

Cromer Group Practice

Inspection report

Mill Road
Cromer
Norfolk
NR27 0BG
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www.cromergrouppractice.nhs.uk

Date of inspection visit: 12 Jun to 12 Jun 2019
Date of publication: 12/07/2019

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Cromer Group Practice on 12 June 2019 as part of our inspection programme. This was the first inspection at the new location for the practice. The practice moved premises and therefore re-registered with the Care Quality Commission in July 2018.

Our judgement of the quality of care at this service is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information from the provider, patients, the public and other organisations.

We have rated this practice as requires improvement overall.

This means that:

- Patients had good outcomes because they received effective care and treatment that met their needs.
- Patients were supported, treated with dignity and respect and were involved as partners in their care.
- There were several examples of the caring nature of staff.
- Outcomes from the GP Patient Survey in relation to the care provided by clinicians were generally in line with average.
- People's needs were met by the way in which services were organised and delivered. For example, the practice had two domestic abuse champions to sign post patients appropriately.
- Outcomes for patients in the Quality and Outcomes Framework for 2018/19 showed the practice had maintained a high level of achievement and had reduced their exception reporting.

We have rated the practice as requires improvement for providing **safe** services because:

- We found several gaps in the recruitment files we viewed, including proof of identity, evidence of satisfactory former employment such as references, DBS checks and indemnity cover. There were some instances where there had been a recommendation of further immunisation that had not been completed or risk assessed by the practice.
- We found a fire risk assessment had been completed with a suggestion that another be carried out on 4 June 2019. The risk assessment had not been reviewed and another assessment had not been booked.

- We found that there was some evidence of an induction system for staff, including locum staff, although this was not always completed in staff files.
- We found the practice had a summariser, but notes awaiting summarising dated back to November 2016.
- We found three Patient Group Directions (PGDs) that had not been reviewed and were out of date.
- We found a medicine that was out of date on the emergency trolley. The practice removed this immediately.
- There were instances where the temperature of vaccine fridges were above recommended guidance and no evidence of any actions taken. There was also no evidence of formal stock checks or expiry date checks.
- There was a lack of oversight for medicines related alerts.

We have rated the practice as requires improvement for providing **well-led** services, and for all population groups, because:

- We asked the practice for a business plan or strategy, however they reported this was not written down.
- The governance systems in place were not always effective. For example, we found governance issues relating to the fire risk assessment review dates and induction and recruitment systems.
- We found there was a lack of oversight for managing risks within the practice including; safety alerts, patient group directions and the safe storage of vaccines.
- There was a lack of quality improvement methods such as clinical audit to monitor and drive improvements.
- There was insufficient oversight of performance by the leadership team. We spoke with the practice about their Quality and Outcomes Framework performance for 2017/18 and they were unable to explain why their exception reporting had been higher than average. They were also unsure why it had reduced in 2018/19.
- Staff reported to us that although they were happy working in the practice, they felt they often worked in silo and did not always see management staff.

We found the provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure care is provided in a safe way to patients.

We found the provider **should**:

Overall summary

- Embed the new quality improvement system for the auditing the services provided.
- Review and improve outcomes relating to levels of patient satisfaction in relation to access.
- Review and document the business plans and strategy.
- Review how staff work together to deliver effective care and treatment.

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

Dr Rosie Benneyworth BS BM BMedSci MRCGP
Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a CQC inspection manager.

Background to Cromer Group Practice

- The name of the registered provider is Cromer Group Practice.
- The address of the practice is Cromer Group Practice, Mill Road, Cromer, Norfolk, NR27 0BG.
- There are approximately 12,863 patients registered at the practice.
- The practice is registered to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.
- The practice has a General Medical Services (GMS) contract with the local Clinical Commissioning Group (CCG).
- The practice has four GP partners (three male, one female) who hold the registration for the practice, one salaried GP (female) and a clinical pharmacist. There is a practice manager supported by a team of reception and administration staff, as well as an assistant practice manager and operations lead. The nursing team includes five advanced nurse practitioners, three practice nurses and four healthcare assistants. There is a team of dispensers.
- The practice was a dispensing practice for patients that live more than one mile (1.6 kilometres) from their nearest pharmacy. There is also a dispensary at the branch site which was visited as part of this inspection.
- The practice website is www.cromergrouppractice.nhs.uk
- The practice opening hours are 8.30am to 6pm Monday to Friday and is closed between 1pm to 2pm on a Tuesday. From 8am to 8.30am and 6pm to 6.30pm a duty GP is available to deal with any urgent concerns. Patients could also access an extended hours hub over the weekend, which is hosted from the practice.
- When the practice is closed, Integrated Care 24 provides the out of hours service; patients are asked to call the NHS 111 service to access this service, or to dial 999 in the event of a life-threatening emergency.
- The practice demography differs slightly to the national average, with slightly less 0-49 year olds and slightly more 70+ year olds. Male and female life expectancy in this area is above the England average at 79 years for men and 84 years for women. Income deprivation affecting children is 18%, which is below the England average of 20% and above the CCG average of 13%. Income deprivation affecting older people is 14% which is below the England average of 20% and above the CCG average of 12%.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• There was no system in place to alert the practice when documents and risk assessments required review. This included fire risk assessment the fire risk assessment which was due for review.• The system for documenting staff induction was ineffective as we found members of staff who did not have this information on their staff file.• The system for managing vaccines was ineffective. We found instances where the temperature was above the recommended range and there was no formal system for documenting stock checks and expiry dates.• There was a lack of oversight for medicines related alerts. It was unclear whether the practice had received all alerts.• We found a lack of oversight of performance. For example, the practice were unaware of their QOF performance.• We found patient notes that required summarising, dating back to November 2016.• We found there was an overall lack of oversight of the governance systems within the practice.
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>How the regulation was not being met:</p> <ul style="list-style-type: none">• We found an out of date medicine on the emergency trolley.• There were several gaps in the recruitment files we viewed, including DBS checks.

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Requirement notices

- We found three Patient Group Directions that were out of date and some that had not been signed by appropriate staff.