

# Heacham Group Practice

## Inspection report

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Heacham  
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[www.heachamgrouppractice.org](http://www.heachamgrouppractice.org)

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

## Ratings

### Overall rating for this location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced comprehensive inspection at Heacham Group Practice on 29 November 2022. Overall, the practice is rated as requires improvement.

Safe Requires improvement

Effective Requires improvement

Caring Good

Responsive Requires improvement

Well-led Requires improvement

Following our previous inspection on 8 March 2022, the practice was rated inadequate overall and for providing safe, effective and well-led services, requires improvement for providing responsive services and good for providing caring services. The practice was placed into special measures and issued with a warning notice relating to a breach of regulations. A subsequent focused review was carried out on 5 July 2022 where we found that the practice was partially compliant with the warning notice and a requirement notice was issued. This inspection on 29 November 2022 was a comprehensive inspection to follow up on the concerns identified during the inspection in March 2022.

The full reports for previous inspections can be found by selecting the 'all reports' link for Heacham Group Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out an announced comprehensive inspection as the practice was in special measures. This inspection was to review in detail the actions taken by the provider to improve the quality of care and to confirm whether legal requirements were now being met. The focus of this inspection included:

- The key questions of safe, effective, caring, responsive and well led.
- The follow up of areas where the provider 'should' improve identified in our previous inspection.

## How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.
- Staff questionnaires.

# Overall summary

## Our findings

We based our judgement of the quality of care at this service 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 found that:

- The practice and leaders had been fully engaged with the external support provided by the Integrated Care Board. They had made clear improvements. These improvements had been newly established and required further time to be fully implemented, embedded and monitored to ensure improvements would be sustained.
- Overall, the clinical oversight and governance had been improved to ensure the service was safe and effective. However, there were some areas which required greater oversight.
- Not all patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.

We found a breach of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition to the breach of regulations, the provider **should**:

- Continue to encourage uptake of cervical screening.
- Continue to monitor complaints to ensure policy is embedded.
- Continue to encourage the uptake of health checks.

I am taking this service out of special measures. This recognises the improvements that have been made to the quality of care provided by this service.

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

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC inspector who completed a site visit. The team included a GP specialist advisor who completed clinical searches and records reviews along with interviews of staff remotely.

## Background to Heacham Group Practice

Heacham Group Practice is located in Heacham at:

45 Station Road

Heacham

King's Lynn

PE31 7EX

The practice has a branch surgery at:

Snettisham Surgery

Common Road

Snettisham

King's Lynn

PE31 7PE.

There is a dispensary on site at Heacham.

The provider is registered with CQC to deliver the Regulated Activities

- Treatment of disease, disorder or injury
- Surgical procedures
- Diagnostic and screening procedures
- Maternity and midwifery services
- Family planning services.

The practice is situated within the Norfolk and Waveney Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 7720 patients. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices Coastal Primary Care Network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the sixth highest decile (six of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 99% White and 1% Asian.

The age distribution of the practice demonstrates that there is a higher than average older population as compared to local and national averages.

There is a team of GPs who provide cover at both practices. The practice has a team of nurses who provide nurse led clinics for long-term conditions of use of both the main and the branch locations. The GPs are supported at the practice by a team of reception/administration staff as well as dispensary staff. The practice manager and PA are based at the main location to provide managerial oversight.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery.

Extended access is provided locally by the PCN, where late evening and weekend appointments are available. Out of hours services are provided by IC24.

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> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The practice did not ensure safe prescribing of medicines to all patients.</li><li>• The practice did not ensure that they had appropriate oversight of the management of the risk of legionella.</li><li>• The practice did not ensure that all audits were wholly effective.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>