

The Taverham Partnership

Quality Report

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Date of inspection visit: 12 April 2017

Date of publication: 06/06/2017

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

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 The Taverham Partnership on 12 April 2017. Overall the practice is rated as requires improvement.

This inspection was a follow up to our previous comprehensive inspection at the practice in October 2015 where breaches of regulation had been identified. The overall rating of the practice following the October 2015 inspection was good; however the practice was rated as requires improvement for providing safe services.

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

- There was an effective system in place for reporting and recording clinical significant events. However, non-clinical significant events were not recorded.
- Not all risks to patients were fully assessed; the practice had not conducted a fire risk assessment and electrical equipment testing was out of date.

- Actions had not been completed from the infection control audit and the infection control lead was not trained to complete the role.
- The standard operating procedures for the dispensary lacked sufficient detail to guide staff.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Not all hospital correspondence was read coded correctly.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice did not proactively offer support for carers and did not actively monitor the carers list.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available and easy to understand; however this

Summary of findings

information was not displayed in the waiting room. Improvements were made to the quality of care as a result of complaints and concerns. However, the practice did not record verbal complaints.

- The majority of patients said they found it easy to make an appointment with a GP, with urgent appointments available the same day. However, some patients we spoke to were unsatisfied with the triage system in use at the practice.
- There was a clear leadership structure, which was being further strengthened with the appointment of a nurse manager. However, not all the staff we spoke with felt supported to provide feedback. The practice sought feedback from patients and we saw examples of actions being taken in response to this feedback.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure a fire risk assessment is undertaken and action taken in response to any risks identified.
- Ensure there is an effective system in place to record all significant events, ensure actions are identified and learning is shared appropriately.
- Ensure there is an effective system in place for assessing risks associated with infection control. Ensure the infection control lead is appropriately trained and supported to undertake this role.

- Ensure staff are supported in their role. Implement and embed a system for staff to provide feedback.

The areas where the provider should make improvement are:

- Review standard operating procedures for the dispensary to ensure they include sufficient guidance for staff.
- Continue to identify carers and consider the need for health checks for this patient group.
- Ensure that all electric equipment is tested or risk assessed and is safe to use in accordance with the practice policy.
- Ensure hospital correspondence is consistently and appropriately read coded.
- Monitor verbal, informal complaints in order to identify trends and share learning.
- Undertake a formal risk assessment, identifying the risks and mitigation facts to ensure patients are not at risk of harm in the event of a child requiring oxygen in an emergency situation.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

- There was an effective system in place for reporting and recording clinical significant events. However, non-clinical significant events were not recorded.
- Lessons from clinical significant events were not shared with staff to drive improvement in patient safety.
- When things went wrong patients received support, detailed information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- Risks to patients were not always assessed and well managed. The practice had not completed a fire risk assessment. Following our inspection, the practice carried out a fire risk assessment; however there was no action plan to address risks identified.
- The practice had completed an infection control audit in 2014 and January 2017, however some actions from these had not been completed. The infection control lead had not had appropriate training to complete the role.

Electrical equipment was overdue safety checks to ensure the equipment was safe as testing was due in March 2017.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes for most clinical indicators was comparable to or above the Clinical Commissioning Group (CCG) and England averages. Where practice performance was below average, we were told there was an issue with read coding hospital correspondence.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Good



Summary of findings

- There was evidence of appraisals and personal development plans for all staff.

Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as requires improvement for providing caring services.

- Data from the national GP patient survey showed patients rated the practice below other practices both locally and nationally for several aspects of care.
- Patients said they were treated with compassion, dignity and respect, were listened to and were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 114 patients as carers (1% of the practice list) but did not actively monitor this list.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The majority of patients we received comments from and spoke with said they did not find it easy to make an appointment with a named GP, but could get appointments with other GPs or a nurse. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available but not displayed in the waiting room. Evidence demonstrated the practice responded quickly to issues raised. Learning from complaints was shared with staff. Verbal, informal complaints were not recorded.

Good



Are services well-led?

The practice is rated as inadequate for being well-led.

Requires improvement



Summary of findings

- The practice had a set of objectives to deliver care and promote good outcomes for patients. Some staff were clear about their responsibilities in relation to it. There was no practice vision or aim.
- The practice had a governance framework which supported the delivery of the strategy and good quality care; however there were areas for improvement. On the day of inspection, we identified some significant issues that threatened the delivery of safe and effective care and these had not been adequately managed.
- The provider was aware of and complied with the requirements of the duty of candour. The practice had systems in place for notifiable safety incidents and shared this information with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The Patient Participation (PPG) Group was active and the practice responded to suggestions made by them.
- There was a clear leadership structure, but some staff reported they did not feel supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Some staff they did not always feel supported to undertake additional training.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice was rated as requires improvement for the care of older people. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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, and offered home visits and same day appointments for those with enhanced needs.
- Clinical staff provided home visits to patients who lived in nursing and residential homes and were registered at the practice.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including dementia and heart failure were comparable to the CCG and national averages.
- All patients aged over 75 had been informed of their named GP and their preferences for a named GP had been acted upon.

Requires improvement



People with long term conditions

The practice was rated as requires improvement for the care of people with long term conditions. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2015/2016 showed that performance for diabetes related indicators was 72%, which was below the CCG and national average of 90%. Exception reporting for diabetes related indicators was 8% which was below the local average of 15% and the national average of 11% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- Patients with complex needs had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered additional support to patients with long term conditions. For example, explaining the use of medicines devices and ensuring that patients understood medicines regimes.

Families, children and young people

The practice was rated as requires improvement for the care of families, children and young people. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- A daily emergency surgery was available for patients if they felt their need was urgent. This included appointments for children and young people. We received mixed feedback about the appointment system from patients we spoke with who attended with their children.
- 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.
- The percentage of women aged 25 to 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 85%, which was comparable to the CCG average of 82% and the England average of 81%. The exception rate was 2% which was lower than the CCG average of 10% and the national average of 7%.
- The practice offered a full range of contraception services and chlamydia screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day telephone and face to face appointments were available for children.

We saw positive examples of joint working with midwives and health visitors.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice was rated as requires improvement for the care of working-age people (including those recently retired and students). The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, some extended hours appointments were available and prioritised for this group.
- The practice was proactive in offering online services as well as some health promotion and screening that reflected the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The practice was rated as requires improvement for the care of people whose circumstances may make them vulnerable. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had 73 patients on the learning disabilities register, 45 of these patients had received a health review in the previous year.
- The practice offered longer appointments for patients with a learning disability if requested.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 86% of patients experiencing poor mental health had a comprehensive care plan, which was comparable with the CCG average of 84% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Staff had received training on how to care for people with mental health needs and dementia.
- The practice 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.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with or below the local and national averages. 217 survey forms were distributed and 109 were returned. This represented a 50% response rate.

- 68% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 86% and the national average of 85%.
- 79% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards which were positive about the standard of care they received. Patients commented positively on the caring nature of all the staff. Patients reported some difficulty with getting through to the practice by telephone to make an appointment.

We spoke with a representative from three care homes where residents were registered at the practice. The feedback was generally positive, both when representatives had to visit the surgery on a patients behalf and when GPs visited patients at the nursing home.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They reported being able to get an appointment easily, but reported long waiting times to get through to a receptionist by telephone.

Areas for improvement

Action the service **MUST** take to improve

- Ensure a fire risk assessment is undertaken and action taken in response to any risks identified.
- Ensure there is an effective system in place to record all significant events, ensure actions are identified and learning is shared appropriately.
- Ensure there is an effective system in place for assessing risks associated with infection control. Ensure the infection control lead is appropriately trained and supported to undertake this role.
- Ensure staff are supported in their role. Implement and embed a system for staff to provide feedback.

Action the service **SHOULD** take to improve

- Review standard operating procedures for the dispensary to ensure they include sufficient guidance for staff.

- Continue to identify carers and consider the need for health checks for this patient group.
- Ensure that all electric equipment is tested or risk assessed and is safe to use in accordance with the practice policy.
- Ensure hospital correspondence is consistently and appropriately read coded.
- Monitor verbal, informal complaints in order to identify trends and share learning.
- Undertake a formal risk assessment, identifying the risks and mitigation facts to ensure patients are not at risk of harm in the event of a child requiring oxygen in an emergency situation.

The Taverham Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and a second CQC inspector.

Background to The Taverham Partnership

The Taverham Partnership provides services to approximately 8,600 registered patients in a semi-rural area on the outskirts of Norwich. The practice is run by two male GP partners who are supported by two salaried GPs (one male and one female) and practice manager. The practice employs two advance nurse practitioners who work closely with the GPs, three practice nurses, two healthcare assistants and one apprentice health care assistant. Other support staff include two administrators, two secretaries, ten receptionists, a pharmacist three days per week and two dispensary staff. The practice is able to offer dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy. The practice holds a general medical services contract with NHS England.

The practice is open between 8.30am and 6pm Monday to Friday. Extended hours appointments are offered on Tuesday evenings from 6pm to 7.30pm. Between the hours of 8-8.30am and 6-6.30pm calls are diverted to Medicom, run by the East of England Ambulance service. Patients are required to book these appointments in advance. In addition to pre-bookable, appointments can be booked up to three months in advance with a nurse and one month in

advance with a GP. Urgent appointments are also available for people that need them, as well as telephone appointments. Online appointments are available up to one month in advance.

When the practice is closed patients are automatically diverted to the GP out of hour's service provided by IC24. Patients can also access advice via the NHS 111 service.

We reviewed the most recent data available to us from Public Health England which showed the practice has a smaller number of patients aged 20 to 39 years old compared with the national average. It has a larger number of patients aged 45 to 54 compared to the national average. Income deprivation affecting children is 9%, which is lower than the CCG average of 23% and national average of 20%. Income deprivation affecting older people is 10%, which is lower than the CCG average of 17% and national average of 16%. Life expectancy for patients at the practice is 80 years for males and 81 years for females; this is comparable to the CCG and England expectancy which is 79 years and 83 years.

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 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was a follow up to our previous comprehensive inspection at the practice in October 2015

Detailed findings

where a breach of regulation had been identified. The overall rating of the practice following the October 2015 inspection was good, with requires improvement for providing safe services.

Following the inspection in October 2015 we issued a requirement notice to the practice to inform them where improvements were needed in relation to safe care and treatment.

How we carried out this inspection

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 12 April 2017. During our visit we:

- Spoke with a range of staff, including GPs, nursing staff, dispensary staff, administration and reception staff. We spoke with seven patients who used the service.
- Observed how patients were being cared for
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed three comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with representatives from three nursing and residential homes where residents were registered at the practice.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording clinical significant events.

- Clinical staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice took necessary action immediately following a clinical significant event. These were not discussed at the monthly practice meeting and there was no evidence of lessons being shared with the team.
- The practice did not record non-clinical significant events, but stated that these were dealt with promptly. For example, a patient had been verbally abusive to a health care assistant and this was recorded in the staff members file, but not as a significant event. There was no evidence of any lessons learned or shared from this event.
- The practice had not undertaken annual analysis of significant events, and were therefore unable to identify trends or audit any improvements made as a result of learning identified.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, detailed information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed Medicines and Healthcare Products Regulatory Agency (MHRA) alerts, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. MHRA alerts were logged, shared, initial necessary searches were completed and appropriate actions were taken.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. There were posters in each clinical room to identify the different types of abuse, as well as contact details for local authorities. Safeguarding was discussed at clinical meetings and the practice regularly invited the health visitor to attend these meetings. The GPs reviewed hospital correspondence informing them of when children had not attended for their hospital appointment. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child protection or child safeguarding (level three). The nursing staff were also trained to an appropriate level.
- On the day of inspection, notices in the clinical consultation rooms advised patients that chaperones were available if required, however this was not displayed in the waiting room. After the inspection, the practice sent evidence of a sign displayed in the waiting room. Only clinical staff acted as chaperones and had received in-house training for the role and a Disclosure and Barring Service (DBS) 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice employed agency cleaners and they reported any issues to the management team. Cleaning schedules were in place which detailed cleaning to be undertaken and the frequency for all areas of the practice.
- There was a clinical lead for infection prevention and control however; appropriate training to undertake this role had not been completed. The infection prevention

Are services safe?

and control lead reported they did not feel there was enough specific time allocated to complete the role. An infection control audit had been undertaken in February 2014. We saw that some actions had not been completed. Another audit was undertaken in January 2017. We saw evidence that action was taken to address some improvements; however, some actions that remained from the audit in February 2014 had been highlighted in the January 2017 audit and had not been completed. Purple sharps bins in clinic rooms had not been replaced since August 2016. The practice evidenced they had ordered new purple top bins following our inspection. Body fluid spillage kits were available in the practice, as well as mercury spillage kits. There was sharps' injury policy and procedure available. Clinical waste was stored and disposed of in line with guidance. All practice staff did infection control e-learning and completed hand washing training online.

- The standard operating procedures seen in the dispensary did not include enough detail to assure us that staff had sufficient guidance to undertake their roles; however, errors in the dispensary were minimal. Records showed that most members of staff involved in the dispensing process had received appropriate training to NVQ level 2. There were a variety of ways available to patients to order their repeat prescriptions.
- There was a pharmacist at the practice three days per week to support with the review of patients prescribed a number of medicines. The practice had oversight for the management of high risk medicines such as lithium, warfarin and methotrexate, which included regular monitoring in accordance with national guidance. This ensured these medicines were dispensed only following appropriate monitoring tests.
- Records showed room temperatures and medicine refrigerator temperature checks were carried out which ensured medicines and vaccines requiring refrigeration were stored at appropriate temperatures. Processes were in place to check that medicines stored within the dispensary area and emergency medicines were within their expiry date and suitable for use. Effective processes were in place to check medicines following alerts and recalls of medicines.
- Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Dispensing errors were identified via checking processes, recorded and reviewed.
- Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available; however, the practice did not have a fire risk assessment in place on the day of inspection. The practice had scheduled fire drills annually and had identified learning from a recent fire drill which had been shared with staff. The practice had fire equipment checked and a map of fire hazards available. The practice did not have an oxygen sign on a door where oxygen was stored. After the inspection, the practice were able to produce a fire risk assessment; however, there was no action plan to address the risks identified. Electrical equipment was overdue safety checks to ensure the equipment was safe as testing was due in March 2017. Clinical equipment had been checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Are services safe?

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

- The practice had a defibrillator available on the premises and oxygen with adult masks. There were no children's masks available and no risk assessment had been undertaken for this. A first aid kit and accident book were available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were kept off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based guidelines. The practice had systems in place to keep all clinical staff up to date. For example, staff had access to 'Knowledge East Anglia' which has national and local guidelines available. Staff had access to guidelines from NICE and used this information to deliver care and treatment and to meet patients' needs. The practice had recently reviewed the NICE guidance for people with hypertension, published in September 2016 and had completed reviews for all patients with hypertension.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed the practice scored 95% of the total number of points available; this was below the CCG average of 97% and the same as the national average. The overall exception reporting rate was 7% which was below the CCG average of 12% and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed:

- Performance for diabetes related indicators in 2015/2016 was 72%; this was 17% below the CCG average and 18% below the national average. The practice reported this was due to low exception reporting and joint care with the hospital. The practice reported that correspondence from the hospital may not have been read coded correctly. The prevalence of diabetes was 5% which was comparable to the CCG and national average. The exception reporting rate was 8%, which was below the CCG average of 15% and the national average of 12%.

- Performance for hypertension related indicators was 100% which was comparable to the CCG average of 100% and national average of 97%. The prevalence of hypertension in the patient population was 13%, which is comparable with both the CCG and national averages. The exception reporting rate was 4%, which was comparable to the CCG and national rates of 4%.
- Performance for mental health related indicators was 93% which is above the CCG average of 88% and equal to the national average. The prevalence of mental health was 1% and was comparable to the CGC and national average. The exception reporting rate was 4% which was lower than the CCG average of 17% and national average of 11%.
- Performance for dementia related indicators was 100% which was equal to the CCG average and above the national average of 97%. The prevalence of dementia was 1% which was comparable to the CCG and national average. The exception reporting rate was 8% which was lower than the CCG of 14% and the national average of 13%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the previous 12 months; two of these were two cycle audits where the improvements made were implemented and monitored. One was audit was in response to cases identified where patients had not been followed up or appropriately managed following bariatric surgery. This audit was repeated six months later and all patients had been reviewed appropriately.
- The practice participated in local audits, national benchmarking and peer review Findings were used by the practice to improve services. For example, a local audit assessed rates of inadequate cervical screening; the practice was in line with local averages of 3%. The practice engaged with the audit annually and implemented learning from this.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff including GP locums. This covered such topics as health and safety, safeguarding, infection control, fire safety, and confidentiality. The induction included the aims and objectives of the practice.
- The practice could demonstrate how they ensured mandatory training and updating for relevant staff.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at clinical meetings.
- Staff received training deemed mandatory by the practice that included: safeguarding, fire safety awareness, basic life support and equality and diversity. Mental capacity and consent was also completed by clinical staff and GPs had completed Deprivation of Liberty training. The practice kept an electronic record of mandatory training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Some staff reported that they did not have access to appropriate training to meet their learning needs and to cover the scope of their work. We reviewed six staff files and saw that appraisals had been undertaken. For staff covering more than one role, separate appraisals were completed for each role.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. The practice had access to consultation templates to help standardise assessments and improve read coding. The practice had shared these templates with other practices.

Staff worked together and with other health and social care professionals to understand and meet the range and

complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Monthly multi-disciplinary meetings took place to discuss, review and plan ongoing care and support for older patients, including those who were vulnerable. The practice worked with a range of other professionals including district and community nurses, community matrons and occupational therapists to meet patients' needs. Patients with palliative care needs were also reviewed at these meetings. Patient records were updated at the time of the MDT meeting. During these meetings, children with safeguarding needs were discussed and reviewed, as well as patients with mental health needs and learning disabilities.

The practice supported nine care homes, including four specialised learning disabilities homes, two residential homes, one nursing home and one home supporting specialised neurological, tracheostomy and bariatric patients, as well as one respite home.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet. Patients were signposted to the relevant service.

The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 85%; this was above the

Are services effective?

(for example, treatment is effective)

CCG average of 83% and national average of 81%. The exception rate was 2% which was lower than the CCG average of 10% and the national average of 7%. The practice demonstrated how they encouraged uptake of the screening programme. The practice sent reminder letters for patients who did not attend for their cervical screening test and discussed this with patients when they attended the practice for another need, as well as doing phone call reminders. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 66% of patients aged 60 to 69 were screened for bowel cancer in the last 30 months compared to a CCG average of 61% and a national average of 58%. 81% of females aged 50 to 70 were screened for breast cancer in the last 36 months compared to 81% with a CCG average of 76% and an England average of 73%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, the childhood immunisation rate for vaccinations given to under two year olds was 98%. This above the national average of 90%. Immunisation rates for the vaccinations given to five year olds was 100% which was comparable to the CCG range of 93% to 96% and national range of 94% to 88%. Missed appointments were followed up by text message and a phone call to encourage rebooking. Contact was made with the Health Visitor if patients had not attended after three reminder letters had been sent.

Patients had access to appropriate health assessments and checks. These included health NHS health checks for patients aged 40 to 74, which were undertaken by a nurse practitioner. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The practice had placed a sign at the reception desk which asked patients to wait in order to give the patient in front some privacy. Patients were also informed that they could discuss the reason for their visit in private, if this was requested.

Patients told us they were satisfied with the care provided by the practice and staff were helpful, caring and treated them with dignity and respect. Two of the three Care Quality Commission patient comment cards we received were positive about the caring nature of the service experienced. The third card stated that waiting times to get through on the phone to book an appointment were too long. We spoke with two members of the patient participation group (PPG). They also highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey, published in July 2016, showed the practice performance was mixed in comparison to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average 87% and national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.

- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 99% of patients said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG and national average of 97%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

When looking at evidence of verbal complaints that had been recorded, there appeared to be a trend with complaints about a specific GP. This had not been identified by the practice. The practice did not have an action plan in place to address survey outcomes.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey, published in July 2016, showed results were mixed in comparison to the local and national averages for how patients responded to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.

Are services caring?

- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national average of 90%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients to be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. Patients with translation needs were identified on the practice computer system so their needs could be planned for. Longer appointments were booked for these patients.
- A chaperone service was offered to patients and signs in the clinical and consultation rooms. However, there were no signs in the waiting room on the day of inspection and information was not available on the practice website. After the inspection, the practice were able to provide evidence of a sign detailing the chaperone service in the waiting room.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 114 patients as carers (1% of the practice list). There was information on the monitor in the practice waiting room which was specifically aimed at offering information for carers. Information was available on the website for carers and a leaflet was available behind reception. The practice did not offer carer specific health checks and did not actively monitor the carers list. Following the inspection, the practice provided a carers leaflet to the waiting room.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointments one evening a week for those patients who could not attend during normal opening hours.
- Telephone appointments were available for patients if required. The practice used a text message appointment reminder service for those patients who had given their mobile telephone numbers.
- The practice had 73 patients on the learning disabilities register. 45 patients had received a care review in the previous year. The practice offered longer appointments for patients with a learning disability when this was requested.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were disabled facilities which included parking and a ramp into the practice. Baby changing facilities were available.
- A phlebotomist was employed by the practice to take blood from patients who were unable to get to the local hospitals.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

Access to the service

The practice was open from 8.30am to 6pm on Monday to Friday, with appointments available during these times. Extended hours appointments were available on a Tuesday evening from 6pm until 7.30pm and patients were required to book these in advance. Telephone appointments were available throughout the week. Between 8-8.30am and 6-6.30pm, patients were redirected to the 111 service.

The practice operated a triage system. The receptionists carried out triage, supported by the duty GP who was with them at the time of triaging to assist the process. Appointments could be booked in person, by telephone or online. In addition, pre-bookable appointments could be

booked up to four weeks in advance with a GP and three months with a nurse. Urgent appointments were available for people that needed them, by telephone consultation or an appointment with the nurse practitioner. The practice offered online prescription ordering and access to the patient's own medical record.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below the local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 76%.
- 68% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 86% and the national average of 85%.

We spoke with six patients during our inspection, all of whom commented positively on appointment availability. However, five of the patients commented negatively on the phone waiting times when trying to make an appointment. We received three comments cards, Most comments were positive, however one comment patient expressed difficulty in getting through on the phone line to make an appointment. The practice were aware of the issue regarding the phone, but reported they had trialled different systems and had decided the current phone system worked best to meet demand.

The practice prioritised home visits to ensure that home visits were effectively triaged in a timely manner. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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. There was a designated person responsible who handled all complaints in the practice.

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

We saw that information was available to help patients understand the complaints system on the practice's website, but there was no information available in reception of how to complain to the practice on the day of inspection. There were leaflets available in the waiting room for complaining to the NHS, PALS and Healthwatch Norfolk. After the inspection, the practice were able to provide evidence of the practice complaint leaflet being available in the waiting room.

The practice had recorded seven written complaints since April 2016. These were logged onto a spreadsheet, with learning identified. The practice had trialled recording verbal complaints over a period of two months but had decided to discontinue this due to reporting there were no trends.

We looked at documentation relating to one complaint received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner. Complaints were discussed at the monthly clinical governance and receptionists meetings and then shared with staff through team meetings to encourage learning and development. Lessons were learnt from individual concerns and complaints and also from an analysis of trends and action were taken to as a result to improve the quality of care. For example, training was given to staff after a complaint regarding staff attitude.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a set of objectives for the next coming year, detailing the improvements they planned to make. This was not displayed in the waiting areas and not all staff we spoke with were aware of the objectives.

The practice had a strategic development plan for 2017 to 2018. The practice had clearly identified potential and actual changes to practice, and made consideration as to how they would be managed. For example, the implementation of a nurse manager had resulted in all nursing staff appraisals had being completed and there was a clear plan to implement mentoring and clinical supervision within the next two months.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care; however there were areas for improvement. On the day of inspection, we identified some significant issues that threatened the delivery of safe and effective care and these had not been adequately managed:

- There was a staffing structure and staff were aware of their own roles and responsibilities. However, some staff were unable to fully complete their role due to insufficient training.
- Practice specific policies were implemented and were available to all staff in the staff handbook, which was a hard copy in the staff room.
- The practice had a limited understanding of performance. For example, the quality and outcomes framework (QOF) figures for diabetes were low. The practice recognised this may be due to read coding issues, but did not have an action plan in place to rectify this. The practice were not actively monitoring the carers list or proactively offering carers support.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating

actions, however these were not always effective or adequately managed. For example, there was no fire risk assessment and actions identified in the infection control audit from 2014 had not been completed.

On the day of inspection it was demonstrated that leaders did not have the necessary knowledge, capacity or capability to lead effectively. They told us they prioritised safe, high quality and compassionate care. However, some staff told us management were not always approachable or supportive and did not always take the time to listen. There were low levels of staff satisfaction and high levels of stress among some staff members.

There was a leadership structure in place and some staff felt supported by management. However, some staff reported the culture was not one of openness, transparency and honesty. While feeling supported by their immediate team, some staff did not feel respected when they raised concerns with management and the culture was defensive. Staff were involved in discussions about how to run and develop the practice, but some staff did not feel supported or valued to be able to identify opportunities to improve the service delivered by the practice.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, detailed information and a verbal and written apology.

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

The practice gained feedback from patients and the public. The practice had an active Patient Participation Group. The group met three times per year with a receptionist and the practice manager and were kept informed of changes in the practice via email. A member of the group felt the group may be better chaired by one of the members of the group, rather than the practice manager. We saw an example of feedback from the group being acted upon with a sign at reception that encouraged privacy.

Are services well-led?

Requires improvement 

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

In September 2016, the Friends and Family Test showed that, from 16 responses, 73% of patients would recommend the practice. Data from the national patient survey, published in July 2016, showed results for GP interactions were in line with or lower than national averages; however there was no action plan in place to address this. When looking at the verbal complaints that had been recorded for a short time, there was a trend relating to clinicians. However, the practice had not reacted to these pieces of feedback and did not have an action plan in place to address these.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Some staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. However, some staff said they would not want to discuss issues with management as these would be dismissed. Some staff told us that they felt empowered by management to make suggestions or recommendations for practice, whereas other staff did not share this view and feedback was not always acted upon in a timely way.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• There was no fire risk assessment in place. Following our inspection, a fire risk assessment was carried out, however this lacked sufficient detail and did not have an action plan of identified risks in place.• There was no effective system in place to identify all significant events or ensure actions were taken and learning shared.• There was no effective system in place to assess risks associated with infection control. The lead for infection control had not received sufficient training to undertake this role.• Not all staff felt supported in their role and there was no effective system imbedded to ensure all staff could provide feedback or that this feedback was acted on.