

Ormesby Village Surgery

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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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ormesby Village Surgery on 18 September 2017. Overall the practice is rated as good.

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

- There was a clear leadership structure and staff felt supported by management. The practice ensured that communication across all four sites was clear and defined.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had several comprehensive risk assessments completed.
- The practice had two dispensaries and we found that improvements were needed in relation to the dispensary at the Caister site. This included recording of near misses, staff training, and security. We found

the standard operating procedures were not practice specific at this site and there was no system or process to record that stock was regularly checked to ensure it was safe to use.

- We found all the premises to be clean. We found fabric curtains at two sites however there was no protocol for the frequency or method of cleaning these.
- We found out of date items including scissors, dressings and stitch cutters. These were removed immediately.
- Staff had received training on safeguarding children and vulnerable adults relevant to their role. Staff had received additional training relating to female genital mutilation and 'prevent' (a government approved anti-terrorism training course).
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- The practice was above local and national averages for cervical screening.

Summary of findings

- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice hosted the 'memory joggers' group for patients living with dementia.
- There was a clear leadership structure and staff felt supported by management. The practice ensured that communication across all four sites was clear and defined.

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvements are:

- 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:

- Continue to assess and ensure improvement to national GP patient survey results relating to patient satisfaction for access.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, detailed information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. There was a comprehensive log to monitor significant events.
- The practice had several comprehensive risk assessments completed.
- There were dispensaries at the Hemsby and Caister sites. At the Caister site, we found the practice were not able to evidence that they had reviewed the competency skills of one member of staff. We also found the standard operating procedures were not specific to that practice site and the security of the dispensary needed reviewing. There were external stock checks annually but no record of any regular checks to ensure medicines were within their expiry date and safe to use. Practice staff told us they did not record near misses so the opportunity for the practice to identify trends was missed. There was a dispensary satisfaction survey completed which was positive about the service patients received.
- We found the premises to be clean. We found fabric curtains at two sites with no protocol for how often they should be cleaned or the method to be used. The cleaning was provided by an external company, cleaning staff were also responsible for the management of clinical waste but there was no evidence of hepatitis B checks for the cleaners.
- We found out of date items including scissors, dressings and stitch cutters. These were removed immediately.
- Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. Staff had received additional training relating to female genital mutilation and 'prevent' (a government approved anti-terrorism training course).
- The practice had adequate arrangements to respond to emergencies and major incidents.

Summary of findings

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework for 2015/16 showed patient outcomes were at or above average compared to the national average.
- Data showed the practice was above average for cervical screening.
- Staff were aware of current evidence based guidance and reported training was encouraged.
- Clinical audits demonstrated quality improvement in areas such as prescribing and monitoring of patients on specific medicines.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs, including health visitors, district nurses and Macmillan nurses.
- End of life care was coordinated with other services involved including specialist nurses. The practice held monthly meetings to discuss patients at the end of life.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice above or in line with local and national averages for several aspects of care.
- The practice had identified 2% of the practice population as carers and signposted them to relevant services.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible. The waiting room had leaflets on local support organisations and national groups such as Age UK.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population.

Summary of findings

- The practice hosted various teams including a physiotherapist, speech and language therapist and midwife. This meant patients could be seen closer to home and eliminated excess travel.
- The practice ensured there were systems in place for temporary patients over the holiday periods. There were systems and processes in place to effectively liaise with the registered GPs for these patients.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The practice hosted the 'memory joggers' group for patients living with dementia.
- The practice had reviewed the GP patient survey, published in July 2017, and were in the process of reviewing the opening times of all sites to improve patient satisfaction with access.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, this needed reviewing to ensure the dispensary and infection prevention and control issues were well managed.
- Staff had received inductions, and most staff had received an annual performance review and attended staff meetings and training opportunities. Staff commented positively and told us that training was encouraged.

Good



Summary of findings

- The provider was aware of the requirements of the duty of candour. In three examples we reviewed we saw evidence of compliance with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken. There was a comprehensive system of meetings across all sites to ensure an overview of performance was maintained.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised 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 and urgent appointments for those with enhanced needs. The practice had weekly visits to local care homes. The practice employed two pharmacists who managed all the medicines for patients living in care homes. This ensured the care homes received continuity of prescribing in a timely manner and reduced polypharmacy (prescriptions for multiple medicines).
- 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 monthly meetings to discuss patients at the end of life.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services such as district nurses.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible such as weight management and smoking cessation.
- The practice offered a medicines delivery service to housebound patients.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in long-term disease management, such as respiratory conditions and diabetes. Patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 98%, this was 8% above the CCG and England average. The exception

Summary of findings

reporting rate was 18%, which was higher than the CCG average of 17% and the national average rate of 12%. The prevalence of diabetes was 9% which was higher than the CCG average of 8% and the national average of 6%.

- The practice had reviewed and improved their recall system to improve monitoring of patients with long term conditions.
- The practice had been a part of a feasibility study relating to asthma which also upskilled nurses in the management of asthma.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- From the sample of documented examples we reviewed 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.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice was above average for cervical screening rates.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors on a regular basis.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Summary of findings

- The practice held a monthly contraceptive coil fitting clinic. The practice had completed a patient satisfaction survey on this clinic and found all 52 responses were positive in relation to the staff attitude and information given about and prior to the procedure.
- One GP was trained in supporting women to breastfeed and promoted and supported patients to breast feed their babies whenever possible. Support was given to parents who could not feed their child this way.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of this population group 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, extended opening hours and Saturday appointments were provided.
- 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 offered telephone consultations where appropriate for those who could not make it to the surgery.
- The practice was proactive in offering NHS health checks and had seen an increase from 431 provided in 2016/17 to 554 health checks being provided so far in 2017/18 (April 1st to 18th September 2017).
- The practice regularly referred patients to the local well-being service.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had completed 26 health checks out of 92 so far for 2017/18 for patients with learning disabilities. The practice recognised the need to complete more health checks for this group. There was an improvement so far from last year which saw the practice complete 18 health checks. The practice had improved recall.
- The practice offered longer appointments for patients with a learning disability where required.

Good



Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice held regular end of life care meetings with the Macmillan nurses.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients such as district nurses.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations including carers groups.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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. Staff had also completed training relating to female genital mutilation and 'prevent' (a government approved anti-terrorism training course).

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. The practice held a local 'memory joggers' group who helped to support people with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators was 95%. This was 5% above the CCG average and 2% above the England average. The exception reporting rate was 7%, which was lower than the CCG average of 19% and England average of 11%. The prevalence of patients with recorded mental health conditions in the practice was 1%, which was equal to the CCG and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Good



Summary of findings

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations, including local wellbeing services.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and had all received training in 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 with local and national averages. 223 survey forms were distributed and 119 were returned. This represented a 53% completion rate.

- 84% of patients described the overall experience of this GP practice as good compared with the Clinical Commissioning Group (CCG) average of 87% and the national average of 85%.
- 84% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards, of which six were positive about the standard of care received. Patients commented on the caring nature of the staff and the friendly environment. The other comment card reported negatively on the attitude of some staff members.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We also spoke with a member of the patient participation group who reported collaborative working with the practice and approachable staff.

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

- Continue to assess and ensure improvement to national GP patient survey results relating to patient satisfaction for access.

Ormesby Village Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Ormesby Village Surgery

Ormesby Village Surgery provides services to approximately 17,500 patients in Ormesby, Great Yarmouth. There are three branch sites in the villages of Martham, Caister and Hemsby. The practice is able to offer dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy from the Hemsby and Caister branches. The practice also has a delivery driver who can deliver medicines to housebound patients.

The practice has eight male GP partners and four female salaried GPs. There is a practice manager and business and quality managers based at another site managed by the provider and lead staff at the other three sites. There are weekly management meetings which are rotated between the sites. There are 12 practice nurses, one nurse practitioner, two pharmacists and seven healthcare assistants. The dispensary has six dispensers across both dispensaries. There is a large team of administration, secretarial and reception staff across all sites. The practice holds a General Medical Services contract with Great Yarmouth and Waveney Commissioning Group (CCG).

Appointments can be booked up to four weeks in advance with GPs and nurses. Urgent appointments are available for

people that need them, as well as telephone appointments. Online appointments are available to book up to one month in advance. Patients can be seen at any practice site.

- Ormesby is open between 8.30am and 5.30pm Monday and Friday, 8.30 to 1pm Tuesday and Wednesday and 8.30am to 6.30pm on Thursdays. The practice closes from 1pm to 2pm Monday, Thursday and Friday.
- Martham is open 8.00am to 5.30pm Monday to Friday. The practice closes at 6.30pm on a Wednesday.
- Caister is open 8.30am to 5.30pm Monday and Wednesday, 8.30am to 6.30pm Friday and 8.30am to 1pm Tuesday and Thursday. The practice closes 1pm to 2pm Monday, Wednesday and Friday.
- Hemsby is open 8.30am to 5.30pm Monday and Friday, 8.30am to 6.30pm Tuesday and 8.30am to 1pm Wednesday and Thursday. The practice closes 1pm to 1.30pm Monday, Tuesday and Friday. When practices close, patients may attend the other practices that are open.

When the practices are closed patients are able to use the out of hour's service provided by Integrated Care 24. Patients can also access advice via the NHS 111 service.

We reviewed the most recent data available to us from Public Health England which showed the practice has a smaller number of patients aged 0 to 44 years old compared with the national average. It has a larger number of patients aged 60 to 84 compared to the national average. Income deprivation affecting children is 14%, which is lower than the CCG average of 25% and the national average of 20%. Income deprivation affecting older people is 15%, which is lower than the CCG average of 17% and

Detailed findings

national average of 16%. Life expectancy for patients at the practice is 80 years for males and 83 years for females; this is similar to the national expectancy which is 79 years and 83 years respectively.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including the Clinical Commissioning Group to share what they knew. We carried out an announced visit on 18 September 2017. During our visit we:

- Spoke with a range of staff including GPs, nurses, administration and reception staff, dispensers and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and family members.
- Reviewed a sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- 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?

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- 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).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, detailed information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had reviewed and updated their patient registration forms and process to ensure reception checked all details at the point of registration. Significant events were discussed in practice meetings and at locality meetings where learning could be implemented across all of the branches. Learning was also shared with staff via a newsletter which showed outcomes and learning from significant events.
- The practice also monitored trends in significant events and evaluated any action taken. The practice kept a comprehensive log of significant events for continual monitoring.
- There was a clear system in place to monitor and action patient safety alerts. These alerts were actioned by a GP and there was a system to ensure older alerts were run on a regular basis and therefore incorporated into best practice. We checked three alerts and found any patients affected were managed appropriately.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. From the sample of documented examples we reviewed we found that the GPs held bimonthly safeguarding meetings with the health visitor and provided reports where necessary for other agencies. The practice also held monthly multidisciplinary meetings with the district nurses where adult safeguarding cases were discussed.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three and staff had completed additional training relating to female genital mutilation and 'prevent' (a government approved anti-terrorism training course).
- A notice in the waiting room and all clinical rooms 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. However, some of the systems and processes to monitor this needed improving:

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. However, there was no recorded hepatitis B status for the cleaning staff who managed clinical waste.
- The advanced nurse practitioner was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. However, the IPC protocol did not state how often audits needed to be

Are services safe?

undertaken. All sites had an IPC audit completed within the last two years. We saw evidence of improvements in IPC from the last audit. For example, lime scale had been removed from taps as a result of the last audit. We found that in two of the sites, there were fabric curtains. However, there was no protocol in place for how often these should be cleaned and for the method of cleaning. On the day of inspection, we found some out of date items, including scissors, dressings and stitch cutters. These were removed immediately. The practice stated they would review their IPC protocols and make improvements.

The arrangements for managing medicine in the dispensary needed review to minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). We found adequate arrangements in relation to emergency medicines.

- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained. There were dispensaries at the Hemsby and Caister sites. The practice had audited their dispensing service showing patients giving high levels of positive feedback. Many dispensing staff had completed appropriate training and had their competency annually reviewed. However, the practice were unable to evidence that one member of staff had an annual review of their competencies.
- The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed at the Hemsby site. However, we found these procedures were not practice specific at the Caister site. There was a variety of methods available to patients to order their repeat prescriptions. We found that repeat prescription for medicines supplied at the dispensary were signed and authorised by GPs before being handed to patients. The practice had centralised repeat prescription requests to the Martham site to help improve the service to patients in requesting their medicines, and to assist collaborative work with community pharmacists.
- There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular

monitoring in accordance with national guidance. Appropriate action was taken based on the results. We reviewed several patient records which confirmed that the procedure was being followed.

- Medicines were stored securely within the dispensary area and were only accessible to authorised staff in the Hemsby site. However, security at the Caister site needed to be improved to ensure only authorised staff had access to the dispensary. Records showed medicine refrigerator temperature checks were carried out to ensure medicines and vaccines requiring refrigeration were stored at appropriate temperatures. Processes were in place to check medicines following alerts and recalls of medicines and to check medicines for expiry to ensure they were safe for use at the Hemsby site. At the Caister site, an annual stock check was undertaken by an external company, however there was no documented evidence of checks between these to ensure medicines were within their expiry date and safe to use.
- Staff at the Caister site did not record near misses which occurred in the dispensing process, so they could not identify themes and amend procedures to reduce the risk of errors.
- Emergency medicines we checked were within their expiry date and there was a comprehensive system to monitor this.
- Blank prescription forms were kept securely and there was a log to track their use.
- The practice held stocks of controlled drugs at the Hemsby site (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had standard procedures in place that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs and the practice carried out regular audits of controlled drugs.
- Five of the nurses had qualified as independent prescribers and could therefore prescribe medicines for clinical conditions within their scope of practice. They received mentorship and support from the medical staff for this extended role. The nurses met with a GP

Are services safe?

informally on a daily basis to discuss prescribing decisions and clinical interventions. This mentorship system was also in place for the pharmacists. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed four personnel files and found 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. We found there was a comprehensive log to monitor registration with the appropriate professional bodies.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety across all sites.

- There was a health and safety policy and risk assessment available.
- The practice had up to date fire risk assessments and carried out regular fire drills. There were designated fire marshals within the practices. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- 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 a variety of other 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 was a comprehensive plan in place to monitor and complete actions highlighted, including monitoring water temperatures.

- 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. Each day, the GP and site manager reviewed appointment availability and made adjustments where appropriate.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents across all sites.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were appropriate emergency medicines available in the treatment room at every site.
- The practice had a defibrillator available at all the sites and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice at each site 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through regular discussion at meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 95% and national average of 95%.

The overall exception reporting was 13% which was 1% below the CCG average and 3% above the 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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 98%, this was 8% above the CCG and England average. The exception reporting rate was 18%, which was higher than the CCG average of 17% and the national average rate of 12%. The prevalence of diabetes was 9% which was higher than the CCG average of 8% and the national average of 6%.
- Performance for mental health related indicators was 95%. This was 5% above the CCG average and 2% above the England average. The exception reporting rate was

7%, which was lower than the CCG average of 19% and England average of 11%. The prevalence of patients with recorded mental health conditions in the practice was 1%, which was equal to the CCG and national averages.

- Performance for dementia related indicators was 100%, which was 5% above the CCG average and 3% above the England average. The exception reporting rate was 19%, which was above the CCG average of 14% and England average of 13%. The prevalence of dementia was 1% which was equal to the CCG and national averages.
- The performance for depression was 100%. This was 5% above the CCG average and 8% above the England average. The prevalence of patients recorded as having depression was 5%, which was lower than the CCG prevalence of 9% and the national prevalence of 8%. The exception reporting rate was 26%, which was equal to the CCG average of 26% and higher than the England average of 22%.

There was evidence of quality improvement including clinical audit:

- There had been 12 completed clinical audits commenced in the last two years, where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice had completed an audit relating to renal monitoring of patients on specific medicines. As a result of this audit, all patients on the medicine were now monitored to regulate renal function and patients who were discharged from hospital on the medicine were followed up.
- Other audits demonstrated improvements in relation to patient safety alerts, dispensary bar codes, antibiotic prescribing, follow ups for diabetic patients that were exception reported and opiate prescribing.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There was also evidence of role specific induction for staff.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions had training in areas including respiratory conditions and diabetes. The nursing and HCA staff were also due to complete a spirometry course.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Most staff had received an appraisal within the last 12 months. Staff told us training was actively encouraged and they felt able to request training relevant to their role.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documented examples we reviewed we found 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 after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals, including district nurses, health visitors, Macmillan nurses, and the pharmacist on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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. The practice held monthly meetings with the palliative care specialists to discuss patients receiving end of life care.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking cessation.
- The practice provided rooms for other agencies including the midwife, physiotherapy and speech and language therapy.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the England average of 82%. Patients who did not attend for their cervical screening test were contacted to

Are services effective?

(for example, treatment is effective)

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.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice contacted all patients who did not attend and answered questions about the procedure and offered appointments at a time that suited the patient.

- 61% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months which was in line with the CCG average of 60% and the England average of 58%.
- 63% of females aged 50 to 70 had been screened for breast cancer in the last 36 months which was lower than the CCG average of 72% and an England average of 73%.

Childhood immunisation rates were in line with CCG and England averages. Flexible appointments were available for

patients receiving childhood immunisations and the practice also had an open access system. This ensured that children could be seen without a formal appointment for immunisations. The practice also had a waiting area with toys for children.

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. The practice had completed 554 health checks so far for 2017/18 (April 1st to 18th September 2017) which had improved from 431 for 2016/17. This was due to an improved recall and invite system. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had completed 26 health checks out of 92 so far for 2017/18 for patients with learning disabilities. The practice recognised the need to complete more health checks for this group. There was an improvement so far from last year which saw the practice complete 18 health checks. The practice had improved recall.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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. There was a sign up in reception to advise patients of this.
- Patients could be treated by a clinician of the same sex.

Six of the seven patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One comment card reported on the negative attitude of staff. We spoke with five patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey, published in July 2017, showed patients felt they were treated with compassion, dignity and respect. The practice was in line with, or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 90% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 86%.

- 96% 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%
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 86%.
- 98% of patients said the nurse was good at listening to them compared with the CCG average of 93% and the national average of 91%.
- 99% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 98% 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%.
- 85% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey, published in July 2017, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.

Are services caring?

- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

- Staff told us that interpretation 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. A hearing loop was also available.
- Information leaflets were available in easy read format.
- Leaflets included information on well-being, local voluntary groups and health promotion.

- All sites were accessible for those with disabilities.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 355 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. This included information and support groups for young carers.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered appointments at each site to ensure that patients could be seen within opening hours. Patients could be seen at any practice site.
- 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. The practice also had a dedicated clinician for home visits to local care homes.
- The practice pharmacists reviewed prescriptions to ensure polypharmacy was avoided when possible. The pharmacists also undertook clinics in the practice to help patients manage their medicines. The practice had also run a clinic with a pharmacist and GP to help reduce opiate use, in line with an 'opiate aware' campaign. The pharmacists also worked closely with local pharmacies on a local 'self-care' project. The practice had completed a patient satisfaction survey relating to consultations with pharmacists and scored either 'very good' or 'excellent' for every question.
- The practice ensured there were systems in place for temporary patients over the holiday periods. There were also systems and processes in place to effectively liaise with the registered GPs for these patients.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning. The practice held monthly best practice meetings for these patients and invited attendance from the district and Macmillan nurses.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.

- There were accessible facilities, which included a hearing loop, and interpretation services available at every site.
- The practice had implemented the NHS England Accessible Information Standard to ensure disabled patients received information in formats that they could understand and received appropriate support to help them communicate.
- The practice hosted services including a midwife, physiotherapist and speech and language therapist at the Martham site so patients could access these services close to home, reducing the need for excess travel.
- The practice also hosted a 'memory joggers' group. The 'memory joggers' group aided those patients living with dementia to reminisce and offered support to patients. The service was positively commented on by patients.
- The practice held a food bank at the Hemsby site.

Access to the service

Appointments could be booked up to four weeks in advance with GPs and nurses. Urgent appointments were available for people that needed them, as well as telephone appointments. Online appointments were available to book up to one month in advance.

- Ormesby was open between 8.30am and 5.30pm Monday and Friday, 8.30 to 1pm Tuesday and Wednesday and 8.30am to 6.30pm on Thursdays. The practice closed from 1pm to 2pm Monday, Thursday and Friday.
- Martham was open 8.00am to 5.30pm Monday to Friday. The practice closed at 6.30pm on a Wednesday.
- Caister was open 8.30am to 5.30pm Monday and Wednesday, 8.30am to 6.30pm Friday and 8.30am to 1pm Tuesday and Thursday. The practice closed 1pm to 2pm Monday, Wednesday and Friday.
- Hemsby was open 8.30am to 5.30pm Monday and Friday, 8.30am to 6.30pm Tuesday and 8.30am to 1pm Wednesday and Thursday. The practice closed 1pm to 1.30pm Monday, Tuesday and Friday. When practices closed, patients were able to attend the other practices that were open.

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 generally in line with, or above local and national averages.

Are services responsive to people's needs?

(for example, to feedback?)

- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 71%.
- 92% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 88% and the national average of 84%.
- 87% of patients said their last appointment was convenient compared with the CCG average of 84% and the national average of 81%.
- 84% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 69% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 64%.
- The practice had noted that there was one result lower than local and national averages. 67% of patients were satisfied with the practice's opening hours compared with the Clinical Commissioning Group (CCG) average of 80% and the national average of 76%. As a result, the practice were reviewing the opening hours of the branch surgeries to improve patient satisfaction.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The reception team worked alongside a doctor to triage the calls. There was a protocol for reception staff to follow. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and there was a poster up for complaining to an external stakeholder.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, further training was given to reception staff on how to deal with sensitive issues with patients following a complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice also had objectives which were achievable and reflective of the population the practice served.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas, including long term condition management.
- The practice ensured there was the opportunity for staff to work across all sites. There was a system of meetings in place to provide the management team with a clear oversight of all practices.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. However, the standard operating procedures for the Caister dispensary were not specific to the dispensary.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. The practice also held regular meetings where staff from all sites attended to ensure improvements and strategies were carried out across all sites.
- The practice had a comprehensive audit programme that reflected current evidence based guidelines to review performance and make improvements.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice needed to review the systems and processes in the Caister dispensary for security, staff training, near miss reporting, regular stock checks and standard operating procedures to ensure these were safe. The practice also needed to review the system for monitoring equipment in clinical rooms to ensure it was safe to use and the protocol for the cleaning of fabric curtains.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints across all sites.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. Many staff commented that communication was one of the things the practice did well, across all sites. Staff felt informed of any changes and involved in the development of the practices.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of three documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, detailed information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

Are services well-led?

Good 

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

- The practice held and recorded a range of multi-disciplinary meetings including meetings with district nurses and Macmillan to monitor vulnerable patients. GPs met regularly with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings. The practice also held 'locality' meetings regularly where the site leads and partners would discuss events across all sites. This ensured a comprehensive overview of performance for the management team.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff reported good communication within the practice. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, following suggestions from staff, the practice held regular flu days to encourage an increase in the number of immunisations carried out.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had held information days about certain health conditions after discussion with the PPG. The meetings were always attended by the practice manager, a member of the reception team and a lead GP. The minutes from these meetings were held online for the public to access.
- The NHS Friends and Family test, complaints and compliments received.
- Staff through regular team meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run and that communication was a strong aspect of this practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and were keen to upskill members of staff where possible. An example of this was extra training given to the pharmacist prescribers and dispensers. Also, the healthcare assistants were being trained to complete spirometry and a nurse was being supported to undertake a research role. Staff reported training was encouraged. The practice was also part of the GP Pharmacist Pilot scheme which increased their staffing from one to two pharmacists and their ability to manage patients with mental health conditions and management of patients in care homes. The practice was also involved in the NHS Qualitas work stream project.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• There was no system in place to monitor and ensure that equipment and dressings in clinical rooms were safe to use. We found out of date items in a clinical room.• There was no formal system or policy in place for the cleaning of fabric curtains. The immunisation status of the external cleaning staff was unknown and no risk assessment was in place for this.• The standard operating procedures for the Caister dispensary were not practice specific.• There was a member of staff in dispensary that did not have formal qualifications and there was no evidence of a competency assessment in place.• The security of the Caister dispensary did not restrict access to authorised staff only.• The Caister dispensary did not record near misses.• The Caister dispensary had an external company to complete annual stock checks but did not carry out regular expiry date checks on medicines.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	