

# The Taverham Partnership

## 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 Taverham Partnership on 5 October 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks, infection control and the dispensary.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- 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.
- Patients said they found it easy to make an appointment with a GP and that 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.
- 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.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must

# Summary of findings

- Ensure that all non-clinical staff who act as a chaperone have received training, are competent to perform the role and have had a risk assessment completed to determine whether a disclosure and barring service check is required.
- Ensure that staff working in the dispensary complete appropriate training to demonstrate their knowledge and competence to undertake the role safely.
- Complete an up to date legionella risk assessment to ensure the safe management of the water system in the building

The provider should also;

- Have a clear plan in place to complete the full clinical audit cycles
- Review the systems used to investigate significant events and complaints to ensure that learning is maximised and records are clear.

- Check that cleaning records are maintained for quality monitoring purposes
- Enhance infection control practice by improving the knowledge and skills of the infection control lead and ensuring that audit plans are actioned.
- Implement regular controlled drugs audits, include near miss reporting in the dispensary and improve fridge temperature monitoring checks
- Review the recruitment policy to ensure that current legislation around recruitment procedures are being followed.
- Extend the current methods used to seek patient feedback about the service
- The business continuity plan should include an up to date list of emergency contact numbers for staff.

**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 as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. However, in some cases we found that reviews and investigations were not thorough enough to ensure that learning was maximised.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. We found that the recruitment process was not always well evidenced, and non-clinical staff did not have sufficient knowledge of the role of a chaperone and had not always received safety checks to undertake the role. Procedures for the safe management of medicines were in place although Controlled Drug audits and the recording of near miss errors should be improved. The staff in the dispensary had not completed appropriate training or been assessed as competent. There was no risk assessment to ensure the safe management of legionella, a bacteria that can be found in the water system of a building.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing their mental and physical capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff regularly worked with multidisciplinary teams to meet the needs of their patients.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions

Good



# Summary of findings

about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained their confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment with a GP and that 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 easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active although the practice were taking steps to expand the group. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



# 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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. All patients aged over 75 had been informed of their named GP and their preferences for a named GP had been acted upon.

Good



### People with long term conditions

The practice is rated as good for the care of 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. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children who might be at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all 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. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



### 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 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

Good



# Summary of findings

care. For example some extended hours appointments were prioritised for this group. 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.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances might make them vulnerable. The practice held a register of patients living in vulnerable circumstances such as those with a learning disability. It had carried out annual health checks for people with a learning disability and 48 out of 63 had received a check in the last 12 months. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.

Good



## 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 regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It 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. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 116 responses and a response rate of 45%.

- 66.9% find it easy to get through to this surgery by phone compared with a CCG average of 72.7% and a national average of 73.3%.
- 90.1% find the receptionists at this surgery helpful compared with a CCG average of 86.4% and a national average of 86.8%.
- 91% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86.8% and a national average of 85.2%.
- 97.1% say the last appointment they got was convenient compared with a CCG average of 92.5% and a national average of 91.8%.

- 73.7% describe their experience of making an appointment as good compared with a CCG average of 74.2% and a national average of 73.3%.
- 68.5% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 64.5% and a national average of 64.8%.
- 61.1% feel they don't normally have to wait too long to be seen compared with a CCG average of 57.8% and a national average of 57.7%.

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 which were all positive about the standard of care received. Patients said the practice offered an excellent service and staff were friendly, professional and treated them with care and compassion. We also spoke with four patients who confirmed these views.

## Areas for improvement

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

- Ensure that all non-clinical staff who act as a chaperone have received training, are competent to perform the role and have had a risk assessment completed to determine whether a disclosure and barring service check is required.
- Ensure that staff working in the dispensary complete appropriate training to demonstrate their knowledge and competence to undertake the role safely.
- Complete an up to date legionella risk assessment to ensure the safe management of the water system in the building

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

- Have a clear plan in place to complete the full clinical audit cycles

- Review the systems used to investigate significant events and complaints to ensure that learning is maximised and records are clear.
- Check that cleaning records are maintained for quality monitoring purposes
- Enhance infection control practice by improving the knowledge and skills of the infection control lead and ensuring that audit plans are actioned.
- Implement regular controlled drugs audits, include near miss reporting in the dispensary and improve fridge temperature monitoring checks
- Review the recruitment policy to ensure that current legislation around recruitment procedures are being followed.
- Extend the current methods used to seek patient feedback about the service
- The business continuity plan should include an up to date list of emergency contact numbers for staff.



# The Taverham Partnership

## 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 CQC pharmacy inspector and a practice manager specialist adviser.

## Background to The Taverham Partnership

The Taverham Partnership provides primary care services to approximately 8,820 registered patients in a semi rural area on the outskirts of Norwich. The practice is run by four GP partners supported by a salaried GP and practice manager. The practice employs two nurse practitioners who work closely with the GPs, three practice nurses and three healthcare assistants. Other support staff include four administrators, seven receptionists and four dispensary staff. The practice dispenses medicines to a small percentage of their patients.

The practice has been a training practice for just over a year and had received further validation to continue offering this level of support to trainee GPs and medical students a few days prior to this inspection. The practice holds a general medical services contract with NHS England.

The practice is open between 8.30am and 6pm Monday to Friday. Extended hours appointments are offered on Thursday mornings between 7.30 and 8.30 and Tuesday evenings between 6.30 and 7.30. Patients are required to book these appointments in advance. In addition to

pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that need them, as well as telephone appointments.

When the practice is closed a GP out of hours service is provided by IC24. Patients are automatically diverted to the call centre if they phone the practice at the relevant times. Patients can also access advice via the 111 service.

## Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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.

## How we carried out this inspection

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?

# Detailed findings

We also looked at how well services are provided for specific groups of people and what good care looks 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)

The inspection team:

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 5 October 2015.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

The practice had a clear system in place for reporting and recording significant events. We found that where relevant, patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff we spoke with knew how to report any incidents and told us the practice manager was responsible for managing and monitoring any investigations or reviews. We also saw that staff were involved in reflecting on incidents so that learning and improvement could take place. Incidents were discussed as a regular agenda item at practice meetings. However, records did not always include detailed learning and reflection or the action points that had been completed as a result.

Complaints received by the practice were managed in a similar way to the significant events. The practice carried out an analysis of the significant events and complaints to ensure that the practice team used their learning to improve the service. For example reviewing the management of test results so that patients received feedback and action in a more timely way.

A wide range of information sources were used to ensure that safe practice was monitored. This included National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and they gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff and included information about local contacts if concerns had been identified about a patient. There were two lead members of staff for safeguarding. Staff we spoke with were able to demonstrate an understanding of their responsibilities and had received training relevant to their role.
- There were procedures in place for monitoring and managing fire risks and this included regular checks of emergency equipment. The last fire drill had been

completed in March 2015. A system was in place to ensure that regular maintenance was completed on all items of equipment within the practice to ensure that it remained in safe working order. All staff had been involved in completing environmental risk assessments around the practice with a policy of completing an assessment for a colleague's work area rather than their own. Thorough records included detail of actions taken and demonstrated staff learning and involvement.

- Appropriate standards of cleanliness and hygiene were followed. We found the practice was visibly clean and tidy. The practice employed a cleaning contractor and a cleaning schedule was in place. Practice staff met regularly on an informal basis to discuss any feedback. However, no records of completed cleaning were kept to monitor overall progress and the quality of cleaning. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The lead had received standard infection control updates but had not completed specific training to further enhance the role. The practice manager agreed to support this, although training had not been arranged at the time of the inspection. There was an infection control protocol in place with appropriate supporting policies and all staff had received up to date training. An annual infection control audit had been completed early in 2015 and action points were listed however, it was not clear who was responsible for the actions or when they had been completed.
- The practice had appropriate written procedures in place for prescribing and dispensing medicines. We saw that prescriptions were generated in a safe way to reduce risk of errors and prescription pads were securely stored and safely managed. Medicines were kept securely and at safe temperatures in most cases, and were checked to ensure they were used within their expiry dates. This included controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse)
- The practice manager monitored the numbers and skill mix of staff to ensure that patients' needs were being met. For example it had been identified that practice nurses were completing some tasks that could be done by a healthcare assistant. As a result the number of

## Are services safe?

hours for healthcare assistants had been increased to free up practice nurses to review patients in line with their role and skills. A staff rota system was in place and this was displayed for the staff team to refer to.

We also found areas of practice that required improvement to reduce any risks to the provision of safe services.

The practice were unable to demonstrate that the risks of legionella had been assessed and any relevant control measures put in place. The assessment is completed by a competent person who can advise on how to reduce the risk of the legionella bacterium spreading through the water system in the building.

We checked the recruitment files for five staff and found there were some gaps in the records. Most notably, two staff recruited in the last year did not have an application form or CV on record and there was no evidence of an interview process. There was no proof of identity for one member of staff and another had no evidence of the past work experience or skills on file. References and DBS checks had been completed in all cases.

Some aspects of medicines management did not reduce the risk of unsafe practice. We found that a device used to monitor dispensary refrigerator temperatures had not recently been reset and showed there had been higher temperatures than the accepted temperature range for the safe storage of medicines. The practice had not carried out regular audits of all controlled drug register records and we identified record-keeping discrepancies that needed further investigation and were unresolved at the time of the inspection. Near miss incidents in the dispensary had not been recorded to ensure that appropriate actions were taken to minimise the risk of reoccurrence in the future.

The practice told us it intended to sign up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. However, at the time of the inspection dispensing staff had not completed appropriate training to ensure they were

suitably qualified. The practice manager told us their competency had been reviewed but there were no records to show this. Dispensing staff told us that usually the dispensary hatch remained closed to patients in the waiting room and staff did not offer patients counselling about their medicines and the relevant information they required.

A notice was displayed in the waiting room, advising patients that they could request a chaperone if required. However, we found that non-clinical staff who acted as chaperones had not received training for the role and did not understand the responsibilities of it. Two staff we spoke with who performed the role from time to time, had also not received a disclosure and barring check (DBS). (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). A chaperone policy was in place although it did not refer to the requirement for staff to complete DBS checks.

### **Arrangements to deal with emergencies and major incidents**

The practice had an instant messaging system in place in all the consultation and treatment rooms which alerted staff to any emergency situation. Records demonstrated that all staff received annual basic life support training. There were emergency medicines and equipment available that could be easily accessed by staff. This included a defibrillator, oxygen with adult and children's masks and a first aid kit. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. However, the plan did not include an up to date list of emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice completed assessments and delivered treatment in line with relevant and current evidence based guidance and standards. This included National Institute for Health and Care Excellence (NICE) best practice guidelines. A system was in place to ensure that new guidelines were shared with clinical staff and where appropriate, changes were discussed at clinical governance meetings so that care and treatment could be updated to meet patients' needs. We saw the practice took action as a result of updated guidelines. For example, we saw that an audit had been carried out for patients taking a specific medicine for neuropathic pain. This had resulted in patients being switched to an alternative brand with their consent.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results showed the practice was not an outlier for any QOF (or other national clinical targets) and the practice were monitoring their progress against performance targets. Data from 2013-2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. For example the number of patients who had a cholesterol check within a normal range within the preceding 12 months scored 77.6% against a national average of 80.6%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. For example the number of patients with a blood pressure reading below 150/90 scored 83.4% against a national average of 83.5%.
- Performance for mental health related indicators was similar to the national averages. For example the number of patients with a comprehensive care plan documented in their records in the preceding 12 months scored 96.3% for the practice against a national score of 88.3%.

The practice had a clinical audit programme in place with five active audits that had been, or were being, completed to the first stage. The programme did not include expected dates for the second cycle audits. However, we saw evidence of one completed audit cycle for the insertion of contraceptive coils. feedback from these audits was shared with all relevant clinical staff to improve care and treatment and improve health outcomes for patients. The practice participated in applicable local audits, national benchmarking, and research.

### Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered general topics such as safeguarding, fire safety and health and safety. Additional role specific needs were planned accordingly.
- The learning needs of staff were identified through a system of 360 degree appraisals, meetings and reviews of practice development needs.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. Some training that had been identified by the practice as mandatory, was available to staff as computer based training and this was monitored by the practice manager. All other training was evidenced in training files that had been kept up to date.
- Where needed, we saw that staff received on-going support through one-to-one meetings to help improve their performance. The practice used 360 degree appraisals so that staff engaged with working effectively together. All staff, with the exception of one nurse, had had an appraisal within the last 12 months. Staff spoke positively about the appraisal process.
- A process was in place to revalidate professional registration for GPs and nurses.

### Coordinating patient care and information sharing

Relevant staff had access to the information needed to plan and deliver care and treatment to patients through the practice's records system. The information included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other

# Are services effective?

## (for example, treatment is effective)

services in a timely way, for example when people were referred to other services or when community teams were needed to make further assessment visits to housebound patients.

The practice held multidisciplinary team meetings each month. These focused on reviewing the needs of complex patients, for example those with end of life care needs or vulnerable patients who have had unplanned admission to hospital. The meetings were often attended by community nurses, Macmillan nurse, physiotherapists, occupational therapists, health visitors and voluntary groups such as Age UK. This helped to ensure that the practice worked with other health and social care services to understand and meet a range of patients' needs on an on-going basis.

The practice regularly liaised with other services to support patients' needs as they moved between services and when they were referred to, or discharged from hospital. This included midwives, palliative care teams and specialist practitioners such as the diabetes nurse specialist and mental health teams.

### Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff we spoke with were able to demonstrate that they 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, assessments of capacity to consent were also carried out in line with relevant guidance such as the Gillick competency test. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome. The practice had not completed a records' audit to ensure that the process for seeking and recording consent was being followed by staff in line with relevant national guidance.

### Health promotion and prevention

The practice were aware of the vulnerable patients registered with them who were in need of additional support. For example patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to appropriate services such as a the diabetic clinic or external support services for example smoking cessation or carers' support services.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 86.55%, which was comparable to the national average of 81.88%. Patients who did not attend their screening appointments were followed up by telephone. The practice also offered some enhanced services to help promote the health of their registered patients. These included assessments for patients at risk of dementia, annual health checks for patients with a learning disability, influenza and pneumococcal immunisations for patients at risk and childhood immunisation programmes.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.9% to 100% and five year olds from 83.3% to 89.9%.

Registered patients had access to appropriate health assessments and checks. These included health checks for all new patients and NHS health checks for people aged 40–74. When an assessment indicated the needed for further follow up or investigation, systems were in place to ensure that arrangements were made to see a GP or complete further tests in a timely manner.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

During the inspection we observed staff interactions with patients and found they were polite and helpful to patients attending the practice and on the telephone. Patients were treated with dignity and respect and made to feel welcome. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations and treatments. Staff ensured that doors to each consultation room were closed and took steps to prevent conversations from being overheard. A notice on the reception desk advised patients to ask if they wanted to have a private conversation that would not be overheard in the waiting room. Staff confirmed this could be easily arranged if a patient was concerned about their privacy or in distress.

We received seven CQC comment cards from patients which were positive about the service they experienced. Patients said the practice offered an excellent service and staff were friendly, professional and treated them with care and compassion. We also spoke with four patients who confirmed these views.

During the inspection we spoke with a member of the patient participation group (PPG). They told us that reception staff had a reassuring manner and the practice had listened to feedback from the group to improve privacy at the reception desk by asking patients to approach the desk one at a time.

Results from the national GP patient survey showed patients were happy with how they were treated by staff. The practice scored similarly to national average scores for satisfaction on interactions with doctors, nurses and receptionists. For example:

- 86.4% said the GP was good at listening to them compared to the CCG average of 89.3% and national average of 88.6%.
- 94.7% said the nurse gave them enough time compared to the CCG average of 91.1% and national average of 91.9%.
- 90.1% patients said they found the receptionists at the practice helpful compared to the CCG average of 86.5% and national average of 86.8%.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that clinical staff discussed their health issues and treatment options with them so that they felt involved in making decisions about the care they received. They told us the staff listened to them and gave them sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received supported these views.

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

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 89.5% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83.2% and national average of 84.8%

Staff told us that translation services were available for patients who did not have English as a first language although they had very few patients with this need.

### Patient and carer support to cope emotionally with care and treatment

The GP patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example;

- 84.2% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85.1%.
- 96.3% said that the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 90.4%.

The patients we spoke with on the day of our inspection supported this view and told us that staff were responsive when they needed help and provided support when required. Notices in the patient waiting room told patients how to access a number of support groups and organisations. Staff were supportive to patients with caring responsibilities and provided them with the Norfolk Carers

## Are services caring?

Handbook. This information pack contained useful contact numbers, information on health and well-being breaks, local carer support groups and support from social service and health visiting teams.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area and were reviewing ways to work more closely together in providing services to meet the needs of local patients. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. The practice manager had recently been elected onto the CCG board and viewed this as an opportunity to develop communication about local service needs.

The practice planned and delivered services to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability. Staff ensured these patients were provided with information so that they could make decisions and choices about their own health with support from a carer when required.
- Home visits were available for older patients / patients who were housebound.
- Continuity of care and support to three local care homes had been improved by allocating a named GP or nurse practitioner to visit each home on a regular basis.
- Staff worked closely with a local women's refuge so that the needs of these patients could be addressed with sensitivity and discretion.
- Reception staff were trained to recognise more urgent needs of patients such as urgent access appointments for children or those with serious medical conditions.
- Recent training for staff on understanding dementia had led to them reviewing internal signs within the practice.
- Access to a translation service was readily available and there was a hearing loop at the reception desk. The specific needs of patients were recorded so that staff were alerted when they accessed their records for example a profoundly deaf patient required a longer appointment because they brought someone to sign and assist with communication. The practice offered bookable appointments from 7.30 to 8.30am on

Thursdays and between 6.30 and 7.30pm on Tuesdays for patients whose working commitments limited access to the standard appointment times. Telephone consultations were also available.

- The practice offered a variety of clinics, including diabetes, asthma, counselling and family planning.
- Practice staff worked closely with other members of the multidisciplinary team to improve the quality of care received by vulnerable patients and those at the end of their life.
- Online appointment booking, prescription ordering and access to basic medical records was available for patients.
- GPs provided one to one support and assessment for patients with long term mental health conditions referring them to local counsellors or specialist community mental health services.
- The practice manager was working to expand patient representation on the patient participation group to better reflect the local population

### Access to the service

The practice was open between 8.30 and 6pm Monday to Friday. Extended hours appointments were offered on one morning and one evening each week and patients were required to book these in advance. In addition to appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them as well as telephone appointments.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment mostly reflected local and national averages. People we spoke with on the day of the inspection told us they were able to get appointments when they needed them. For example:

- 73.7% patients described their experience of making an appointment as good compared to the CCG average of 74.2% and national average of 73.3%.
- 91% patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86.8% and national average of 85.2%.

However the practice scored lower than local and national averages for the following areas;

# Are services responsive to people's needs?

## (for example, to feedback?)

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.3% and national average of 74.9%.
- 66.9% patients said they could get through easily to the surgery by phone compared to the CCG average of 72.7% and national average of 73.3%.

The practice had looked into these issues in the past and had taken some steps to improve the phone access and introduce extended hours.

The practice manager told us they did not routinely review the findings of the national GP survey.

### **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. A complaints policy and procedures were in place although we noted this invited patients to complain in writing. This disadvantaged patients who were not able to respond in this way and was not in line with recognised guidance. There was a designated responsible person who handled all complaints in the practice.

We saw that information to help patients understand the complaints system was available on the practice's website, was summarised in the practice leaflet and could also be

accessed by members of staff through the electronic document system. Patients we spoke with were not always aware of the process to follow if they wished to make a complaint but told us they would speak with a nurse, GP or reception staff in the first instance.

We looked at five out of eight complaints the practice had received in the last 12 months. We found the complaints had been responded to in a timely way although records to evidence the process of acknowledgment and investigation could be improved so that a clear audit trail was available. In addition we found that the learning outcomes were limited and did not always address the cause of the problem to ensure that learning was maximised.

We also saw some examples where the learning from concerns and complaints did result in positive actions. For example, complaints made about the appointment system have led to some improvements such as extended hours and telephone triage.

Through our discussions with staff, we found that verbal complaints were not always recorded and considered by the complaints lead. This was a missed opportunity to identify trends as a result of patients' experiences that could be used to improve the quality of the service.

# 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. There was a practice charter in place which was available in the practice booklet and displayed in the waiting areas. Staff we spoke with demonstrated an understanding of the values and the impact this had on their daily roles.

The practice had been through a period of change in the last two years as a result of key staff changes. The management team had focused on priority areas for development such as improving staff morale, teamwork and becoming a training practice which they felt had been achieved. Due to other external changes, there was no clear vision for the future of the practice at the time of the inspection although the management team informed us they were working with other local practices to explore ways they could work together to provide more effective and efficient services for their patients.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies were implemented to govern activity and were available to all staff.
- Communication structures were established with the staff team and other healthcare professionals to disseminate best practice guidelines and other relevant information.
- Staff were supported to address their professional development needs through training and an appraisal process.
- The practice team met monthly to review quality of the service through clinical governance meetings
- Staff had a comprehensive understanding of the performance of the practice
- A programme of internal audit was used to monitor quality and to make improvements

- There were arrangements for identifying, recording and managing risks, issues and implementing actions although learning opportunities could be further improved

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care is provided. The practice manager had been in post for more than two years, and had encouraged the whole staff team to develop more effective relationships with one another. The manager also had an open door policy and staff told us that the management team were approachable and supportive.

Regular team meetings were held as well as all staff meetings. Staff told us they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported by the partners and management team. 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.

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

The practice had an active patient participation group (PPG) which met every three months. We spoke with a representative of the group who told us that the practice listened to their views and acted on them. For example alerts about health promotion campaigns such as the flu clinics and the shingles vaccination were added to the electronic screen in the waiting room to help increase patients' awareness of their availability. The PPG also raised concern about privacy at the reception desk and the practice had taken action to improve this.

The practice had not completed a patient survey for the last two years and, had not reviewed the results from the last national GP patient survey. They welcomed the views of their patients and used feedback received through the complaints process and monitored the feedback received through the friends and family test. However, they had found that this gave them very limited amounts of constructive feedback to help review and improve their service.

# Are services well-led?

Good 

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

The practice gathered feedback from staff generally 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. Staff told us they felt involved in the developments to improve how the practice was run.

The practice manager told us about actions taken in response to previous surveys and staff workshops. This had included introduction of extended hours appointments with a GP, nurse or healthcare assistant for patients who could not attend during core working hours due to work commitments, redecoration of clinical rooms and the waiting room, implementing monthly all staff meetings.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Non- clinical staff were not competent to act as a chaperone and had not received a risk assessment to determine whether a disclosure and barring service check was required.
Maternity and midwifery services	Staff working in the dispensary had not completed appropriate training to demonstrate their knowledge and competence.
Surgical procedures	Regulation 12 (2) (c) The practice did not have an up to date legionella risk assessment to ensure the safe management of the water system in the building
Treatment of disease, disorder or injury	Regulation 12 (2) (h)