showed that monthly multi-disciplinary meetings were held to review the health needs and care plans of patients who had complex needs, and were receiving end of life care. Patients were referred appropriately to secondary and other community care services on the basis of need. Staff that attended these meetings included all the GPs, community matron, cancer care coordinator, integrated care coordinator.

Patients over 75 years had a named GP to ensure continuity of care and oversee that their needs were being met. The practice had signed up to the enhanced service to help avoid unplanned hospital admissions. Enhanced services are additional services provided by GPs to meet the needs of their patients. The practice worked closely with partner health and social care services to support elderly patients, people at high risk or with complex needs to remain in their own home or local care home to improve outcomes for patients. Representatives from care homes praised the support patients received from the practice.

Patients with a learning disability were offered an annual health check, including a review of their medicines. At the end of the review the patient was provided with a health action plan. Clinical staff worked closely with the local learning disability and mental health teams to ensure that patients with learning disabilities, or experiencing poor mental health received appropriate care and treatment.

The practice provided ante natal and post natal checks. There were systems in place that ensured babies received a new born and six week development assessment in line with the Healthy Child Programme.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with the GP showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making

Management, monitoring and improving outcomes for people

Staff across the practice had clear roles in monitoring and improving outcomes for patients. The GPs told us clinical audits were often linked to the management of medicines, significant events or as a result of information from the quality and outcomes framework (QOF). QOF is a national performance measurement tool.

The practice made use of audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. We saw that a system was in place for completing clinical audit cycles to provide assurances as to the quality of care, and to improve the outcomes for patients. Various audits and reviews had been completed in the last two years, and the practice was able to demonstrate the changes resulting from these. For example, using hospital data to investigate the validity and ensure the appropriateness of in-house referrals had resulted in revising the practice processes. We were shown multiple audits for drugs for diseases to ensure consistency and accuracy for example prescribing the medicine digoxin to treat atrial fibrillation or heart failure diagnosis, and prescribing inhaled lung steroids for respiratory disease diagnosis.

Discussions with staff and records showed that the outcome of audits was communicated through the team and clinical meetings. The meetings enabled the staff to discuss clinical issues and peer review each other's practice, driving improvements in care.

Effective staffing

Staff we spoke with said that that they had received an appropriate induction to enable them to carry out their work. We saw that a detailed induction programme was in place, which was relevant to specific roles to ensure that staff received essential information to carry out their work.

Good

Are services effective?

(for example, treatment is effective)

Staff told us they worked well together as a team. The practice had an established staff team. Staff were supported to maintain and develop their skills and knowledge. Staff told us they had received a range of training- safeguarding, equality and diversity, fire safety, manual handling, **cardio-pulmonary resuscitation (CPR)**, domestic abuse and infection control training. One nurse told us face to face training took place in Norwich which meant travelling quite a distance. The practice had recently agreed to one week's study leave for nurses. The health care assistant told us they felt well supported by the nursing and senior team and had access to training. Most training was completed on line. Staff training records were difficult to locate and track. Some staff training needs had not been identified and planned for. The practice manager had been in post since August 2014 and told us they had focused on other risk areas of the practice since being in post. Following on our inspection we received assurances further staff training needs were identified and planned for.

Records showed that staff received supervision through peer support and team meetings they attended. They also received an annual appraisal to review their performance and learning and development needs. One clinician told us they had not received an appraisal for three years and this also applied to members of the nursing team. Following on our inspection we received assurances that nurses were receiving appraisals with two of the GPs between March and April 2015.

GPs told us that they were up to date with their professional development requirements, and had either been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The GP saw these documents and results decided on the action required. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances within the last year of any results or discharge summaries that were not followed up appropriately.

The practice held monthly integrated care organising meetings to discuss frequent admissions, care plans, the needs of complex patients, for example those with end of life care needs or children on the at risk register. These meetings maybe attended by palliative care team, Macmillan nurses, and social services. District nurses and district matrons and health visitors were invited but do not always attend due to workload commitments.

Collaborative working was undertaken with other healthcare providers. The practice held a weekly midwife clinic at Manor Farm Surgery. The health visitor held monthly meetings to discuss families in need. The practice supports almost exclusively a local women's refuge for victims of domestic abuse. The practice referred patients to Family Action, an organisation set up in Swaffham to look after the emotional, mental health needs for the whole family from birth to death. The practice ran a joint clinic with Norfolk Recovery Partnership for patients involved in substance abuse, which allowed close monitoring of their medication and physical health needs. People from the local travelling community were based at the Splashes (an area in Swaffham) and close liaison with the health visitor and Sure Start team was evident.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, special patient notes were sent to the local GP out-of-hours provider by facsimile to enable patient data to be shared in a secure and timely manner.

Electronic systems were also in place for making referrals, and the practice made referrals last year through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record system to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper

communications, such as those from hospital, to be saved in the system for future reference. We saw evidence that audits had been carried out to assess the completeness of these records and that action had been taken to address any shortcomings identified.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005. All the clinical staff we spoke to understood the key parts of the legislation and were able to describe how they implemented it in their practice. Staff we spoke with gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. All clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually or more frequently if changes in clinical circumstances dictated it. All clinical staff demonstrated a clear understanding of Gillick competencies. (A Gillick competent child is a child under 16 who is capable of understanding implications of the proposed treatment, including the risks and alternative options).

There was a practice policy for documenting consent for specific interventions. For example, for all minor surgical procedures, a patient's verbal consent was documented in the electronic patient notes.

Health promotion and prevention

We saw that various health promotion information was available to patients and carers on the practice's website, and the noticeboards in the waiting area. New patients completed a form, which provided some essential information about their health. It was policy to offer new patients registering with the practice an initial health check with the nurse. This ensured that staff had access to essential information about people's health needs, and that any tests or reviews they needed were up-to-date.

The practice had chronic disease registers and clinics for asthma, **chronic obstructive pulmonary disease (COPD)**, diabetes, cerebrovascular disease and cardiovascular disease, hypertension and mental health issues. The clinics were nurse led and supported by a GP in each area. Medication reviews for these patients took place annually. The practice told us 64% of patients had received a medication review for polypharmacy. (Polypharmacy is the use of four or more medications by a patient, generally adults aged over 65 years).

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. The 2013/14 data for immunisations showed that the practice was above average for the area CCG, and there was a system in place for following up patients who did not attend. We were shown that 59% of patients had received a flu vaccine this year.

The practice offered NHS Health Checks to all patients aged 40 to 74 years. Patients were also encouraged to attend relevant screening programmes including bowel, breast and cervical smears. A recall system was in place for following-up patients who did not attend screening. All patients with a learning disability, poor mental health, long standing conditions or aged 74 years and over were offered an annual health check, including a review of their medication.

The practice had strong links with the local community and supported various health and social groups including the Well Being Service. The Well Being practitioner's ran weekly clinics at the Manor farm Surgery, so close links were maintained. The practice referred patients to cancer community care workers and the home hospice association (a local volunteer charity).

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. We saw separate examination rooms within the consulting rooms that ensured patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. We saw a sign outside dispensary at the main surgery where patients queued, which asked people to stand back to respect people's privacy.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk and was shielded by glass partitions which helped keep patient information private. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us she would investigate these and any learning identified would be shared with staff.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us that referring to this had helped them diffuse potentially difficult situations.

Care planning and involvement in decisions about care and treatment

Patients we received feedback from said that they felt listened to, and were supported to make decisions about their care and treatment.

The practice had signed up to the enhanced service to help avoid unnecessary hospital admissions. Enhanced services are additional services provided by GPs to meet the needs of their patients. Clinical staff told us that patients at high risk of being admitted to hospital, including elderly patients and patients with complex needs, or in vulnerable circumstances, had a care plan in place to help avoid this.

The care plans included patient's wishes, including decisions about resuscitation and end of life care. This information was available to the out-of -hour's service, ambulance staff and local hospitals. The practice used an alert system to ensure that the out-of-hours service were aware of the needs of these patients when the surgery was closed.

Staff told us that patients with long term conditions, learning disabilities, poor mental health and over 75 years of age were offered an annual health review, including a review of their medication. We saw that an appropriate health check form and care plan template was used for patients with a learning disability. This was in an easy read form so that patients understood it. The patient register confirmed people with a learning disability had received a review in the last year with 100% target met. 87% of people with poor mental health had received a yearly review and 84% for people with depression. In addition we found 81% of people with dementia had received a review in the last year.

The practice told us 100% of patients on the avoidance admissions register (proactive care programme) including palliative care patients had a care plan; and 74% of patients on the mental health register had care plans.

Staff told us that some patients attending the practice required support to make decisions about their care and treatment, including people who had dementia or a learning disability.

Staff told us that translation services were available for patients who did not have English as a first language. This was provided by CINTRA (Cambridgeshire Interpreting and Translation Agency). We did not see any information which informed patents this service was available. One staff member spoke Portuguese and was able to assist some patients from the local Portuguese speaking community at reception. The self arrival touch screen allowed patients to book-in using different languages.

Patient/carer support to cope emotionally with care and treatment

Patients we received comments from said that they received support and information to cope emotionally with their condition, care or treatment. They described the staff as caring and understanding. Where able, they were supported to manage their own care and health needs, and to maintain their independence.

Good

Are services caring?

The computer system identified patients who had carer responsibilities to enable the staff to offer them support. We found that importance was given to supporting carers to care for relatives, including patients receiving end of life care. If a patient died, all the staff at the practice were notified by email. Bereaved carers known to the practice would be followed up with either a bereavement visit way of a phone call from a GP, to determine whether they needed any practical or emotional support.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. Reception staff told us children and the elderly were seen as a priority. People with mental health needs would be seen by their named GP. Longer appointments were available for people who needed them and those with long term conditions.

The NHS Area Team (AT) and Clinical Commissioning group (CCG) told us that the practice engaged regularly with them to discuss local needs and service improvements that needed to be prioritised. The practice had an active patient participation group (PPG). A patient participation group is a number of patients registered with the practice who have an interest in the services provided. The aim of the PPG is to represent patients' views and to work in partnership with the practice to improve common understanding and obtain patient views. We found the PPG was representative of the patient demographic. We spoke with representatives of the PPG who explained their role and how they worked with the practice for 15 years. The last patient survey was in 2014 and looked at whether the appointment systems were meeting the needs of the patient population. Surveys were handed out over a two week period with a return rate of 54% and accessibility was an area that patient wanted improving. An action plan was produced. This identified one area for improvement: appointment availability. Changes had taken place with two GPs accessible each day and more on line, telephone, and face to face appointments available for patients. The practice planned to make further improvements with IT systems including SMS texting and alert emails.

The practice worked collaboratively with other agencies, regularly updated shared information such as special patient notes to ensure good, timely communication of changes in care and treatment. For example we saw how they worked with the unplanned admissions enhanced service to help identify those at risk of repeat hospital admissions, and were undertaking care planning including visiting patients where necessary.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services, and worked with partner health and social care services to understand the diverse needs of patients. Staff informed us they operated an open list culture, accepting patients who lived within their practice boundary.

Home visits and longer appointments were available for patients who needed them, including people in vulnerable circumstances, experiencing poor mental health, with complex needs or long term conditions.

The premises and services available at Manor Farm Medical Centre met the needs of people with disabilities. There was a lowered area at the reception for easy access. The facilities were accessible and spacious for people in a wheelchair, and families with young children in a pushchair. The practice treatment rooms and consultation rooms were situated on the ground floor of the building. Meeting rooms, a library for clinicians, and administration areas were on the first floor. There was hearing loop facilities but reception staff told us they did not know how to use this facility. We saw the facilities at Oak Farm were in a converted building. The reception desk was also the dispensary attended by one person only who might be answering the phone, talking to patients and dispensing potentially all at the same time. Following our inspection, extra staff have been provided at Oak Farm.

The practice provided equality and diversity training through e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training.

Access to the service

Manor Farm Medical Centre was the main surgery and opened from 8.30am to 6.30pm Monday to Friday. Extended hours were on Monday 6.30-7.15pm and provide nine appointments and nine telephone consultations. The majority of appointments were offered on line. Telephone as well as face to face consultations were available. A duty doctor provided book on the day appointments and once appointments were taken, patients could still be seen using a sit and wait service. Appointments were available outside of school hours for younger patients at the main surgery, in particular to enable them to access immunisations. GPs told us working age patients often preferred the telephone consultations and the extended hours surgery.

Oak Farm branch surgery opening hours were Monday, Wednesday and Friday 9.00-11.30am and provided access

Good

Are services responsive to people's needs?

(for example, to feedback?)

to dispensary services. The Main Road branch surgery in Narborough opened 9.00 –11.30am. GPs told us the two branch surgeries provided appointments for mainly older patients who lived locally without the need for transportation. A delivery service was provided for vulnerable immobile patients to receive their medication in a timely fashion.

Information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours NHS 111 service provided to patients.

Longer appointments were also available for people who needed them and those with long-term conditions. Home visits were made to those patients who needed one.

Patients were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to

Listening and learning from concerns and complaints

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 the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system including a notice in the waiting room and information in the patient information leaflet. We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency.

The practice reviewed complaints annually to detect themes or trends. We looked at the report for the last review and no themes had been identified. However, lessons learned from individual complaints had been acted on and we saw that they were discussed at practice meetings where the subject was a standing agenda item.

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

There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients, which was shared by the staff team. Staff we spoke with understood the vision and values of the practice, and were committed to achieving these. A business plan was in place, which set out the plans for future development. This was also shared with us as part of a presentation to the CQC team. Improvements planned for 2015/16 included plans to provide a nurse practitioner lead for vulnerable patients, introduce a triage system led by a GP and nurse, and train reception staff. Also included were plans to support the patient participation group (PPG) by developing a virtual PPG group and improve IT systems to communicate and engage with patients more effectively. Staff were involved in reviewing the vision and plans for the service.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. All of the policies and procedures we looked at had been reviewed but we did note that some policies were not in place. For example, Legionella, and spills policy. However Legionella assessments were carried out following our inspection with checks completed at the three surgeries. The practice manager was aware of the shortcomings and stated they were in the process of reviewing all of the policies.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a nurse lead for infection control and GP leads for safeguarding, diabetes, gynaecology, and cardiovascular. Members of staff we spoke with were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards.

The practice participated in The Quality, Innovation, Productivity and Prevention (QIPP) programme, a large scale programme developed by the Department of Health to drive forward quality improvements in NHS care. We saw quality improvements were discussed at all practice meetings.

The practice held regular practice meetings that were attended by staff. We looked at minutes from the three meetings and found that performance, quality and risks had been discussed. They were standing agenda items at practice meetings.

Leadership, openness and transparency

We saw from minutes that team meetings were held regularly, at least monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example disciplinary procedures, induction policy, and management of sickness which were in place to support staff. We were shown the electronic staff handbook that was available to all staff. All policies were available for staff to access on the practice computer system.

Seeking and acting on feedback from patients, public and staff

The practice had an active patient participation group (PPG) with six members. It carried out yearly surveys and met regularly. The results from the last survey highlighted one area for improvement: appointment availability. The practice had confirmed there would be improvements around appointment availability and changes had taken place with two GPs accessible each day and more on line, telephone, and face to face appointments available for patients. The practice planned to make improvements with IT systems including SMS texting and alert emails. They also planned to develop triage systems and train staff in the new systems. This would allow for better, safer sign posting and advice provision. GPs had noticed a major increase in telephone consultations and wanted to improve access for patients.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

Are services well-led?

Good

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

The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice and in a paper version in folders in staff areas.

Management lead through learning and improvement

Staff said that they were supported to maintain and develop their skills and knowledge. Records showed that staff received ongoing training and development and an annual appraisal to enable them to carry out their work effectively.

Records showed that accidents, incidents and significant events were reviewed to identify any patterns or issues, and that appropriate actions were taken to minimise further occurrences. Minutes of practice meeting showed that appropriate learning and improvements had taken place, and that the findings were communicated widely.

The practice was a training practice for trainee doctors. All four GP partners were involved with the teaching of undergraduates from the Norwich Medical School and the F2 doctors. A Foundation doctor (FY1 or FY2) is a grade of medical practitioner in the United Kingdom undertaking a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training. There were regular training events held at the practice for students attend, and open to clinicians and non- clinicians from other GP practices.

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The provider did not have an effective recruitment process in place. Staff were employed without relevant background checks being carried out. Proof of identification was not available for all staff. This was in breech of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 19 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014**