Wensum Valley Medical Practice West Earlham Health Centre

Quality Report

West Earlham Health Centre
West Earlham
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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 service	Inadequate
Are services safe?	**Inadequate**
Are services effective?	**Requires improvement**
Are services caring?	**Requires improvement**
Are services responsive to people's needs?	**Requires improvement**
Are services well-led?	**Inadequate**

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Wensum Valley Medical Practice on 12 October 2016. The overall rating for the practice was requires improvement (safe and effective were rated as requires improvement, caring, responsive and well-led all rated as good). We carried out an announced focused inspection on 18 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection. However, insufficient improvements had been made and we subsequently carried out an announced comprehensive inspection on 24 July 2017 with a follow-up unannounced focused inspection on 31 July 2017 to assess the immediate actions taken.

The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Wensum Valley Medical Practice on our website at www.cqc.org.uk.

This report covers our findings in relation to those requirements and to the new concerns identified from the inspections on 18, 24 and 31 July.

Our key findings were as follows:

- The practice was aware of their population needs and the levels of deprivation that affected them.
- The practice served an area where deprivation was one of the highest in Norwich. Public Health England 2015 – 2016 data showed the deprivation affecting children scored 39% compared to the local clinical commissioning group (CCG) figure of 23% and the national figure of 20%.
- The practice lacked clinical leadership to ensure it delivered high quality and safe care.
- We found the system in place for reporting and recording significant events and complaints was not effective enough to ensure that all incidents had been recorded, learning from events was shared

effectively with the practice team or changes made to improve the service. The opportunities to make early interventions to encourage improvement were missed.

- The patients and practice staff were at risk of harm, the practice had not undertaken sufficient risk assessments to ensure they would be kept safe. For example the practice was not able to evidence they had undertaken risk assessments for fire or health and safety. The practice took immediate action to address these issues.
- The systems and process to manage infection prevention and control needed to be improved.
- The system in place to deal with and monitor patient safety alerts needed to be improved, as they did not have a system to ensure alerts were recorded for future monitoring.
- The practice had a medicine review system in place to support patients who take medicines that require monitoring. However, we identified the medical records did not evidence which GP had reviewed the medicines and authorised that more prescriptions could be issued.
- Patients were at risk of harm because the practice system to ensure GPs saw all relevant correspondence was not effective.
- We saw doctors and nurses were appropriately registered and they had medical indemnity in place. However, the practice did not have systems and processes in place to easily monitor these requirements.
- During our inspection we saw generic policies and procedures were in place. These policies had not been reviewed or amended to be practice specific.
- Not all practice staff had received annual appraisals; nursing staff including those with a prescribing qualification had limited formalised clinical supervision with GPs and did not have one to one peer reviews. Some staff told us they felt isolated and that the communication within the practice could be improved.
- We found there was not always a consistent approach to the allocation of home visits by non-clinical staff.
- Data from the Quality and Outcomes Framework showed patient outcomes in many areas were below national averages. The practice exception reporting for 2015-2016 was higher than the local or national averages. The practice had discussed the high exception reporting as a team and had put some actions in place. However, there was no system in place to monitor any improvements to ensure they had been effective.
- Results from the national GP patient survey, published in July 2017, showed the practice was in line with or below local and national averages for many aspects of care. The practice gathered regular feedback from patients.
- Patients we spoke with said they did not find it easy to make an appointment with a named GP but urgent appointments were usually available.
- The practice training log was not up to date and the practice was not able to evidence that all staff had received training they deemed mandatory, for example safeguarding training.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice supported and wrote regular articles for a local charity, the Henderson Trust, who produce a regular newsletter. For example, the practice wrote an article to encourage patients with pulmonary disorders such as asthma to attend their regular follow up appointments and avoid having to attend Accident and Emergency.
- The practice worked with the local schools to encourage healthy lifestyles. Children from a nearby school had designed posters for a notice board in the waiting area.

- The areas where the provider must make improvements are:
  - Ensure care and treatment is provided in a safe way to patients.

Summary of findings

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

The areas where the practice should make improvements are:

- Complete all staff occupational health assessments to ensure the immunisation status of staff is recorded, or risk assessed.
- Continue to explore ways to engage effectively with patients.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 inadequate for providing safe services.

Inadequate

- We found that the system in place for reporting and recording significant events was not effective and did not ensure that all incidents had been recorded, learning from events was shared effectively with the practice team, or that changes were made to improve the service. The opportunities to make early interventions to encourage improvement were missed. Where the practice had undertaken a full investigation and review, patients were informed, but not always in a timely manner. Patients were not always told about any actions to improve processes to prevent the same thing happening again. The practice did not monitor trends in significant events.
- The practice did not have defined and embedded systems, processes, and practices to minimise risks to patient safety. For example, there were no fire safety assessments or health and safety risk assessments in place for the main site or for the two branch sites. The practice took immediate action and external professionals assessed all three sites.
- The practice had a medicine review system in place to support patients who take medicines that require monitoring. However, we identified that the medical records did not contain complete and accurate information. The practice took immediate action to rectify this.
- The practice had employed an occupational health service to undertake reviews of practice staff immunisation status; 50% of the staff had been seen and further visits were planned.
- There was not an effective system in place to deal with patient safety alerts. The alerts were sent to all GPs and the local CCG pharmacist who supported the practice. However, there was no system in place to record actions taken in response to the alert. With the support of the CCG pharmacist, the practice took immediate action to rectify this.
- Staff demonstrated that they understood their responsibilities and told us they had received training on safeguarding children and vulnerable adults relevant to their role. However, the practice training log had not been updated and evidence of certificates was not found.

Summary of findings

- There was no system in place for monitoring clinician's registration status to the relevant professional bodies. For example, evidence was only shown to us after the practice contacted the appropriate agency and received faxes to confirm medical indemnity cover was in place.

Patients were at risk of harm because the practice system to ensure GPs saw all relevant correspondence was not effective. The practice took immediate action to rectify this.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average compared to the national results. The 2015/16 published results showed that the practice had achieved 95% of the total number of points available. This was below the local CCG average of 97% and the same as the national average. The practice reported 25% clinical exception reporting, which was 12% above the clinical commissioning group (CCG) average and 10% above national average (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). We did not receive unverified data in relation to the exception reporting that we could use in this report
- Staff assessed patient need and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge, and experience to deliver effective care and treatment. However, the practice training log had not been kept up to date, therefore the practice could not evidence that staff had received the training they deemed mandatory, for example training in safeguarding.
- Not all practice staff had received annual appraisals. Some staff told us they felt isolated and the communication within the practice could be improved. Nursing staff had limited formalised clinical supervision with GPs and did not have one to one peer reviews.
- Clinical audits were undertaken and demonstrated quality improvement.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

The practice worked with other community agencies to secure quality outcomes for patients and reached out to the local community. For example, the practice worked with the local schools to encourage healthy lifestyles. Children from a nearby school had designed a picture for a waiting area detailing healthy eating.

Are services caring?

Requires improvement

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

- Data from the National GP Patient Survey, published in July 2017, showed patients rated the practice generally in line or below with the average for most aspects of care. Patients we spoke with gave mixed reviews of the care they had received.
- Some patients we spoke to said they were treated with compassion, dignity, and respect and they were involved in decisions about their care and treatment. Some patients said that staff were not always helpful.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness, equality, and respect, and maintained patient and information confidentiality.
- The practice had identified 125 patients (1%) of their population as carers. The practice had a lower than average number of patients aged over 65 years old.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement 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.
- The practice served an area of high deprivation, with deprivation affecting children at 39%

compared to the local CCG figure of 23% and the national figure of 20%.

- The practice was very aware of its local population and there were innovative approaches to providing integrated patient-centred care. It was proactive in improving access for hard to reach groups to encourage them to attend the practice if required.

Summary of findings

- Patients said it was sometimes difficult to get to see a named doctor and therefore lacked continuity of care. Urgent appointments were available the same day for those that required them.
- Data from the national patient survey dated July 2017 showed that

44% of patients usually got to see or speak with their preferred GP compared with the CCG average of 57% and the national average of 56%.

78% of patients found it easy to get through on by phone compared to the CCG average of 74% and the national average of 71%.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, we received positive feedback from community health professionals. Comments included that communication between the services was good and GPs were responsive to the needs of the patients and the health professional.

The practice recognised that many of their patients whose first language was not English had complex problems. The practice used face to face translation service whenever possible.

Are services well-led?

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

Inadequate

- The practice had a vision to deliver high quality care and promote good outcomes for patients. Staff we spoke with were clear about the vision and their responsibilities in relation to it. However, the practice lacked clinical leadership to ensure it delivered this vision.
- The governance structure, systems, and processes were inadequate and did not ensure that patients and staff would be kept safe from harm.
- The practice had failed to evidence that fire safety and health and safety risk assessments had been undertaken for all three sites.
- Some practice staff felt supported by the lead GP and management when they approached them but some reported that they felt isolated and not engaged.
- The practice did not have regular meetings with staff to ensure they were engaged and aware of the running of the practice. Not all staff had received an annual appraisal.

Summary of findings

- There was a lack of formalised clinical supervision of the nursing team by the GPs. Nursing staff reported they had easy access to GPs but did not have one to one peer review.
- The practice had brought in a suite of generic policies and procedures to govern activity but had not amended them to reflect the work undertaken at the practice. Practice staff had been asked to read them but the staff we spoke with had not. We also found that not all staff knew how to access the policies on the practice's computer system.
- The practice had systems in place for notifiable safety incidents and but these needed to be improved to ensure this information was shared with staff to ensure appropriate action was taken.
- The provider was aware of the requirements of the duty of candour and the partners encouraged a culture of openness and honesty. However, complaints and feedback from significant events was not always responded to in writing and learning was not always shared.
- Immediately following our inspections, the practice took some actions relating to our findings, and with the support of the local CCG provided us with a comprehensive improvement plan.
- The practice proactively sought feedback from staff and patients, which it acted on.

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

Inadequate

The practice is rated as inadequate for safe and well led services. The concerns which led to these ratings apply to everyone using the practice including this group.

- Practice staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits for those with enhanced needs. There was inconsistency in the allocation of home visits by non-clinical staff; the practice took immediate steps to rectify this.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice held multidisciplinary meetings and invited outside agencies such as social services. However, the documentation of the discussions was not sufficient to ensure that information was available to other team members.

People with long term conditions

Inadequate

The practice is rated as inadequate for safe and well led services. The concerns which led to these ratings apply to everyone using the practice including this group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Data for patients with COPD was 86%; this was below the CCG average of 92% and the same as the national average. The practice exception reporting for this indicator was 33%; this was above the CCG average of 16% and above the national average of 13%. Unverified data for 2016-2017 indicated the practice performance was 91%.
- Longer appointments and home visits were available when needed.
- 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. We received positive feedback from community workers and a carer regarding to their joint working.

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- The practice signposted patients to relevant support groups such as the Alzheimer's society, Norfolk Carers and Age UK.

Families, children and young people

Inadequate

The practice is rated as inadequate for safe, and well led services. The concerns which led to these ratings apply to everyone using the practice including this group. However, the practice is rated good for providing effective and responsive services in this population group.

- Data from Public Health England 2015 – 2016 showed the practice percentage of patients aged under 18 years old was 27% compared to the CCG average of 17% and the national average of 21%. The practice served an area of high deprivation, with deprivation affecting children scored 39% compared to the local CCG figure of 23% and the national figure of 20%.
- We saw positive examples of joint working with midwives, health visitors, and school nurses.
- The practice actively engaged with the local schools. A display on health eating was on display in one waiting area, this showed pictures of apples each with a poem the children had written.
- 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 in line with or above the local averages for most standard childhood immunisations.
- 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 practice had a comprehensive cervical screening programme. The practice's percentage of patients receiving the screening was 85%, which was in line with the local average of 83% and the England average of 82%. Patients that had not attended for a screening appointment were followed up with letters and telephone calls.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered sexual health services to patients registered at other practices in the local area.

Summary of findings

Working age people (including those recently retired and students)

The practice is rated as inadequate for safe and well led services. The concerns which led to these ratings apply to everyone using the practice including this group.

- The needs of the working age population, those recently retired, students had been identified, and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group, such as health checks for over 45s, weight management advice and smoking cessation.
- Extended hours appointments were not available but the practice explained that they had received little demand for this.

Inadequate

People whose circumstances may make them vulnerable

The practice is rated as inadequate for safe and well led services. The concerns which led to these ratings apply to everyone using the practice including this group. However, the practice is rated good for providing responsive services in this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had 144 registered patients with a learning disability of which 49 had received a formal annual review in the last 12 months. The practice offered longer appointments for patients with a learning disability. The practice told us they experienced big challenges in getting patients to attend planned follow ups and addressed the health needs of these patients at each opportunity.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Patients who were carers were proactively identified and signposted to local carers’ groups. The practice had 125 patients (1%) registered as carers including young carers.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had recently implemented a new safeguarding policy which not all staff had read. However, we found practice staff were knowledgeable in relation to recognising 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.

Inadequate

- The practice was very aware of its local population. It was proactive in improving access for hard to reach groups to encourage them to attend the practice if required. This included local sex workers. The practice had communication links with support networks for these and other vulnerable patients and utilised these to seek contact with patients if they had not attended or if the practice had concerns.
- The practice worked with other community agencies to secure quality outcomes for patients. We spoke with or received statements from community health workers who stated all the practice team members worked with them to ensure vulnerable people received appropriate care including those experiencing drug and alcohol problems.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for safe and well led services. The concerns which led to these ratings apply to everyone using the practice including this group.

- The practice had 47 registered patients with dementia, of which 31 had received an annual review in the last 12 months.
- The practice had 155 registered patients experiencing poor mental health, of which 120 had received an annual review. The practice informed us that they made each consultation count and used every opportunity to review the needs of these patients.
- 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line or below the local and national averages. 345 survey forms were distributed and 124 were returned. This represented a 36% response rate and just under 1% of the practice list.

- 73% of patients described the overall experience of this GP practice as good which was below the CCG and the national average of 85%.
- 72% of patients described their experience of making an appointment as good which was in line with the CCG average of 74% and the national average of 73%.
- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area which was below the CCG average of 76% and the national average of 77%.

The comprehensive inspection on 24 July 2017 was announced with less than two full working days' notice, therefore we did not ask for any comments cards to be completed prior to our inspection.

We spoke with ten patients during the inspection. The feedback these patients gave us was mixed; there were both positive and negative comments about the caring nature of staff. Other comments related to the difficulties in access to appointments and in particular with named GPs.

The practice regularly collated family and friends data in relation to specific topics. For example, in May 2017, the practice asked 93 patients who had booked an appointment between 8am and 1pm if they were happy with the appointment they received. 100% had responded they were happy. In April 2017, the practice asked 15 patients under the age of 25 years if they were satisfied with their appointment with the named GP, 100% of patients responded yes.

Areas for improvement

Action the service MUST take to improve

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

Action the service SHOULD take to improve

- Complete all staff occupational health assessments to ensure the immunisation status of staff is recorded, or risk assessed.
- Continue to explore ways to engage effectively with patients.

Wensum Valley Medical Practice West Earlham Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection on 18 July 2017 was led by a CQC Lead Inspector accompanied by a GP specialist adviser.

Our inspection on 24 July 2017 was led by a CQC Lead Inspector. The team included a second inspector, GP specialist adviser, and a practice manager specialist adviser.

Our inspection on 31 July 2017 was undertaken by two CQC inspectors.

Background to Wensum Valley Medical Practice West Earlham Health Centre

The Wensum Valley Medical Practice is situated in Norwich, Norfolk. The practice provides services for approximately 12,500 patients. It holds a Personal Medical Services contract with Norwich Clinical Commissioning Group (CCG) and operates from three locations in Norwich.

According to Public Health England, the patient population has a lower number of patients aged 45 and above, and a higher proportion of patients aged 34 and under, in comparison to the practice average across England. It has a considerably higher proportion of patients aged 0 to 14 compared to the practice average across England and 27% of the practice population is under the age of 18. Income deprivation affecting children and older people is much higher (doubled) than the practice average across England and the local area. The level of deprivation in the practice area is considered to be in the second most deprived decile.

The practice informed us their area is considered the highest in deprivation in Norwich and the fifth highest in Norfolk. The practice explained that they had the highest number of children on child protection plans, the highest number of “at risk” children and the highest ratio of non-attenders in the area.

The practice has three male GP partners, four female salaried GPs, and four regular locum GPs. There is one nurse practitioner and four practice nurses. Since June 2017, the practice has been without a practice manager, but a new practice manager will be in post from September 2017. There are teams of reception, administration, and prescribing clerks as well as three secretaries and two medical summarisers across the three sites.

The practice operates from three locations: The main site, West Earlham Health Centre is open from Monday to Friday 8am to 1pm and from 2pm to 6.30pm. Adelaide Street Health Centre is open from Monday to Friday 9am to 1pm and from 2pm to 5.30pm. Bates Green Assessment and Treatment Centre is used by the nurse practitioner and for contraceptive services. Out-of-hours care is provided by Integrated Care 24.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Wensum Valley Medical Practice on 12 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvements for providing safe and effective services.

The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Wensum Valley medical practice on our website at www.cqc.org.uk.

We undertook a further announced focused inspection of Wensum Valley Medical Practice on 18 July 2017. As part of this inspection we visited both branch locations at Bated Green and Adelaide Street. This inspection was carried out to ensure improvements had been made to meet the regulations. We found that insufficient improvements had been made and subsequently undertook a comprehensive inspection on 24 July 2017 where we identified further risks to patients and staff. The practice made some immediate changes and we carried out an unannounced focused inspection on 31 July 2017 to review these.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the Clinical Commissioning Group (CCG) to share what they knew. We carried out an announced visit on 18 July 2017 and 24 July 2017 and an unannounced visit on the 31 July 2017. During our visits we:

- Spoke with a range of staff including GPs, nurses, receptionists and administrators. We spoke with the new practice manager who was due to start in September 2017. We spoke with a member of the community health team and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Visited all practice locations.
- Looked at information the practice used to deliver care and treatment plans.

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?

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.

Inadequate

Are services safe?

Our findings

At our previous inspection on 12 October 2016, we rated the practice as requires improvement for providing safe services as the arrangements for medicines reviews was not uniform, the practice did not have a record of the immunisation status of staff, and there were no records on the cleaning of clinical equipment.

Some arrangements had improved when we undertook a follow up inspection on 18, 24, and 31 July 2017; however, further concerns were identified. The practice is now rated as inadequate for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events, however, this did not always ensure patients were safe:

- 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).
- We found the system in place for reporting and recording significant events was not effective and did not ensure that all incidents had been recorded, learning from events was shared effectively with the practice team, or that changes were made to improve the service. The opportunities to make early interventions to encourage improvement were missed. We reviewed four documented events, where the practice had undertaken a full investigation and review; patients were informed, but not always in a timely manner, or with detailed information, about any actions to improve processes to prevent the same thing happening again.
- Staff meetings were not held to discuss the events, but we saw some evidence that lessons were shared and action was taken to improve safety in the practice. For example, all staff received emails with learning points. On the 23 February 2017, staff received information and reminders on events relating to a medicines error and about used equipment that had been left on the door step. In addition feedback was given on good practice relating to a response to the police in a sexual abuse enquiry. The practice did not monitor annual trends in significant events or evaluate any action taken.

The system in place to deal with patient safety alerts needed to be improved. The alerts were received by members of the administration team and sent to GPs and the CCG pharmacist who supported the practice. We looked at a four safety alerts and reviewed the records of patients affected by these. Appropriate actions had been taken for patients, such as medicine changes and discussions about medicines. However, the practice was unable to evidence an effective system that recorded the alert to ensure future monitoring of patients who may be affected. After the inspection, the practice informed us that they had a new system in place which recorded the alert for future monitoring and the actions taken. The CCG pharmacist was reviewing all the alerts that had been received but had not been re-run in the past 12 months where patients may be at risk.

Overview of safety systems and process

The practice had some systems, processes and practices in place to minimise risks to patient safety but these were inadequate.

- The practice had implemented a new policy in relation to safeguarding. However, this generic policy had been partially adapted to reflect the practice needs but did not clearly outline who to contact for further guidance if staff had concerns about a patient's welfare. The practice did have posters in all consultation room and admin areas with the details of who to contact should they have any concerns. The practice was unable to assure us that all staff had read the policy and not all staff we spoke with knew where to find it. There was a lead GP for safeguarding, and staff spoken to could identify who this was. Safeguarding was discussed in monthly multidisciplinary meetings which midwives and health visitors were invited to.The practice had worked with the CCG and shared best practice with other practices. Staff demonstrated that they understood their responsibilities and told us they had received training on safeguarding children and vulnerable adults relevant to their role. However, the

practice training log had not been updated and evidence of certificates was not found. Where there was evidence available, we saw that those GPs were trained to child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received 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 clean and tidy and cleaning was monitored.
- A member of the nursing team was the infection prevention and control (IPC) clinical lead but had not received additional training to undertake this role. The IPC policy had been recently introduced but had not been adapted for the practice and did not reflect the practice needs. Immediately following our inspection, the IPC lead nurse for the clinical commissioning group (CCG) met with the staff member to review the policy, support with undertaking audits and take action where improvements were needed.
- We found that the practice had recorded the cleaning of practice equipment such as ear irrigation machines.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice needed improving to reduce risks to patient safety (including obtaining, prescribing, recording, handling, storing, security, and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. On the day of the inspection we found that information was not being recorded in medical records accurately. The system in place did not record the name of the GP who had reviewed the medicines or the reauthorisation of further supplies of medicines. We highlighted this to the practice who took immediate action and rectified this to ensure that GPs recorded the actions they had taken.

- The practice had a medicine review system in place to support patients who take medicines that require monitoring. We undertook searches for four medicines that require monitoring and found most patients had been appropriately followed up. We found four patients for whom we were concerned that they had not been followed up; the practice reviewed them immediately to ensure they were followed up. The practice carried out regular medicines audits, with the support of the local CCG medicines management teams, to ensure prescribing was in line with evidence based guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as independent prescriber and could therefore prescribe medicines for clinical conditions within their expertise. The nurse explained that they always had access to GPs for advice and guidance but did not have formalised peer review meetings. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed four personnel files and found some appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications and the appropriate checks through the DBS. However, there was no system in place for monitoring clinician's registration status to the relevant professional bodies or that they had appropriate indemnity cover in place. On the day of the inspection and immediately following the inspection, the practice provided us with the evidence to assure us that all clinical staff were appropriately registered and indemnified.

Monitoring risks to patients

There were limited procedures for assessing, monitoring, and managing risks to patient and staff safety. We found that opportunities to mitigate risk had been missed.

- There was no health and safety risk assessment completed to ensure that patients and staff were kept safe.

- The practice was not able to evidence that fire risk assessments had been undertaken for any of the three sites.The alarms were regularly tested but there was no evidence that fire drills had taken place. There were designated fire marshals within the main practice. Practice staff we spoke with described the actions they

would take in the case of a fire. Immediately following the inspection, the practice arranged for an external professional to undertake fire safety, health, and safety risk assessments.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had some risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.
- Patients were at risk of harm because the practice system to ensure GPs saw all relevant correspondence was not effective. For example, communication received from the ambulance trust that requested a GP review a patient and consider a referral, a clinician had not seen this. The practice took immediate action to rectify this, until they had the opportunity to review the system, all correspondence was given to the GPs to review.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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, as well as panic buttons under the reception desks.
- The practice told us that all staff had received annual basic life support training and showed us an attendance sheet from a recent training event. However, the practice training log did not show that all staff were up to date. There were emergency medicines available in the treatment room. The practice records record did not confirm that all staff were up to date.
- The practice had defibrillators available on all three sites and oxygen with adult and children's masks.
- Emergency medicines at all sites 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 comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 12 October 2016, we rated the practice as requires improvement for providing effective services as the practice had not reviewed their high exception reporting and performance for breast and bowel screening were lower than the CCG and national averages.

Some of these arrangements had improved when we undertook a follow up inspection on 18, 24 and 31July 2017. However, the provider is still rated as requires improvement for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Practice staff had access to guidelines from NICE on the computers and used this information to deliver care and treatment that met patients' needs. However the practice did not have systems to ensure that policies reflected NICE guidelines.

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 2015/16 published results showed that the practice had achieved 95% of the total number of points available. This was 2% below the local clinical commissioning group (CCG) average and the same as the England average.

- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, dementia, depression, diabetes, epilepsy, heart failure, learning disability, and osteoporosis: secondary prevention of fragility fractures, palliative care, and rheumatoid arthritis were better or in line with the CCG and national averages.
- Performance for hypertension related indicators was below the CCG and national average. With the practice achieving 91%, this was 8.6% below the CCG average and 6.4% below the national average.
- Performance for mental health related indicators was lower compared to the CCG and national average. With the practice achieving 95%, this was 4% below the CCG average and 2% below the national average.
- Performance for peripheral arterial disease related indicators was below the CCG and national average. With the practice achieving 82%, this was 16% below the CCG average and 15% below the national average.
- Performance for secondary prevention of coronary heart disease related indicators was below the CCG and national average. With the practice achieving 76%, this was 21% below the CCG average and 19% below the national average. The practice explained this number appeared worse than in reality due to the low number of patients involved in this indicator.
- Performance for stroke and transient ischaemic attack related indicators was below the CCG and national average. With the practice achieving 85%, this was 14% below the CCG average and 12% below the national average.

The practice overall exception reporting was 25%, which was 13% above CCG and 16% above national average (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 the following examples amongst others:

- Exception reporting for 'the percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions' was 37% which was 27% above CCG average and 29% above the England average.
- Exception reporting for 'the percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months' was 38% which was 21% above CCG average and 26% above the England average.

Are services effective?

(for example, treatment is effective)

- Exception reporting for 'the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 12 months' was 73% which was 52% above CCG average and 62% above the England average.

At our inspection of October 2016, the GPs explained that some of the high exception reporting was partly due to locums not always coding appropriately, which had an impact due to the high locum use, which was approximately 40% of the GP provision. GPs told us they also found it difficult to track non attending patients especially for those in more challenging situations. Work was required to ensure that the practice addressed these issues promptly.

During our inspections in July 2017, we found that the practice had not reviewed this data and had not agreed a plan to mitigate the risks of patients not receiving appropriate follow ups and monitoring. Unverified data the practice shared with us for 2016- 2017 showed the overall practice performance for QOF was 88%. The practice was not able to produce unverified exception reporting figures that we could use in this report to reflect the performance for 2016 – 2017.

The practice did not evidence that they had a programme of clinical and non-clinical audits to demonstrate quality improvement and to show that all relevant staff were involved to improve care, treatment, and people's outcomes.

An audit reported in our inspection in October 2016 relating to the records of children on the protection register that were not flagged with a safeguarding icon. The first cycle undertaken indicated that 29% of the children on the register did not have the icon added. This was corrected by the practice, the outcomes were shared with the local safeguarding team, and other agencies to ensure that flagging of records would be consistent in the future. The practice re ran this audit in June 2017 to ensure that 100% of relevant records had been flagged. The CCG pharmacists ran a regular programme of audits to ensure the safe management and monitoring of medicines. We noted that most of the audits were carried as a result of an interest of the GP rather than for the needs of the practice to encourage improvements.

Effective staffing

Staff had the skills, knowledge, and experience to deliver effective care and treatment. However, the practice did not always have documented evidence of this:

- The practice had an induction programme for all newly appointed staff including locum GPs. It included role specific training on various elements of the different roles including safeguarding, health and safety and confidentiality.
- Not all staff had received an appraisal, and the practice did not record meetings held with staff members. The nursing staff did not have formalised clinical supervision including one to one peer review, but told us they had easy access to GPs should they need.
- Practice staff told us they had access to mandatory learning, and made use of, e-learning training modules, in-house and external training. The training records we saw were not up to date and the practice did not demonstrate they had clear oversight that training they considered mandatory was up to date for all staff.

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. However, this needed to be improved, as the practice system to review and re-authorise medicines did not ensure that the information was recorded by the GP who had undertaken this task. The practice took immediate action to rectify this to ensure GPs recorded that they had undertaken this work.

- This included care and risk assessments, care plans, medical records, and investigation and test results. We noted that the practice did not always record the test results they had viewed from the hospital data base in the medical records.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services. 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

Requires improvement

Are services effective?

(for example, treatment is effective)

after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

- The practice worked with other community agencies to secure quality outcomes for patients. Examples we saw and received feedback from health visitors, community care co-ordinators, and health professions from agencies such as the drug and alcohol service.
- The practice reached out to the local community. The practice supported and wrote regular articles for a local charity, the Henderson Trust, who produce regular newsletter. For example the practice wrote an article to encourage patients with asthma or COPD to attend their regular follow up appointments and avoid attending A&E. The trust aims to improve the lives of local people andthe environment in the areas of Marlpit, Larkman, North, and West Earlham in West Norwich. These areas feature high deprivation. The practice worked with the local schools to encourage healthy lifestyles. Children from a nearby school had designed a picture for a waiting area detailing healthy eating. The picture contained hand drawn pictures of apples, each with a poem written on it.

Consent to care and treatment

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, the practice policy had not been appropriately reviewed and amended. Not all practice staff were aware of where to find the policy and had not read it.

- 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

Patients who might be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers and those at risk of developing a long-term condition. Patients were then signposted to the relevant service.

The practice had a comprehensive cervical screening programme. The practice's percentage of patients receiving the intervention according to 2015-2016 data was 85%, which was above the local average of 83% and the England average of 82%. Patients that had not attended for a screening appointment were followed up with letters and telephone calls.

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening:

- The breast cancer screening rate for females aged 50-70 for the past 36 months was 69% of the target population, which was below the CCG average of 76% and national average of 73%.
- The bowel cancer screening rate for persons aged 60 to 69 the past 30 months was 49% of the target population, which was below the CCG average of 61% and the national average of 58%.

Following our inspection of October 2016, the practice contacted all patients who had not attended or responded to the screening invitations. All clinical staff were aware and encouraged patients at any opportunity to accept their screening opportunity.

Childhood immunisation rates for the vaccinations given to under two year olds during 2015-2016 showed that the practice exceeded the 90% target, the practice performance ranged from 94% to 98%

We saw that, for those patients that did not attend their checks or appointments, nurses made appointments together with them or proactively called patients to follow up on their care.

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

Requires improvement

Are services caring?

Our findings

At our previous inspection on 12 October 2016, we rated the practice as good for providing caring services.

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

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.

The comprehensive inspection carried out on 24 July 2017 was announced with less than two full working days' notice therefore we did not ask for any comments cards to be completed prior to our inspection.

We spoke with ten patients during the inspection. The feedback these patients gave us was mixed; there were both positive and negative comments about the caring nature of staff.

The practice regularly collated family and friends data in relation to specific topics. For example in May 2017, the practice asked 93 patients who had booked an appointment between 8am and 1pm if they were happy with the appointment they received. 100% had responded they were happy. In April 2017, the practice asked 15 patients under the age of 25 years if they were satisfied with their appointment with the named GP. 100% of patients responded yes.

Results from the National GP Patient Survey published in July 2017 were generally in line with or slightly below the CCG and national averages for patient satisfaction scores. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG and the national average of 86%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 94% of patients said the last nurse they spoke to was good at listening to them compared to the CCG average of 93% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Some of ten patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to, supported by staff, and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Some patients told us that they found staff were sometimes rude and unhelpful.

Results from the National GP Patient Survey, published in July 2017, showed patients generally responded positively to questions about the involvement in planning and making decisions about their care and treatment. Results were mostly below local and national averages with regard to GPs and above average for nurses, we noted that some results had improved since our October 2016 but that some had deteriorated. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.

Requires improvement

Are services caring?

- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and the national average of 85%.

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. We saw that some of the information available in the practice's waiting areas was specifically tailored to the practice's population, for example healthy eating guidance, menopause support and a variety of support options for teenagers and young people. The practice's website also directed patients to information supporting healthy lifestyles. There was a section dedicated to the services the practice offered for young people addressing matters such as sexual health and confidentiality. Chlamydia screening tests were also available at the practice.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 125 (approximately 1%) patients as carers. Written information was available to carers to inform them of the various avenues of support available to them.

Staff told us that families who had suffered bereavement were contacted by their usual GP. 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.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 12 October 2016, we rated the practice as good for providing responsive services.

However, when we undertook a follow up inspection on 18, 24 and 31 July 2017, the practice was unable to produce clear evidence that they had responded to patients appropriately in respect of complaints and significant events. The practice is now rated as requires improvement for providing responsive services.

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.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. However, there was inconsistency in the allocation of home visits by non-clinical staff and some staff told us that they had on occasions, deferred visits to the next day. The practice took immediate action to rectify this and put systems in place to ensure that all visit requests were assessed and decisions made by a GP.
- The practice looked after older patients living in local care homes and supported living housing; each had an allocated lead GP and home visits were undertaken more than once a week when required.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- There were facilities for disabled patients and translation services were also available, the check in screen could be used in variety of languages.
- Online appointment booking, prescription ordering, and access to medical records was available.
- The practice hosted external services to improve access for patients, for example wellbeing services, smoking cessations services and drugs and alcohol rehabilitation services.
- The practice was very aware of its local population. It was proactive in improving access for hard to reach groups to encourage them to attend the practice if required.
- The practice provided a hospital admission prevention service together with the local community matrons. When we spoke with the community matrons they told us this worked very well. We saw that there was excellent liaison between the GPs and local services and hospitals. Nurses visited patients in hospital and assisted with planned discharges where possible so that patients would receive the most appropriate continuation of care with a high awareness of individual situations by the clinical staff in the practice.
- The practice worked with the local housing scheme to support vulnerable people.

Access to the service

The practice operated from three locations: The main site at West Earlham Health Centre was open from Monday to Friday 8am to 1pm and from 2pm to 6.30pm. Adelaide Street Health Centre was open from Monday to Friday 9am to 1pm and from 2pm to 5.30pm. In addition, Bates Green Assessment and Treatment Centre was used by the nurse practitioner and for contraceptive services.

Results from the National GP Patient Survey, published in July 2017, showed that patient's satisfaction with how they could access care and treatment was mostly below local and national averages:

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 78% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 71%.
- 47% of patients usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 65% and the national average of 64%.
- 72% of patients describe their experience of making an appointment as good compared to the CCG average of 74% and the national average of 73%.
- 44% of patients usually get to see or speak to their preferred GP compared to the CCG average of 57% and the national average of 56%.

Listening and learning from concerns and complaints

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

The practice did not demonstrate an effective system for handling complaints and concerns.

Its complaints policy and procedures had been recently reviewed, implemented and was generally in line with recognised guidance and contractual obligations for GPs in England but it had not been embedded and not all staff had read this or were aware of where to access it.

We saw that limited information was available to help patients understand the complaints system on the practice's website and in their information leaflet. The practice leaflet did not contain the details of other agencies should the patient prefer not to complain directly to the practice. The leaflet also asked patients to speak with the staff member concerned first and, where issues could not be resolved, to then contact the practice manager. Information about how to make a complaint was displayed on the wall in the waiting area.

We looked at documentation relating to a number of complaints received in the previous year and found not all had been fully investigated and responded to in a timely and empathetic manner. For example, a letter received September 2016 was not responded to until November 2016. Another complaint was received in November 2016 and the practice was unable to evidence that they had responded or investigated this.

The practice did not evidence that there was a system in place to discuss with staff, practice teams, and share learning from complaints through discussion at staff meetings.

Are services well-led?

Inadequate

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

Our findings

At our previous inspection on 12 October 2016, we rated the practice as good for providing well-led services.

When we undertook a follow up inspection of the service on 18, 24, and 31July we identified concerns in areas of the practice providing safe, effective, caring, and responsive services. The practice is now rated as inadequate for being well-led.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. However, we found a lack of clinical leadership and oversight that compromised the delivery of this vision.

Governance arrangements

The governance structure, systems, and processes were inadequate and did not ensure that patients and staff would be kept safe from harm.

- The GPs did not have a comprehensive understanding of the clinical performance of the practice. They had not reviewed the high exception reporting from 2015-2016 to develop a plan to reduce this for 2016-2017. The practice was not able to evidence exception reporting 2016-2017 to show if any improvement had been achieved.
- The evidence to show that arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions was insufficient to keep patients and staff safe. The practice failed to evidence that a fire safety and a health and safety risk assessment had been undertaken for all three sites.
- The system in place to manage correspondence did not ensure all correspondence that required clinical oversight was seen by GPs.
- There was an inconsistent approach to the allocation of home visits by non-clinical staff.
- There was a lack of formalised clinical supervision of the nursing team by the GPs. Nursing staff reported they had easy access to GPs but did not have one to one peer review.
- The practice had not undertaken annual appraisals or regular performance reviews for all staff.
- The practice had brought in a suite of generic policies and procedures to govern activity but had not amended them to reflect the work undertaken at the practice. Practice staff had been asked to read them but the staff we spoke with had not. We also found that not all staff knew how to access the policies on the practice's computer system.
- The practice had systems in place for notifiable safety incidents and but these needed to be improved to ensure that regular searches would be performed in order to keep patients safe.
- Immediately following our inspection on 18 July, the practice took some actions relating to our findings and, with the support of the local clinical commissioning group (CCG), provided us with a comprehensive improvement plan.

Leadership and culture

During our inspection July 2017, we found there was a lack of clinical leadership and we were not assured that the systems and processes in place at the practice would keep patients and staff safe from harm.

Practice staff told us some partners were approachable and always took the time to listen to them. They also reflected that at times they would benefit from more GP leadership and involvement.

- Some practice staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued, and supported. Some staff told us that they felt isolated and were not always involved in discussions about how to run and develop the practice.
- The practice explained to us that 40% of the GP workload was undertaken by locum GPs. Rationale given by the practice for this was that, in line with the national picture, recruitment had proven difficult in the area. The practice did state that most locums they used were locally based GPs with whom they had worked long term.
- Although the practice did not have regular meetings for staff, they produced regular staff updates on good

practice, learning points, changes in guidance, patient experience, significant event learning and refresher training; these contained a variety of information depending on the subject and ranged from guidance.

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

The practice encouraged feedback from patients, the public, and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice undertook regular surveys on specific areas of the practice, for example ease of booking appointments, patient's satisfaction of the contraceptive services.

The practice had a patient participation group but this group had been unable to meet for some time because of ill health. The practice told us that they had plans to expand the group and had an ongoing recruitment campaign in place.

Practice staff told us that they would speak with the management team to give any feedback or ideas on how to make changes within the practice.

- The provider was aware of the requirements of the duty of candour and the partners encouraged a culture of openness and honesty. However, complaints and feedback from significant events was not always responded to in writing or in a timely manner.

Continuous improvement

At the time of our inspections 18, 24, and 31 July 2017, we did not see clear evidence that the practice had systems and processes in place to encourage continuous improvement.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA (RA) Regulations 2014 Safe Care and Treatment The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • The practice was unable to evidence that fire safety risk assessments had been undertaken at any of their three sites (West Earlham Health Centre, Bates Green, and Adelaide Street). The practice did not evidence that fire alarms were regularly tested or that regular fire drills were conducted. • The practice were unable to evidence that a health and safety risk assessment had been undertaken at any of their three sites (West Earlham Health Centre, Bates Green and Adelaide Street)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014 Good governance. There were no systems or processes that enabled the registered person to assess, monitor, and improve the quality and safety of the services being provided. In particular: • The practice had failed to ensure there was sufficient clinical leadership to ensure that the systems and processes in place would access, monitor, and improve the quality of the services they provided.

Requirement notices

- The practice had failed to review the performance data available to identify and mitigate areas of high exception reporting and lower performance to ensure that patients received appropriate follow up.
- The policies and procedures in place had not been reviewed to ensure they were practice specific. Very few practice staff had read them and some members of staff did not know where they were located.
- There was not an effective process in place for the management, actioning and monitoring of patient safety alerts.

There were no systems or processes that enabled the registered person to ensure that accurate, complete, and contemporaneous records were being maintained securely in respect of each service user. In particular:

- There was not an effective system in place to ensure that all correspondence that required clinical oversight was seen by the GPs.
- There was an inconsistent approach by non-clinical staff in the allocation of home visits.

There were no systems or processes that ensured the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- There was not an effective system in place for the monitoring of staff on the relevant professional bodies lists and that medical indemnity was in place.
- The practice was unable to demonstrate that all patients' complaints and significant events were fully investigated, and patients responded to in a timely way. Practice staff had not been engaged in discussion to identify and share learning.
- Not all staff had received an annual appraisal. The nursing team including those with a prescribing qualification did not have formalised clinical supervision such as one to one peer review.