

# Old Catton Medical Practice

## Quality Report

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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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall.** (Previous inspection September 2015 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Old Catton Medical Practice on 29 January 2018.

At this inspection we found:

- The practice had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the practice learned from them and improved their processes. The practice shared outcomes of significant events with staff and other local GP practices where appropriate.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Staff were consistent and proactive in helping patients to live healthier lives.
- The facilities and premises were appropriate for the services delivered.
- The practice learned from external safety events as well as patient and medicine safety alerts but two recent safety alerts regarding the prescribing of gabapentin and quinine had not been received by the practice. When we raised this with the practice they undertook responsive action immediately.
- Annual health assessments for people with a learning disability were undertaken; however the practice had

# Summary of findings

35 patients on the learning disabilities register, of which only five had received a health review in 2017. After the inspection the practice informed us that 12 of these patients had been seen in the period October to December 2016.

- The practice used information technology systems to monitor and improve the quality of care but we found improvement was needed to optimise its use. For example, the practice did not make use of a recording template for palliative care patients and processes for reviewing pathology (blood test) results could not assure us that all results had been reviewed timely.
- Results from the July 2017 annual National GP Patient survey showed that patients' satisfaction with the practice was generally below local and national averages.
- The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

The area where the provider **must** make improvements as they are in breach of regulations is:

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

The areas where the provider **should** make improvements are:

- Review processes for, and the use of, the information technology systems to drive and monitor good quality care.
- Review the processes for the coding of two week wait cancer referrals.
- Ensure patients with a learning difficulty receive timely annual reviews.
- Review the recording template for palliative care patients.
- Continue to review patient survey results and respond to these results accordingly.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## What people who use the service say

## Areas for improvement

### Action the service **MUST** take to improve

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

### Action the service **SHOULD** take to improve

- Review processes for, and the use of, the information technology systems to drive and monitor good quality care.

- Review the processes for the coding of two week wait cancer referrals.
- Ensure patients with a learning difficulty receive timely annual reviews.
- Review the recording template for palliative care patients.
- Continue to review patient survey results and respond to these results accordingly.

# Old Catton Medical Practice

## 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 and a second CQC inspector.

## Background to Old Catton Medical Practice

The practice is situated in Old Catton, Norwich, Norfolk. The practice offers health care services to approximately 7,400 patients. The practice holds a General Medical Service (GMS) contract with the Norwich Clinical Commissioning Group.

There are two GP partners (one female, one male) who are supported by one salaried GP (male). There are two practice nurses, one nurse practitioner and two healthcare

assistants. A team of six administration and reception staff support the business team, comprised of a practice manager, a patient services manager, a reception manager and a practice support coordinator.

The practice is open between 8am to 6pm Monday to Friday and closes for lunch between 12.30pm and 1.30pm daily. Extended hours are offered on Monday morning from 7am and on Wednesday and Thursday mornings from 7.30am. If the practice is closed, patients are asked to call the NHS111 service or to dial 999 in the event of a life threatening emergency. Out of hours services are provided by Integrated Care 24.

The practice has a lower number of patients aged 20 to 24 years and a higher number of patients aged 35 to 39 years compared to the local and national average. However, the practice population profile generally follows the national average. The deprivation score is below the England average. Income deprivation affecting children and older people is below national averages. Male and female life expectancy in this area is in line with the England average at 82 years for men and 84 years for women.

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as requires improvement for providing safe services.**

The practice was rated as requires improvement for providing safe services because:

- The practice used information technology systems to monitor and improve the quality of care but we found improvement was needed to optimise its use to ensure safe delivery of care. For example, the practice did not make use of a recording template for palliative care patients and processes for reviewing pathology (blood test) results from the local hospital could not assure us that all results had been reviewed timely.
- Two safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) had not been received and as such were not responded to in a timely manner.

### Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Other policies were regularly reviewed and were accessible to all staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. The practice had a GP lead for safeguarding. Safeguarding children and vulnerable adults information was available at the practice and outlined who to go to for further guidance. The practice worked closely with the local health visitors service, and processes were in place to ensure good standards of monitoring children at risk. When we noted that children who were not brought to secondary care appointments were not coded on the system; the practice responded immediately by implementing this. The provider also met with the health visitor the day after our inspection and confirmed that health visitors monitored this process and updated patients records if required.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff

took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Safeguarding was a standard agenda item at practice meetings which allowed for learning to be disseminated to all levels of staff.

- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on-going basis. These were recorded on the practice computer system. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. GPs were trained to safeguarding level three. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. Chaperone notices were displayed throughout the premises.
- There was an effective system to manage infection prevention and control. Staff had received training in infection control and guidance and notices were available for staff. The lead for infection prevention and control kept up to date with their knowledge. There were systems for safely managing healthcare waste.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Guidance was available to reception staff and staff we spoke with were aware of this. Staff knew how to identify and manage patients with severe infections, for example sepsis.
- The practice offered minor surgery services to patients; consent was recorded and an annual audit was carried out.

### Information to deliver safe care and treatment

# Are services safe?

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way. Templates were in place for acute consultations to ensure that all appropriate areas were considered and checked.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information. The practice undertook referral reviews to ensure referrals were made appropriately. One of the GPs was the CCG lead for peer reviews of referrals, helping to formulate pathways.

## Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- We reviewed the records of patients who were prescribed medicines which required additional monitoring, for example methotrexate and lithium. Records we looked at showed that patients were appropriately monitored before medicines were re-prescribed.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. Antibiotic prescribing was comparable to the clinical commissioning group and national averages.
- Patients' health was generally well monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. However, the processes for reviewing pathology (blood test) results from the local hospital required improvement. For example, the practice did not make use of a recording template for palliative care patients and processes for reviewing pathology (blood test) results from the local hospital could not assure us that all results had been reviewed

timely. Following our inspection the practice undertook a responsive investigation on data on patient reviews leading to action for GPs to investigate any overdue reviews and coding trends.

## Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues. These included for example, fire, health and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. For example, detailed risk assessments were in place, with historical monitoring and improvements recorded.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so and staff were confident about the procedure. There was an overall log of significant events to easily identify trends and meetings were held to specifically discuss significant events. Minutes were available for staff unable to attend these meetings.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- Significant events were reviewed on an on-going basis and formally every month. The practice shared outcomes of significant events with staff if applicable.
- There was a system for receiving and acting on safety alerts. For example, Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were reviewed by the practice management team and GPs. Actions as a result were recorded and a log was kept of historical responses. The practice learned from external safety events as well as patient and medicine safety alerts but two recent (October/November 2017) safety alerts

## Are services safe?

regarding the prescribing of gabapentin and quinine had not been received by the practice and as such not responded to. When we spoke with one of the GP

partners they provided a responsive audit on these patients. The pharmacist from the local CCG visited the practice on a weekly basis to review prescribing processes.



# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice, and all of the population groups, as good for providing effective services.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice's performance for the prescribing of hypnotic medicines, antibacterial prescriptions and antibiotic items was comparable to other local practices and national averages.
- The practice provided electronic prescribing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Nationally reported Quality and Outcomes Framework (QOF is a system intended to improve the quality of general practice and reward good practice) data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis, dementia and heart failure were above local and national averages with the practice achieving 100% performance for these indicators. Exception reporting for heart failure was 18%, which was above the local average of 12% and above the national average of 9%. Exception reporting for dementia was 8%, which was below the local average of 12% and the national average of 10% and for rheumatoid arthritis exception reporting was 7%, which was below the local average of 10% and in line with the national average of 7%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail were reviewed during the multidisciplinary meeting on a monthly basis and also had a review of their medication.
- The practice followed up on older patients discharged from hospital. It ensured their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice reviewed unplanned and re-admissions for this group on a regular basis. Improvements were made where necessary. We reviewed benchmarking data that indicated the practice was in line with the local average on performance for falls emergency admissions.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- 98% of patients with long term conditions, who were recorded as current smokers had received discussion and advice about smoking cessation. This was above the CCG average of 96% and national average of 95%.
- Performance for diabetes related indicators was 100%; compared to the CCG average of 93% and the England average of 91%. The exception reporting for diabetes was 6%, compared to the local average of 15% and national average of 11%.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90%. For example, rates for the vaccines given to children up to the age of two were in excess of 95% for all four sub indicators. Appropriate follow up of children who did not attend for their immunisations was in place.
- The percentage of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 24 months was 97%, compared to the local average of 93% and the national average of 89%.

# Are services effective?

## (for example, treatment is effective)

- The practice was in the process of reintroducing contraceptive implant and removal clinics, including IUD/IUS (coil) insertion and removal and IUCD (Intrauterine Contraceptive Device) emergency fitting.

Working age people (including those recently retired and students):

- 2016/17 data indicated the practice's uptake for the cervical screening programme was 82%, which was in line with the CCG average of 82% and the England average of 81%. Patients who did not attend for their cervical screening test were contacted to encourage attendance. There were 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.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- Annual health assessments for people with a learning disability were undertaken. The practice had 35 patients on the learning disabilities register, of which 5 had received a health review in 2017, but 21 had received a health review since April 2016. The practice informed us that 12 of these patients had been seen in the period October to December 2016. The remaining patients were due to be seen prior to the end of March 2018. When we raised this with the practice they responded immediately and provided a detailed breakdown of when these patients were last seen in the practice. In several cases patients had been seen in the practice on multiple occasions but an actual health check was not completed. After our inspection the practice informed us they contacted and invited the remaining patients that were overdue a health assessment and that between March 2017 and March 2018, 18 patients had received a health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable but the

practice did not make use of a recording template for these patients. The practice manually coded patients receiving palliative care but implemented a template coding immediately after our inspection.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

People experiencing poor mental health (including people with dementia):

- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the CCG average of 87% and the England average of 84%. The overall exception reporting for diabetes was 6%, compared to the local average of 15% and national average of 11%..
- QOF performance for mental health related indicators was 100%. This was above the CCG average of 97% and the England average of 94%. Exception reporting for mental health indicators was 3%, which was below the local average of 15% national average of 11%.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was the same as the local average and above the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 96% of patients with physical and/or mental health conditions had a smoking status recorded on their notes in the preceding 12 months. This was in line with local and national averages of 95%.

### Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results from 2016/17 were 100% of the total number of points available compared with the local clinical commissioning group (CCG) average of 98% and national average of 96%. The overall exception reporting rate was 7% compared with a local average of 12% and national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

# Are services effective?

## (for example, treatment is effective)

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided on an ongoing basis. Changes and improvements to practice were implemented as a result. For example:

- An audit on the prescribing of Glucagon Like Peptide (GLP1) mimetics (usually a third line treatment option for diabetes) indicated that from seven patients, all met the NICE guidance criteria of initiation on GLP 1. After a six month period only three patients met the NICE criteria to stay on GLP1 treatment. The four that didn't meet the criteria were hospital managed diabetic patients with several comorbidities, making for poor diabetic control. On review it was concluded that these four patients were on optimal diabetic medication with no other suitable alternative and discontinuation of GLP-1 would make diabetic control even worse. Close liaison with the hospital for these patients had taken place and continued monitoring of GLP1 prescribing continued.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for reception staff was thorough and staff commented positively on this process, including a recently recruited member.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Multidisciplinary case review meetings were held monthly when all patients on the palliative care register were discussed.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two week wait referral pathway was 27%, which was below the local average of 45% and national average of 51%. Coding of two week wait referrals was inconsistent. When we reviewed data on two week wait referrals resulting in a diagnosis of cancer we noted that the conversion rate (as percentage of all two week wait referrals) was 7%, which was in line with the CCG and national average of 8%. The practice also had a higher prevalence of cancer (2.5%) than the national average (1.9%). The practice worked with a local group of GP practices sampling and looking at referrals in detail on a monthly basis and whether subjects such as two week wait referrals were appropriate. The practice informed us that to the date of the inspection no concerns had been raised.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

# Are services effective?

(for example, treatment is effective)

- 82% of females between the ages of 50 and 70 had been screened for breast cancer in the preceding 36 months, compared to the CCG average of 75% and national average of 70%.
- 64% of patients had been screened for bowel cancer in the preceding 30 months, compared to the CCG average of 58% and national average of 55%.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for providing caring services.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- 16 of the 22 patient Care Quality Commission comment cards we received were completely positive about the service experienced, making varying references to individual GPs being "outstanding", "very caring" "attentive" and "brilliant at listening". The remaining six cards were also positive, but one mentioned difficulties in obtaining an appointment and five mentioned extended waiting times.

Results from the July 2017 annual national GP patient survey showed patients did not always feel they were treated with compassion, dignity and respect. 220 surveys were sent out and 109 were returned (a 50% response rate). This represented approximately 1.4% of the practice population. The practice was generally in line with or below averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) and the national average of 89%.
- 77% of patients who responded said the GP gave them enough time compared to the CCG and national average of 86%.
- 94% of patients who responded 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%.
- 72% of patients who responded 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%.

- 88% of patients who responded said the nurse was good at listening to them; compared to the CCG average of 93% and the national average of 91%.
- 89% of patients who responded said the nurse gave them enough time; compared to the CCG average of 93% and the national average of 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; compared to the CCG average of 98% and the national average of 97%.
- 89% of patients who responded 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%.
- 77% of patients who responded said they found the receptionists at the practice helpful; compared to the CCG average of 88% and the national average of 87%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. The practice had an electronic booking screen that supported a variety of languages.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice identified patients who were carers and provided information to patients requesting this or at registration. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 125 patients as carers (1.7% of the practice list).

Staff told us that when families had experienced bereavement, the practice (and where possible their usual GP) contacted them to offer a patient consultation at a

## Are services caring?

flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice provided information and advice to guide those suffering a bereavement.

Results from the national GP patient survey, published in July 2017, showed patients responded in a mixed manner to questions about their involvement in planning and making decisions about their care and treatment. Results were generally in line with or below local and national averages:

- 83% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 73% of patients who responded 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%.
- 88% of patients who responded 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%.
- 75% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; compared to the CCG average of 85% and the national average of 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The practice complied with the Data Protection Act 1998.
- The reception area was arranged so that phone calls were not usually taken at the front desk and the layout supported confidentiality when patients were in the waiting area. Although it was one open space, there was a queuing system to aid confidentiality.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and improved services in response to those needs. For example, extended hours were offered on Monday morning from 7am and on Wednesday and Thursday mornings from 7.30am. The practice was proactive in providing online services such as repeat prescription requests.
- One GP and one nurse practitioner offered 15 minutes appointment slots. This had been increased from 10 to 15 minutes to reduce waiting times and improve patient satisfaction.
- The facilities and premises were appropriate for the services delivered.
- Translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available and there was information available in multiple languages through the practice website. Some staff at the practice spoke several languages, with one GP able to speak Finnish, German, Spanish, Swedish and basic Russian. We were told that occasionally this would enable the GP to hold consultations in a patients' preferred language.
- Staff at the practice had received domestic abuse training.

#### Older people:

- The practice was responsive to the needs of older patients, and urgent appointments for those with enhanced needs.
- GPs accommodated home visits for those who had difficulties getting to the practice.
- Weekly visits were provided to a local care home.
- The practice considered any carer's needs when delivering care to older people, especially if the carer was also elderly.
- The practice had access to a virtual ward which provided more intensive nursing at a patient's home.

#### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one double length appointment, and consultation times were flexible to meet each patient's specific needs.
- All patients in this group had a named GP.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice offered various enhanced services for these patients, including coagulation monitoring and eating disorder monitoring.

#### Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Bravery certificates were issued to children when appropriate.
- Antenatal clinics were provided twice a week.
- The practice offered pre-school health checks for children from age three and a half.

#### Working age people (including those recently retired and students):

- The needs of these populations 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, Monday morning prebookable appointments with GPs were available from 7am. Extended hours' appointments were also available on Wednesday and Thursday morning from 7.30am, but these were not with GPs.

# Are services responsive to people's needs?

## (for example, to feedback?)

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- 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.
- The practice provided travel clinics for advice and vaccinations, with the exception of yellow fever.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and mental health needs.
- The practice offered longer appointments and appointments earlier in the day to minimise waiting times and home visits if necessary for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice was developing a "What next?" initiative with the aim to improve communications and to manage patient expectations.
- The practice provided care to a local refuge home for female patients being discharged from prison. The practice worked with the key worker and endeavoured to ensure medication and other needs were satisfied before these patients moved on.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia. Staff had received training in dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice hosted local wellbeing support services free of charge twice a week. Patient from neighbouring practices suffering with anxiety and depression were also seen by this service at the practice.

### Timely access to the service

Generally, patients reported that they were able to access care and treatment from the practice within an acceptable timescale for their needs. A daily duty team of clinicians was able to respond to urgent requests.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Five of the 22 CQC patient comment cards advised of dissatisfaction with the length of wait once they had arrived for their appointment, where one of these also alluded to difficulties in obtaining an appointment with a clinician of choice. We reviewed the patient appointment system and found that urgent and pre-bookable appointments were available in a timely way but that routine appointment waits could extend to four weeks. The practice was aware of this and had recruited a new salaried GP to the practice, who had recently started, to attempt to improve appointment availabilities with GPs.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages.

- 69% of patients who responded were satisfied with the practice's opening hours; compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 64% of patients who responded said they could get through easily to the practice by phone; compared to the CCG average of 74% and the national average of 71%.
- 78% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; compared to the CCG average of 86% and the national average of 84%.
- 74% of patients who responded said their last appointment was convenient; compared to the CCG average of 83% and the national average of 81%.
- 59% of patients who responded described their experience of making an appointment as good; compared to the CCG average of 74% and the national average of 73%.
- 54% of patients who responded said they don't normally have to wait too long to be seen; compared to the CCG average of 57% and the national average of 58%.
- 56% of patients who responded would recommend the practice to someone new to the area; compared to the CCG average of 76% and the national average of 77%.



# Are services responsive to people's needs?

(for example, to feedback?)

The practice had reviewed the results from the survey and had discussed these at practice meetings. Results were reviewed year on year for trend analysis. Outcomes were shared with staff across the practice. Staff we spoke with were aware of the mixed performance in the survey and were disappointed and eager to improve it.

The practice manager had undertaken a review of survey data in comparison to local practices over the current and previous year which indicated an overall improvement in performance. They also monitored data from the friends and family test. As a result of the national survey results the practice had implemented a detailed action plan for areas that they felt needed improvement. For example, in response to patients having difficulties getting through on the phone the practice had their system checked by the phone supplier and had allocated additional reception staff at peak times. To address the feedback that was given regarding helpfulness of reception staff, the practice had shared their experiences with a group of reception teams from local practices, introduced additional 1:1 training and undertaken an internal workshop. The practice also reviewed its appointments system on a regular basis and had introduced 15 minute appointments for one GP and a nurse practitioner, which had reduced waiting times and complaints.

## Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately. It improved the quality of care in response to complaints and concerns.

- Information about how to make a complaint or raise concerns was available on the practice's website and in the practice. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice monitored and recorded verbal as well as written complaints. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, apologies had been issued by the practice in response to the passing of inaccurate information to a patient. The practice had also provided explanations around the ability of providing specialist care to the patient.

# Are services well-led?

Good 

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

## Our findings

**We rated the practice, and all of the population groups, as good for leadership.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. For example, the practice had identified the risks following the retirement of a GP but recruitment of a new GP had taken longer than a year. At the time of the inspection an additional GP had been recruited and had recently commenced in their role.
- The practice worked with the local governing bodies of healthcare. For example, one of the GPs was the CCG lead for peer reviews of referrals, helping to formulate pathways.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision “to provide a first class medical service to the local population in North Norwich”. It had a realistic strategy and supporting values and a business plan to achieve priorities.
- The practice management team developed its vision, values and strategy at practice meetings and incorporated the views of patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population and was proactive in adjusting its operations to suit the local collaboration initiatives.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. We saw evidence that this took place.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The practice had examples where complaints were raised as significant events and outcomes of these were shared with patients and other stakeholders. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. Learning from events was shared with local practices where appropriate.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. Staff were able to speak openly and had confidence that any issues raised would be addressed.
- There were processes for providing all staff with the development they need. This included appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses and nurse practitioners, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. Some members of the nursing staff spoke of varying levels of support from the GPs due to workload and operational demands; the practice management were aware and striving to ensure support was always available.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity and all staff had received training in this area. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.

# Are services well-led?

Good 

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

- There were mostly positive relationships between staff and teams, with a mutual understanding of pressures in the different parts of the organisation.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures and processes to support good governance and management were clearly set out and understood but not entirely effective. For example, the practice needed to improve its use of the computer system when reviewing pathology results and when recording palliative care; safety alerts had also not been received consistently.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- A number of staff had lead roles, with deputies allocated, and all staff were clear on their roles and accountabilities.
- Practice leaders had established effective policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. These were reviewed regularly.
- There was a system for receiving and acting on safety alerts. For example, Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were reviewed by the practice management team and GPs. Actions as a result were recorded and a log was kept of historical responses. The practice learned from external safety events as well as patient and medicine safety alerts. However, two recent safety alerts had not been responded to until we raised this on inspection. The practice informed us they had not received these and made responsive changes to improve their means of receiving alerts on the day of the inspection.

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical

staff could be demonstrated through review of their consultations, prescribing and referral decisions. Practice leaders had clear oversight of incidents and complaints.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- Risk assessments for the control of substances hazardous to health (COSHH), premises related risks and legionella were in place.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information in the form of minutes or clinical notes.
- The practice used performance information which was reported and monitored and management and staff held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any weaknesses; benchmarking of the practice's performance against other local practices indicated that the practice had made improvements in 2017/18, compared to 2016/17. The practice performance was generally in line with or better than the local average. For example, emergency admissions, admissions for stroke, heart failure and diabetes patients had all decreased. Only admissions for asthma patients had gone up to equal the local average.
- The practice used information technology systems to monitor and improve the quality of care but we found improvement was needed to optimise its use. For example, reviews for patients with learning disabilities were also overdue and end of life care was delivered in a coordinated way but the practice did not make use of a recording template for these patients.

# Are services well-led?

Good 

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

- The practice submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard, recorded and acted on to shape services and culture. The practice held regular meetings internally to discuss matters with staff, including admin and reception staff.
- There was a virtual patient engagement group. The group did not attend meetings with the practice at the time of our inspection. The practice kept these patients informed via email or printed information. The practice's demographics were represented in the group and a new way forward to collaborate with the practice was being developed.
- The service was transparent, collaborative and open with stakeholders about performance. The practice identified patient suggestions in order to make improvements to the service provided.
- The practice was part of One Norwich, a collaborative initiative between practices in Norwich to improve quality of, and access to, services for patients.

- Results from the July 2017 annual National GP Patient survey showed that patients' satisfaction with the practice was generally below local and national averages. The practice had reviewed the survey results published in recent years, including 2016 and 2017 and results from the Friends and Family test. The practice had identified priority areas for improvement; actions were in progress and had been taken to improve these areas.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The practice was proactive in engaging with the local practice collaboration of One Norwich and participated in operations of the local walk in centre, which was part owned by a variety of practices within Norwich, including Old Catton Medical Practice.
- Staff received some protected learning time one afternoon per month and the practice used to run a programme of monthly visiting speakers and consultants to drive staff development and learning. This had been hampered by workloads and performance pressures but was due to be instigated again shortly after our inspection.

## 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> <p>Review processes for, and the use of, the information technology systems to drive and monitor good quality care required improvement:</p> <ul style="list-style-type: none"><li>• Safety alerts, such as those from the Medicines and Healthcare Products Regulatory Agency (MHRA) were not consistently responded to in a timely manner.</li><li>• Processes for reviewing pathology (blood test) results could not assure us that all results had been reviewed timely</li></ul> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>