

Wensum Valley Medical Practice

Quality Report

West Earlham Health Centre
West Earlham
Norwich, Norfolk
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Date of inspection visit: 12 October 2016

Website: www.wensumvalleymedicalpractice.nhs.uk Date of publication: 01/02/2017

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

Ratings

Overall rating for this service

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

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 Wensum Valley Medical Centre in Norwich on 12 October 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and generally well managed. Improvement was needed in several areas, for example the record keeping on the cleaning of clinical equipment and the recording of staff immunisation status.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had participated in end of life cooperative working with a local hospice for the evaluation and education of non-clinical staff.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had shared its processes for dealing with suspect non accidental bruising in babies with the local safeguarding team – who had commented this would be used for training GPs across Norfolk.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure that the immunisation status of staff is recorded or, where deemed not required, risk assessed.

Summary of findings

- Continue to explore ways to encourage patients to attend for appointments and engage with national screening programmes for breast and bowel cancer
- Embed and monitor the new practice policies and procedures and ensure that staff can access and use them.
- Ensure that medicine reviews (including those for high risk medicines) are undertaken using a uniform approach.
- Ensure that effective records on the cleaning of clinical equipment are in place.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support. They were told about any actions to improve processes to prevent the same thing happening again.
- Arrangements were in place to safeguard children and vulnerable adults from abuse.
- Risks to patients were assessed and generally well managed. Improvement was needed in several areas, for example maintaining effective records on the cleaning of clinical equipment and the recording of staff immunisation status'.
- Processes were in place for handling repeat prescriptions but when we reviewed the prescribing protocol we found this contained out of date guidance and was not personalised to the practice. The practice had transitioned to electronic prescribing shortly before the inspection and were in the process of revising the policy. When we reviewed the processes for reviewing high risk medicines we saw this took place, but not always with appropriate consistency. We saw that audits and monitoring of high risk medicines were done by individual GPs.
- Patient group directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average compared to the national results. The 2015/16 published results showed that the practice had achieved 95% of the total number of points available. This was 2% below the local average and in line with the England average. The practice reported 25% clinical exception reporting, which was 13% above CCG and 16% above national average (exception reporting is the removal of patients

Requires improvement



Summary of findings

from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). We saw that the practice had undertaken various approaches to encourage patients to attend, for example, through news bulletins and personal letters

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice worked with other community agencies to secure quality outcomes for patients and reached out to the local community. Examples we saw included end of life cooperative working with a local hospice for the evaluation and education of non-clinical staff; and sharing of processes for dealing with bruised babies with the local safeguarding team.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice generally in line with the average for most aspects of care.
- Patients we spoke to 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 easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group.
- Patients said 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.
- The practice worked closely with other organisations and with the local community in planning how services were provided to

Good



Summary of findings

ensure that they meet patients' needs. For example, the practice participated in end of life cooperative working with a local hospice for the evaluation and education of non-clinical staff; and the practice had shared its processes for dealing with bruised babies with the local safeguarding team – who had commented this would be used for training GPs across Norfolk

- The practice was very aware of its local population and there were innovative approaches to providing integrated patient-centred care. It was proactive in improving access for hard to reach groups to encourage them to attend the practice if required, for example, for local sex workers. The practice had communication links with support networks for these and other vulnerable patients and utilised these to seek contact with patients if they had not attended or if the practice had concerns. The practice manager had also, successfully, recruited a members into its patient participation group to ensure inclusion and awareness of the views of patients that may be vulnerable.

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 we spoke with 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 a number of policies and procedures to govern activity but we found that these had not all been reviewed in a timely manner, with some containing out of date information, for example the prescribing protocol; some were generic policies and not practice specific. The practice had transitioned to electronic prescribing shortly before the inspection. We also found that access to some policies was challenging as they were not kept in a dedicated folder or place on the practice's computer system.
- The provider was aware of, and complied with, the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and included a good variety of patients from different population groups.
- The practice held regular fundraising events to support local charities and the local population. For example, bake off competitions and world book night giveaway.

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 requires improvement for providing safe and effective services and the issues that led us to give this rating apply to the patients in this population group. However we also noted some areas of good practice for older people:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, were generally in line with local and national averages. However, exception reporting rates were high for conditions commonly found in older people, for example, dementia and chronic obstructive pulmonary disease. The practice did not demonstrate a clear action plan to address this.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for providing safe and effective services and the issues that led us to give this rating apply to the patients in this population group. However we also noted some areas of good practice for people with long term conditions:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Performance for diabetes related indicators was above the CCG and national average. With the practice achieving 94%, this was 5% above the CCG average and 5% above the national average. Exception reporting for diabetes mellitus related indicators was high compared to local and national averages. For example, the percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March was 41% compared to the local average of 21% and the national average of 20%.
- Performance for asthma related indicators was above the CCG and national average. With the practice achieving 100%, this

Requires improvement



Summary of findings

was 1% above the CCG average and 3% above the national average. Exception reporting for asthma related indicators was high compared to local and national averages. For example, the percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions was 37% compared to the local average of 10% and the national average of 8%.

- Exception reporting rates were high and the practice did not demonstrate a clear action plan to address this.
- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as requires improvement for providing safe and effective services and the issues that led us to give this rating apply to the patients in this population group. However we also noted some areas of good practice for the care of families, children and young people.

- 27% of the practice population was under the age of 18. The practice is in an area where national data shows the deprivation to be the highest in Norwich and the fifth highest in Norfolk. The practice explained that this posed great challenges in meeting the needs of safeguarding children.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were in line with or above the local averages for most standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had a comprehensive cervical screening programme. The practice's percentage of patients receiving the screening according to 2014-2015 data was 80%, which was in line with the local average of 83% and the England average of 82%. Patients that had not attended for a screening appointment were followed up with letters and telephone calls.

Requires improvement



Summary of findings

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

Working age people (including those recently retired and students)

The practice is rated as requires improvement for providing safe and effective services and the issues that led us to give this rating apply to the patients in this population group. However we also noted some areas of good practice for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.
- Extended hours appointments were not available but the practice explained that they had received little demand for this.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for providing safe and effective services and the issues that led us to give this rating apply to the patients in this population group. However we also noted some areas of good practice for the care of people whose circumstances may make them vulnerable and we rated the practice outstanding in being responsive for this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had 132 registered patients with a learning disability of which 103 had received an annual review in the last 12 months.

Requires improvement



Summary of findings

Three patients were under specialist care, four patients had responded to contact from the practice and 22 patients were due for a review. The practice offered longer appointments for patients with a learning disability.

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Patients who were carers were proactively identified and signposted to local carers' groups. The practice had 122 (1%) patients registered as carers.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was very aware of its local population. It was proactive in improving access for hard to reach groups to encourage them to attend the practice if required. This included local sex workers. The practice had communication links with support networks for these and other vulnerable patients and utilised these to seek contact with patients if they had not attended or if the practice had concerns. The practice manager had also, successfully, recruited members into its patient participation group to maximise awareness of this vulnerable group's needs and challenges.
- The practice provided a hospital admission prevention service together with the local community matrons. When we spoke with the community matrons they told us this worked very well. We saw that there was excellent liaison between the GPs and local services and hospitals. Community nurses visited patients in hospital and assisted with planned discharges where possible so that patients would receive the most appropriate continuation of care with a high awareness of individual situations by the clinical staff in the practice.
- The practice worked with other community agencies to secure quality outcomes for patients. Examples we saw included cooperation with the local housing scheme to support vulnerable people. End of life cooperative working with a local hospice for the evaluation and education of non-clinical staff. Sharing of processes for dealing with non-accidental bruising in babies with the local safeguarding team – who had commented this would be used for training GPs across Norfolk.

Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for providing safe and effective services and the issues that led us to give this rating apply to the patients in this population group. However we also noted some areas of good practice for the care of people experiencing poor mental health (including people with dementia).

- The practice had 39 registered patients with dementia, of which 39 had received an annual review in the last 12 months.
- The practice had 165 registered patients experiencing poor mental health, of which 120 had received an annual review. The practice informed us that 32 patients were due a review in 2016 and 13 patients had not engaged with the practice but would be re-invited.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- In recognition of local needs to improve mental health services the practice was leading a local mental health management plan with other local practices to improve mental health worker presence in the practices.

Requires improvement



Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was performing generally below local and national averages. 318 survey forms were distributed and 107 were returned. This represented a 34% response rate.

- 84% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%.
- 77% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.

- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and the national average of 78%.

We received 27 Care Quality Commission comment cards, of which 20 were positive about the service experienced, one was negative without specifics, three were positive but mentioned difficulties in obtaining appointments with a clinician of choice and three were positive but stated a clear preference for one GP above the others. The comments stated that the patients felt the practice offered a first class service and that staff were kind, caring and treated them with dignity and respect. Various cards stated that patients felt listened to and considered the practice well organised and clean.

The patient participation group (PPG) was active but there were no members present for us to talk to.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that the immunisation status of staff is recorded or, where deemed not required, risk assessed.
- Continue to explore ways to encourage patients to attend for appointments and engage with national screening programmes for breast and bowel cancer
- Embed and monitor the new practice policies and procedures and ensure that staff can access and use them.
- Ensure that medicine reviews (including those for high risk medicines) are undertaken using a uniform approach.
- Ensure that effective records on the cleaning of clinical equipment are in place.

Wensum Valley 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, a practice manager specialist adviser and a nurse specialist adviser.

Background to Wensum Valley Medical Practice

The Wensum Valley Medical Practice is situated in Norwich, Norfolk. The practice provides services for approximately 12500 patients. It holds a Personal Medical Services contract with Norwich CCG and operates from three locations in Norwich.

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

The practice informed us their area is considered to have the highest in deprivation in Norwich and the fifth highest

in Norfolk. The practice explained that they were the practice with the highest number of children on child protection plans, the highest number of “at risk” children and the highest ratio of non-attenders.

The practice has three male GP partners, four female salaried GPs and four regular locum GPs. There are one nurse practitioner and four practice nurses. The practice also employs a practice manager and teams of reception, administration and prescribing staff with their own leads as well as three secretaries and two medical summarisers.

The practice operates from three locations: West Earham Health Centre is open from Monday to Friday 8am to 1pm and from 2pm to 6.30pm. Adelaide Street Health Centre is open from Monday to Friday 9am to 1pm and from 2pm to 5.30pm. And Bates Green Assessment and Treatment Centre which is used by the nurse practitioner and for minor surgery. Out-of-hours care is provided by IC24.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 October 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for, and talked with carers and family members.
- Reviewed an anonymised 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.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Staff told us they would inform their line manager of any incidents either verbally or via an incident form. We saw that managers investigated incidents immediately if required and shared these at practice meetings. The incident recording supported the recording of notifiable incidents under the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The information was monitored by a designated member of staff for relevance and shared with other staff, as guided by the content of the alert. Any actions required as a result were brought to the attention of the relevant clinician(s) to ensure issues were dealt with. Clinicians we spoke with confirmed that this took place.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. Safeguarding policies were accessible to all staff however, the vulnerable adults policy did not identify who the lead was although staff informed us there was a lead GP for safeguarding. Immediately after the inspection the practice sent us evidence of a bulletin they sent out to ensure all staff were aware of who to approach with safeguarding

concerns. Safeguarding guidelines were on display in the consultation rooms. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies or healthcare professionals (for example health visitors and school nurses). Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3.

- A notice 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 check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice and attended annual conferences in the locality. There was an infection control protocol in place and all staff had received up to date training. An infection control audit was undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the installation of towel dispensers on the walls. When we reviewed the cleaning logs for specific equipment we found it could be improved, for example the frequency of checks on equipment used for wax removal.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice generally kept patients safe (including obtaining, prescribing, recording, handling, and security).
- We saw that medicines requiring cold storage were kept in refrigerators. Records did not assure us that appropriate temperatures were consistently recorded but we saw evidence of a significant event relating to the temperature of the fridge being outside the recommended range (due to being unplugged), which showed that appropriate actions were taken.
- Prescription pads were securely stored and there was a system in place to monitor and track their use.
- Processes were in place for handling repeat prescriptions but when we reviewed the prescribing protocol we found this contained out of date guidance

Are services safe?

and was not personalised to the practice. GPs informed us that the prescribing lead met with the local CCG's pharmacist every two months. The practice had transitioned to electronic prescribing shortly before the inspection. When we reviewed the processes for reviewing high risk medicines we saw this took place, but not always using a set protocol, and as such with consistency. However, we did see that audits and monitoring of high risk medicines were done by individual GPs. The practice advised us they would implement a consistent approach immediately. Patient group directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. The practice was unable to provide us with evidence of staff's immunisation status on the day of inspection. We did see evidence that Hepatitis B status was queried at staff appraisals and a policy was in place stating who required immunisation status. When we reviewed locum staff files we found that appropriate information was kept in the files we reviewed.

Monitoring risks to patients

Some risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy in place and premises related risk assessments were undertaken. The practice had up to date fire risk assessments and carried out regular fire alarm tests. There were directions of what to do in the event of a fire and a selection of staff were trained as fire marshals.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to

monitor safety of the premises, such as control of substances hazardous to health and infection control and legionella, undertaken annually for all locations (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There were also audible alarms present at the reception desks of all three locations.
- All staff received annual basic life support training and there was a wide array of emergency medicines available. Emergency medicines were accessible and all staff knew of their location. All the emergency medicines we checked were in date and stored securely and a defibrillator was available on the premises and oxygen with adult and children's masks. There were resuscitation guidelines available in the practice but we saw that these were not the most recent available (2010 instead of 2015 guidance). The practice informed us they would replace this immediately.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for services. We did find that the plan was focussed on the main location at West Earlham and included very limited information on the branch locations. But a flooding incident had occurred at one of the practice's branch locations the day before our inspection and we noted that the continuity plan was used effectively – ensuring patients could be seen at the other locations and clinical care was unaffected.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

The practice had systems in place 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. Policies supporting these systems were not always up to date or reviewed in a timely way but we saw that GPs undertook audits to ensure relevant and current care delivery. For example, regarding the use of valproate (used to treat epilepsy and bipolar disorder and to prevent migraine headaches) in females of child bearing age.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The 2015/16 published results showed that the practice had achieved 95% of the total number of points available. This was 2% below the local average and in line with the England average.

- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, dementia, depression, diabetes, epilepsy, heart failure, hypertension, learning disability, mental health, osteoporosis: secondary prevention of fragility fractures, palliative care and rheumatoid arthritis were better or in line with the CCG and national averages.
- Performance for peripheral arterial disease related indicators was lower compared to the CCG and national average. With the practice achieving 82%, this was 16% below the CCG average and 15% below the national average.
- Performance for secondary prevention of coronary heart disease related indicators was lower compared to the CCG and national average. With the practice achieving

76%, this was 21% below the CCG average and 19% below the national average. The practice explained this number appeared worse than in reality due to the low number of patients involved in this indicator.

- Performance for stroke and transient ischaemic attack related indicators was lower compared to the CCG and national average. With the practice achieving 85%, this was 14% below the CCG average and 12% below the national average.

The practice reported 25% clinical exception reporting, which was 13% above CCG and 16% above national average (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2015/16 showed the following examples amongst others:

- Exception reporting for 'the percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions' was 37% which was 27% above CCG average and 29% above the England average.
- Exception reporting for 'the percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months' was 38% which was 21% above CCG average and 26% above the England average.
- Exception reporting for 'the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 12 months' was 73% which was 52% above CCG average and 62% above the England average.

GPs told us they also found it difficult sometimes to track non attending patients to invite them to attend, especially for those in more challenging situations. We saw that the practice had undertaken various approaches to encourage patients to attend, for example, through news bulletins and personal letters.

The practice was proactive in engaging with their patients, especially for patients that were considered vulnerable. The practice had 39 registered patients with dementia, of which 39 had received an annual review in the last 12 months.

Are services effective?

(for example, treatment is effective)

The practice had 165 registered patients experiencing poor mental health, of which 120 had received an annual review. The practice informed us that 32 patients were due a review in 2016 and 13 patients had not engaged with the practice but would be re-invited.

Clinical and non-clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw evidence of ten clinical audits that the practice had undertaken. We saw evidence of multiple and completed audit cycles where the improvements found were implemented and monitored. We also saw that the practice proactively audit their system on review dates for patients on various medicines and following incidents.

For example, we saw evidence of an audit of the records of children on the protection register that were not flagged with a safeguarding icon. This indicated that 29% of the children on the register did not have the icon added by external services involved in the patient care. This was corrected by the practice and the outcomes shared with the local safeguarding team and other agencies to ensure that flagging of records would be consistent in the future.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It included role specific training on various elements of the different roles including safeguarding, health and safety and confidentiality. The practice had a locum induction process.
- 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. Staff we spoke with confirmed this took place and told us they had ample development opportunities. We were told that if staff undertook training in their own time the practice reimbursed them.
- Staff had access to mandatory learning, and made use of, e-learning training modules, in-house and external training. When we reviewed the training records we saw that training the practice considered to be mandatory

was mostly up to date for all staff. Some staff were overdue different elements of training by several months. The practice manager explained that this would be addressed immediately. Staff informed us they felt well supported.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice 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. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.
- The practice worked with other community agencies to secure quality outcomes for patients. Examples we saw included cooperation with the local housing scheme to support vulnerable people and end of life cooperative working with a local hospice for the evaluation and education of non-clinical staff.

The local multi agency safeguarding hub had also fed back to the practice regarding the practice's contribution to the assessment of risk and discussion around the strategy of inter-agency working.

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.

Are services effective?

(for example, treatment is effective)

- 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.
- There was a learning bulletin in circulation in the practice that made reference to Gillick competence and Fraser guidelines (guidelines that help balance children's rights).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

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

The practice had a comprehensive cervical screening programme. The practice's percentage of patients receiving the intervention according to 2014-2015 data was 80.2%,

which was in line with the local average of 83.1% and the England average of 81.8%. Patients that had not attended for a screening appointment were followed up with letters and telephone calls.

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. The breast cancer screening rate for females aged 50-70 for the past 36 months was 68.3% of the target population, which was below the CCG average of 75.9% and national average of 72.2%. Furthermore, the bowel cancer screening rate for persons aged 60 to 69 the past 30 months was 50.3% of the target population, which was below the CCG average of 61.3% and the national average of 57.9%.

Childhood immunisation rates for the vaccinations given to under two year olds during 2014-15 ranged from 71.4% to 98.5% compared to the local average of 68.3% to 97.7% and for five year olds from 66.0% to 97.9% compared to the local average of 68.3% to 96.7%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

We received 28 Care Quality Commission comment cards, of which 20 were positive about the service experienced and commented on how well the practice had dealt with children and the staff were friendly, caring and treated patients with dignity and respect.

Results from the National GP Patient Survey published in July 2016 were generally slightly below the CCG and national averages for patient satisfaction scores. For example:

- 77% of patients said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 70% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

The three patients we spoke with told us they felt involved in decision making about the care and treatment they

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

Results from the National GP Patient Survey published in July 2016 showed patients generally responded positively to questions about the involvement in planning and making decisions about their care and treatment. Results were slightly below local and national averages with regard to GPs and above average for nurses. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 90%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. We saw that some of the information available in the practice's waiting areas was specifically tailored to the practice's population, for example healthy eating guidance, menopause support and a variety of support options for teenagers and young people. The practice's website also directed patients to plenty of information supporting healthy lifestyles. There was a section dedicated to the services the practice offered for young people addressing matters such as sexual health and confidentiality. Chlamydia screening tests were also available at the practice.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 122 (approximately 1%) patients as carers. Written information was available to carers to inform them of the various avenues of support available to them.

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

by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice participated in end of life cooperative working with a local hospice for the evaluation and education of non-clinical staff.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- 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 looked after older patients living in local care homes and supported living housing; each had an allocated lead GP and home visits were undertaken more than once a week where required.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- There were disabled facilities and translation services available, although one toilet did not have a light switch suitable for wheelchair users. The check in screen could be used in variety of languages.
- Online appointment booking, prescription ordering and access to medical records was available.
- The practice hosted external services to improve access for patients, for example wellbeing services, smoking cessations services and drugs and alcohol rehabilitation services.
- The practice offered bariatric health checks to patients with a body mass index of over 30 to ensure they were having their vitamins and were eating healthily.
- The partners explained they promoted a "dress down" approach for all staff, including nurses and GPs so that patients would not feel distanced and would be more forthcoming about their (sometimes complicated) health concerns. We saw that personal protective equipment, such as aprons and gloves were being used appropriately.
- The practice was very aware of its local population. It was proactive in improving access for hard to reach groups to encourage them to attend the practice if required, for example, for local sex workers. The practice had communication links with support networks for these and other vulnerable patients and utilised these to seek contact with patients if they had not attended or

if the practice had concerns. The practice manager had also, successfully, recruited members into its patient participation group to ensure inclusion and awareness of the views of patients that may be vulnerable.

- The practice worked with the local housing scheme to support vulnerable people.
- The practice participated in end of life cooperative working with a local hospice for the evaluation and education of non-clinical staff.

Access to the service

The practice operated from three locations: West Earham Health Centre was open from Monday to Friday 8am to 1pm and from 2pm to 6.30pm. Adelaide Street Health Centre was open from Monday to Friday 9am to 1pm and from 2pm to 5.30pm. And Bates Green Assessment and Treatment Centre which was used by the nurse practitioner and for minor surgery. Out-of-hours care was provided by IC24.

The practice did not offer routine telephone consultations. They explained that this had been trialled and deemed unsuccessful. The practice felt face to face consultations were safer and more appropriate for their patient population in general, partly due to the high number (27%) of patients under the age of 18.

We received 28 Care Quality Commission comment cards. Four cards were positive but contained comments around difficulties obtaining appointments with a clinician of choice. Four other cards indicated a preference for a specific GP.

Patients we spoke with told us they occasionally encountered difficulties in obtaining appointments, specifically with a clinician of their choice.

Results from the National GP Patient Survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was generally in line with local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 84% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 68% of patients usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 65% and the national average of 65%.
- 73% of patients describe their experience of making an appointment as good compared to the CCG average of 74% and the national average of 73%.
- 60% of patients usually get to see or speak to their preferred GP compared to the CCG average of 58% and the national average of 59%.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There were designated responsible persons who handled all complaints in the practice. The practice reviewed the complaints on a regular basis.

We saw that information was available to help patients understand the complaints system on the practice's website and in their information leaflet. Information about how to make a complaint was also displayed on the wall in the waiting area. Reception staff showed a good understanding of the complaints' procedure.

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner. There was a system in place for staff to learn from complaints through discussion at monthly clinical governance meetings or via direct feedback.

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 strategy and supporting business plans which reflected the vision and values which were regularly monitored. The partnership in place had been in place for two years and showed a strong understanding of their local population and associated challenges.

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 in place and ensured that:

- There was a clear staffing structure and rota planning and staff were aware of their own roles and responsibilities. The various teams in the practice each had their own lead individual.
- The GPs and nurses were supported to address their professional development needs for revalidation.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The practice's QOF exception reporting was high in certain areas and required further improvement to secure improved outcomes for patients.
- The practice had a number of policies and procedures to govern activity but these had not all been reviewed in a timely manner, with some containing out of date information, for example the prescribing protocol; some were generic policies and not practice specific. We also found that access to some policies was challenging as they were not kept in a dedicated folder or place on the practice's computer system. The practice informed us shortly after the inspection they had purchased a new policy system and were personalising and reviewing all policies. We saw evidence that policies were being updated.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions but some improvements were needed.
- The practice proactively reviewed its processes in response to survey data to with the aim to improve access to appointments.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. We noticed that the practice manager had strong leadership influence and all staff, including the partners, spoke positively about their leadership capabilities.

The partners and practice manager explained that they put a strong focus on maintaining a good work/life balance and tried to avoid clinicians working continuously long shifts. This was based on the demands and challenges they experienced with the practice population. We were provided with evidence of several incidents during which GPs had been seriously threatened and insulted. These incidents had raised awareness in the practice and staff were supported in recognising and reporting these situations.

Staff told us that various regular team meetings were held. Staff explained that they had the opportunity to raise any issues at these meetings, were confident in doing so and felt supported if they did. Staff said they felt respected and valued by the partners in the practice.

The practice held regular fundraising events to support local charities and the local population. For example, bake off competitions and world book night giveaway.

The practice explained to us that 55% of the GP workload was undertaken by locum GPs. Rationale given by the practice for this was that in line with the national picture, recruitment had proven difficult in the area. The practice did state that most locums they used were locally based GPs with whom they had worked long term.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the PPG, surveys, the National GP Patient Survey, the Friends and Family test and complaints received. The PPG was proactive and gave feedback to the practice through meetings with designated members of staff. The group had

Are services well-led?

Good 

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

devised an action plan for 2016-17, in response to surveys and comments, to enhance and support the practice. This included actions to reduce the noise in the waiting rooms, address queuing at the front desk, improve bereavement processes and the installation of informative posters, for example to inform patients how to best use their 10 minute appointment slots.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice manager explained that they had recently set up a local peer support group for practice managers. This group had met three times at the time of our inspection and was used to discuss, develop and share business matters between practice managers as well application of action learning so that all practice managers involved could benefit and share this with their practice. This group was open to all local practice managers.

In recognition of local needs to improve mental health services the practice was leading a local mental health management plan with other local practices to improve mental health worker presence in the practices.

As well as discussing significant events with staff, they were discussed with people outside the practice so that ideas for improvement could be shared. For example, the sharing of processes for dealing with bruised babies with the local safeguarding team – who had commented this would be used for training GPs across Norfolk.

The practice produced regular staff publications on good practice, learning points, staff experience, changes in guidance, patient experience, significant event learning and refresher training, these contained a variety of information depending on the subject and ranged from guidance to how to deal with out of hours referrals to patient gratitude messages. We saw that in 2016, up to the date of our inspection, the practice had produced 116 publications and included topics such as Female Genital Mutilation (FGM), various child protection guidance and a vast range of other topics. Staff commented these were very useful and helped them to share good practice, stay refreshed on a variety of topics and were used as reference if needed.