North Norfolk Primary Care

Inspection report

Aylsham Community Health Centre
St. Michaels Avenue, Aylsham
Norwich
NR11 6YA
Tel: 01263738124
www.northnorfolkprimarycare.co.uk

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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 location	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

Overall summary

This service is rated as Requires improvement **overall.**

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at North Norfolk Primary Care on 2 September 2019 as part of our inspection programme. This is the first inspection of North Norfolk Primary Care.

North Norfolk Primary Care is a private limited company providing NHS funded care services, including improved access GP appointments and an enhanced care home visiting team, on behalf of the 19 member GP practices in North Norfolk. The provider has a board of directors and each member practice has nominated a GP to hold its shares on the practice's behalf, governed by its Articles of Association and a Shareholders' Agreement.

The chief executive officer is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received 18 comment cards, all of which were wholly positive about the service. Comments included that staff took time to listen to patients and the appointment system was easy to use. The provider had collated feedback given by care homes and practices they supported. They had received nine pieces of feedback which were wholly positive about the service. We spoke with two external stakeholders who used the service and the feedback was positive about the way the provider worked with them. They told us they liaised regularly with their service to ensure patients got the care they needed.

Our key findings were :

- Improved access GP appointments were offered from four GP practices ensuring the service was accessible to all patients across North Norfolk.
- Patients were supported, treated with dignity and respect and were involved in decisions about their care and treatment.
- Patients' needs were met by the way in which services were organised and delivered.
- Feedback from patients on the day of inspection, including CQC comment cards, was positive about the care received by the provider.
- The service completed audits on the effectiveness of the service.
- Feedback from external stakeholders was positive about the service provided.
- There was a positive culture and staff were enthusiastic and positive about the care they provided.

However, we also found that:

- The leadership, governance and monitoring of risks arrangements of the service did not always ensure the delivery of high-quality care.
- The service could not evidence that all the checks required to employ staff appropriately were in place.
- The service had not implemented effective systems to ensure appropriate and safe provision of emergency medicines and equipment.
- The service did not have assurance that the premises from where they delivered services from were safe for their intended purpose. For example, they did not have oversight of up to date fire safety, health and safety or infection prevention and control risk assessments.
- As a result of feedback given on the day of the inspection, the provider shared with us an action plan to drive the improvements needed.

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

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC inspector. The team included a second CQC inspector, a practice nurse specialist advisor and a GP specialist advisor.

Background to North Norfolk Primary Care

The registered provider is North Norfolk Primary Care.

- The address of the service is Aylsham Community Health Centre, St. Michaels Avenue, Aylsham, Norwich, NR11 6YA.
- The improved access service is operated from four satellite sites which are NHS GP practices separately registered with the CQC. The sites are:
  - Birchwood Medical Practice, Park Lane, North Walsham, Norfolk, NR28 0BQ
  - Cromer Group Practice, Mill Road, Cromer, Norfolk, NR27 0BG
  - Fakenham Medical Practice, Meditrina House, Trinity Road, Fakenham, Norfolk, NR21 8SY
  - Hoveton and Wroxham Medical Practice, Stalham Road, Hoveton, Norfolk, NR12 8DU
- North Norfolk Primary Care is a private limited company providing NHS funded care services, including improved access GP appointments and an enhanced care home visiting team, on behalf of the 19 member GP practices in North Norfolk. The provider has a board of directors and each member practice has nominated a GP to hold its shares on the practice's behalf, governed by its Articles of Association and a Shareholders' Agreement.
- The website is www.northnorfolkprimarycare.co.uk
- The operating times for the service are:
  - Improved Access: 5pm to 8pm Monday to Friday. 9am to 12pm Saturday and Sunday
  - Enhanced Care Home Team: 9am to 5pm Monday to Friday.

How we inspected this service

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre-inspection information which we reviewed.

During our visit we:

- Spoke with a range of staff from the service including members of the executive board, nurses, doctors and management staff.
- Reviewed a sample of treatment records.
- Reviewed comment cards where clients had shared their views and experiences of the service.
- Looked at information the service used to deliver care and treatment plans.

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

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

These questions therefore formed the framework for the areas we looked at during the inspection.

Requires improvement

Are services safe?

We rated safe as Requires improvement because:

Safety systems and processes

Systems and processes to keep people safe and safeguarded from abuse were not always effective enough to assure the provider that premises were safe to use and that sufficient medicines were available in an emergency.

- The service had some oversight of safety risk assessments that had been undertaken in the premises they used. There were hosting agreements in place that listed when risk assessments such as legionella, health and safety, fire and infection prevention and control had been completed in the practices. However, this did not give the provider any oversight of the content of risk assessments undertaken or the actions taken to manage risks highlighted from the risk assessments. On the day of inspection, the provider began reviewing these agreements to improve their oversight. Immediately following the inspection, the provider sent us updated agreements which included a monthly audit of all the sites which covered potential risks to patients.
- There were safety policies in place to govern activity. The policies in place were regularly reviewed and communicated to staff via the computer system.
- The service carried out staff checks at the time of recruitment and on an ongoing basis where appropriate for clinicians, however the records for some staff were incomplete, including disclosure and barring service checks and checks of current registration status.
- Disclosure and Barring Service (DBS) checks were undertaken when required for staff newly employed at the service and for the enhanced care home team. However, for clinical staff in the improved access service a copy of their last DBS check from their previous or current employer was requested. Four GPs did not have records of DBS checks being carried out. The provider was aware of this and had updated their offer of employment letter to state that staff would not be able to work without a DBS. There was no risk assessment in place to state the last DBS check was satisfactory and the four GPs without a DBS check were still working at the service. (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). Immediately following the inspection, the provider gave us evidence to show the clinicians would not be able to work until a DBS had been obtained. The provider told us that all GPs who worked in the service were employed at practices within the Norfolk North Area.
- The service was able to evidence that most staff had received up-to-date safeguarding and safety training appropriate to their role. They held a training matrix which showed one member of staff did not have evidence of appropriate safeguarding training. Following the inspection, this clinician ceased working until they could provide their certificate of up-to-date training. Another member of staff without the appropriate training was in their induction period and did not have access to patients on their own.
- The provider charged the occupational health service with performing immunisation checks for staff and would receive notification staff were fit to work if they met the required immunisation standards. Where immunisation recommendations were not met, the provider was notified and the occupational health provider worked with the staff member to become compliant.
- The provider kept records of staff registration checks and expiry dates, however some staff registration had expired and there was no record of further checks by the provider to ensure current registration or an effective system of regular checks. On the day of the inspection the provider made the necessary checks and found the staff members registrations were current and valid.
- The service told us staff from the nursing team acted as chaperones. We did not see evidence to show all staff who acted as chaperones were trained for the role, however staff were knowledgeable about chaperone processes and we saw a comprehensive policy in place.
- The service had considered the infection prevention and control risks to staff working in the enhanced care home service and provided them with appropriate personal protective equipment. The service had some oversight of the infection prevention and control audits carried out at the improved access sites and knew the date they were due to expire. However, the provider did not have oversight of what the audits contained or what standards were being assessed and we found out of date sharps bins on one site. Immediately following the inspection, the provider updated their hosting agreement to include monthly audits of the sites.
- The service evidenced that equipment provided by them was safe to use, and that equipment was

maintained according to manufacturers' instructions. Due to when the equipment was purchased, it had not required calibration or electrical testing at the time of our inspection but the provider had sourced a company to complete this for when it was due. The provider had noted the testing dates of equipment used in the improved access sites. Equipment bags stored at sites had a stock list, decontamination schedule and were audited.

- There were systems at site level to ensure healthcare waste was managed safely.
- The service had not carried out appropriate environmental risk assessments which considered the profile of people using the service and those who may be accompanying them. They were aware of the dates of expiration for risk assessments carried out by the practices and had a hosting agreement in place which stated that risk assessments were required to be completed and the building be in a good state of repair. Immediately following the inspection, the provider sent us updated agreements which included a monthly audit of all the sites which covered potential risks to patients.

Risks to patients

The systems to assess, monitor and manage risks to patient safety were not always effective; for example, for emergency medicines.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an induction system which involved an introduction to the premises where the staff member would be working. There were booklets stored at the sites for staff to refer to which were specific to those sites and included general information relating to the provider, such as who the safeguarding lead was. There was an 'on-call' system where a manager was available by phone while the service was operating and any staff member could call to ask questions. Staff we spoke with told us this was helpful and they felt confident to contact them.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. However, the service did not have systems and processes to ensure appropriate emergency medicines were in place and safe to use. We found out of date equipment and medicines on site. These were removed immediately. The provider took immediate action on the day of inspection and contacted the practices to discuss the oversight. The provider told us they would update their hosting agreement, which included emergency medicines should be available, to include the medicines and equipment required. They also told us they would audit the medicines every quarter. Immediately following the inspection, the provider gave us an updated hosting agreement which included the medicines required at each site and they had raised the matter as a significant event to ensure learning.
- The provider assessed the impact on safety was assessed if and when there were changes to the service. For example, we saw that the service had cancelled clinics when there were not enough staff, rather than run the clinic with unsafe staffing numbers. The clinics were not released to be booked into until they were fully staffed.
- The service had considered the risks to staff in the enhanced care home service driving to locations. The provider had a clear diary trail of when the staff member should arrive and all staff were given phones and emergency numbers to contact. Staff told us they felt reassured by this and generally, staff travelled in groups of two for safety.
- We found the service had appropriate indemnity arrangements in place for staff.

Information to deliver safe care and treatment

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

- Care records that we viewed were written and managed in a way that kept patients safe. There was a system in place to ensure the patients full care record was available with their consent. When booking the appointments, if patients did not consent to sharing their records, they were unable to book the appointment.
- The service evidenced clear systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Staff told us clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. The service utilised a

task-based system to inform the regular GP if blood tests or referrals were required. Daily audits were completed on the tasks to ensure they had been received and acted upon by the patients regular GP.
- We spoke with practices who told us the enhanced care home team liaised with them on a daily basis as to treatment carried out for the patients.
- Prior to starting the services, meetings were held with external stakeholders such as the Clinical Commissioning Group, Healthwatch, patients, practices and care homes to ensure they had the same visions for the service and to tailor their services to work in the best way possible for all involved parties.

Safe and appropriate use of medicines

The service did not have reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including emergency medicines and equipment posed potential risks to staff and patients. We found at two sites some emergency equipment and medicines were not within the expiry date. These were removed immediately. The provider took immediate action on the day of inspection and contacted the practices to discuss the oversight. The provider gave us evidence they had updated their hosting agreement and had an auditing system in place which included which emergency medicines should be available, to include the medicines and equipment required.
- The service was unable to tell us how blank prescription paper was managed and did not have any oversight of the stationery they used. We found there was an appropriate distribution log in place at one of four sites. During the inspection, the provider told us they would review this immediately. Following the inspection, a standard operating procedure was put in to place to audit the prescription paper in line with national guidance.
- The service regularly reviewed the prescribing of the nursing team. Due to the service only running for six months, they had not completed full audits of prescribing but this was planned.
- The service did not require patient group directions as all nurses working within the service were qualified prescribers.

Track record on safety and incidents

The service had some systems in place to assess safety.

- There was some oversight of risk assessments in relation to safety issues; however, the service recognised they did not have complete oversight of the assessments and actions taken to address any issues identified. Following the inspection, the provider had initiated a new auditing process for all sites.
- The service monitored and review activity to help it understand risks. This included not releasing appointments until the clinics were fully staffed and auditing the task list to ensure they had been appropriately managed.

Lessons learned, and improvements made

The service evidenced that they learnt and made improvements when things went wrong.

- There were systems for reviewing and investigating when things went wrong.
- The service had recorded three events in the past six months.
- Staff we spoke with understood their duty to raise concerns and report incidents and near misses. Information was given at induction on how to raise events and these were discussed in meetings.
- The service was able to demonstrate they were aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. For example, the service had not sent a two week wait referral in the appropriate time frame. As a result, the service ensured the referral was sent immediately and initiated a task auditing system to ensure all tasks and referrals were acted on daily.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. There was a mechanism in place that was effective to disseminate alerts to members of the team to act on.
- Feedback had been given to the service that staff received too many emails with information on. As a result, the service had committed to a monthly newsletter which was emailed to all staff which contained the important information staff were required to know.

Good

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw that recent updates were discussed in meetings. For example, the nurses had discussed recent updates to urine testing protocols.
- Clinicians had enough information to make or confirm a diagnosis as the patients' full medical records were available for staff.
- We saw no evidence of discrimination when making care and treatment decisions in the records we viewed.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, a significant event had been raised relating to a missed two week wait referral. As a result of this, the service had initiated daily task audits to ensure all tasks were completed on time.
- Results in the first five months (February to end of June 2019) of the effectiveness of the enhanced care home team showed:
  - There was a 45% reduction in unplanned emergency admissions from residential care homes compared to 2018.
  - There was an 83% reduction in readmissions from residential care homes compared to 2018
  - There was a 34% reduction in GP visits to residential care homes.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Most staff were appropriately qualified. We found one staff member had not completed appropriate safeguarding training. As a result, the provider immediately ceased this member of staff working until they provided updated training certificates. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) and the Nursing and Midwifery Council and were up to date with revalidation. However, although this information was recorded, we found two staff members appeared to be out of date with registration due to the date recorded. On the day of the inspection the provider made the necessary checks and found the staff members registrations were current and valid.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Prior to commencing services, meetings were held with external stakeholders such as the Clinical Commissioning Group, Healthwatch, patients, practices and care homes to ensure they had the same visions for the service and to tailor their services to work in the best way possible for all involved parties.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Staff had access, with patients' consent, to their full medical records and appointments were not given if they did not have this access.
- The provider held regular discussions with the GPs and care homes they supported to ensure care was being delivered effectively and to discuss whether any changes were required.

Good

Are services effective?

- Care and treatment for patients in vulnerable circumstances was coordinated with other services. If referrals were required, the clinician would task the regular GP and the service audited this process to ensure it was completed.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. For example, the provider had a video library on their website covering a wide range of conditions and self-help recommendations. There were also links to national support groups.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The service ran educational events for care home staff to enable them to identify when a GP was required.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately. The service did not accept any patients to the improved access service if they had not agreed to share their medical records.

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Recent comments collated by the service showed external stakeholders were happy with the quality of service they received, including improved access and the enhanced care home team. Comments included that it had reduced workload and handovers from the team were always timely.
- We received 18 comment cards which were wholly positive about the service. Comments reflected that the staff were kind and caring.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Information leaflets were available relating specifically to the service.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, by providing the improved access service in four different hubs across the region, to ensure patients could access the service as close to their surgery as possible.
- Regular conversations were held between the provider and the surgeries and the care homes to ensure the service they were providing was meeting patients' needs.
- The provider could not be fully assured that facilities and premises were appropriate for the services delivered as they had not viewed the risk assessments carried out.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. The service was only cancelled if they could not appropriately staff it and appointments were not released until they were staffed. Appointments were available one week in advance.
- Patients and staff at the sites reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.
- A patient satisfaction survey was undertaken twice per year. Results from March 2019 showed from 30 responses:
  - 28 patients found it easy to book an appointment and two found it fairly easy.
  - 26 patients said the appointment time was convenient, two said it was fairly convenient and two did not respond.
  - 25 patients were happy with the location of the appointment, four were fairly happy and one was not happy.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- The service had received two complaints. We found both complaints were appropriately handled and learning had been shared.

Requires improvement

Are services well-led?

Requires improvement

We rated well-led as Requires improvement because:

Leadership capacity and capability;

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

- Leaders were knowledgeable about some of the issues and priorities relating to the quality and future of services. During the inspection, we raised concerns relating to the oversight of the risks at the sites improved access were offered from and the provider was receptive to this, making changes on the day. They understood the challenges raised and were addressing them. For example, the provider had provided us with updated evidence of the changes they had made following the inspection.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. The vision was:
  - "Making our system better by working with and on behalf of primary care in North Norfolk".
- This vision was delivered through the achievement of the strategic priorities, which were; promoting sustainability and resilience for the GP practices, working together with other providers across the health and social care system and improving quality, safety and patient experience.
- The values of the service were built on a culture of trust and a recognition that primary care is changing and needs to change to deliver a service appropriate for the local community. The values were:
  - Care – patient focused wrap around health care in the local community,
  - Integrity – acting ethically and remaining accountable,
  - Collaboration – partnering to deliver quality services,
  - Leadership – leading the way, building trust and being efficient,
  - Accessibility – open to all.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service. Staff we spoke to were enthusiastic about the service they offered.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed, and we saw evidence that the service developed and learned from feedback.
- There were processes for providing all staff with the development they need. There was a plan for all staff to receive regular annual appraisals as the service had not been operating for a year at the time of our inspection. We saw there were regular one to one and supervision sessions for new staff. Staff were supported to meet the requirements of professional revalidation where necessary, however the provider had not updated their log with new revalidation dates. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. For example, lone working had been fully considered and was avoided where possible.

Requires improvement

Are services well-led?

If staff were alone, for example when travelling for the enhanced care home service, systems were in place to ensure they arrived at the home and staff were given emergency numbers.
- The service actively promoted equality and diversity and had systems and processes in place to identify and address the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff, teams and external stakeholders.

Governance arrangements

There were systems of accountability to support good governance and management, however these needed to be reviewed to ensure they were safe.

- Structures, processes and systems to support good governance and management were clearly set out in the form of hosting agreements. However, these agreements did not give enough detail to assure the provider of the steps taken by the host sites for the improved access service. Immediately following the inspection, the provider initiated a new auditing system and hosting agreements which would give them the appropriate oversight.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were unclear on their roles and accountabilities for managing risks, including prescription stationery in the host sites. Immediately following the inspection, the provider initiated a revised standard operating procedure with the host sites to ensure prescription stationery was maintained in line with national guidance.
- Leaders had established proper policies, procedures and activities to ensure safety within the services they offered and assured themselves that they were operating as intended. However, the provider did not have assurance from external stakeholders. Following the inspection, the provider liaised with the host sites to improve their oversight.

Managing risks, issues and performance

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

- There were some ineffective processes to identify, understand, monitor and address current and risks at the host sites for the improved access service. We noted the provider had agreements in place with the practices which identified the needs for the buildings to be suitable and for emergency medicines to be available. However, the agreements did not state which medicines should be available. This was rectified following the inspection. We also noted that four GPs had not provided a recent DBS check. Following the inspection, the provider stopped these GPs from working until DBS checks were obtained.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through supervision and mentoring. Leaders had oversight of safety alerts, incidents, and complaints.
- Audit had a positive impact on quality of care and outcomes for patients.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The service only saw patients who had consented to shared care agreements so they could appropriately manage and treat patients.

Engagement with patients, the public, staff and external partners

Requires improvement

Are services well-led?

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. We saw that before the provider started the services, meetings were held with external stakeholders such as the Clinical Commissioning Group, Healthwatch, patients, practices and care homes to ensure they had the same visions for the service and to tailor their services to work in the best way possible for all involved parties.
- Staff could describe to us the systems in place to give feedback which included regular meetings and a staff newsletter. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. For example, the service worked closely with the Primary Care Networks (PCNs) across North Norfolk. The service liaised regularly with the PCNs and was completing the recruitment for pharmacists and social prescribers across the PCNs.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. For example, members of the board sat on local sustainability and transformation partnership (STP) boards to ensure they were involved in the strategic direction of North Norfolk.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have oversight of the risk assessments, including legionella, health and safety, fire or infection prevention and control carried out by host sites. The provider did not have oversight of the expiry dates or range of emergency medicines or equipment stored at host sites. We found out of date medicines and equipment on site. Prescription paper was not logged in line with national guidance at all sites.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider did not have oversight of DBS checks for all staff. The system for monitoring the professional revalidation and registration of clinical staff was not effective.