East Norwich Medical 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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

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 East Norwich Medical Partnership practice on 25 August 2015. The overall rating for this practice is requires improvement. Our key findings across all the areas we inspected were as follows:

- The practice was a friendly, caring and responsive practice that addressed patients' needs and that worked in partnership with other health and social care services to deliver individualised care.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff were supervised but there was no evidence that they were continuously supported through further training and development.
- There was a leadership structure but staff did not always feel supported by management.

We saw one area of outstanding practice:

- Reasonable adjustments were made and action was taken to remove barriers when people found it hard to use or access services. For example, one of the GPs took special interest in providing proactive care to the homeless, patients with drug addictions and asylum seeking patients. The practice had multi-lingual staff who could speak a range of languages commonly used by patients.

Summary of findings

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

- Ensure learning from significant events is disseminated and shared with all relevant staff.
- Ensure patients in the waiting rooms and throughout the premises are monitored, in case they become suddenly unwell.
- Introduce a comprehensive information pack for locum staff.
- Ensure easy access to the accident book and ensure all staff are aware of its location.
- Ensure safety alerts and updates dissemination is documented.
- Ensure all staff's mandatory training is monitored, documented and up to date.
- Ensure staff appraisals are up to date.

Importantly the provider must:

- Carry out risk assessments to ensure a safe practice environment is maintained, this includes assessment of all risks associated with legionella and Controlled Substances Hazardous to Health (COSHH).
- Implement auditing procedures for infection prevention and control with a designated lead who is appropriately trained.
- Carry out and/or risk assess Disclosure and Barring Service (DBS) and other recruitment checks for staff.
- Ensure staff records contain evidence of their training and qualifications.

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?

Requires improvement 

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. However, when things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Premises were clean but risks of infection were not managed consistently. There were health and safety and infection prevention and control policies in place. The practice had suitable equipment to diagnose and treat patients and medicines were stored and handled safely.

Are services effective?

Requires improvement 

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. 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 patients' mental capacity and promoting good health. There was no evidence that staff had received up to date training considered mandatory and appropriate to their roles. Gaps in further training needs had not been identified. There was limited evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good 

The practice is rated as good for providing caring services. Data showed that patients rated the practice in line with others in the area for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good 

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.

Summary of findings

Patients said there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available on request and easy to understand and evidence showed that the practice responded well to issues raised. Learning from complaints was not always shared with staff and other stakeholders. The practice had adapted its appointments system to meet the needs of patients in response to patients' comments.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led. It had a clear vision and strategy of delivering good patient care. Staff were clear about the vision and their responsibilities in relation to this. There was a leadership structure but staff did not always feel supported by management. Clinical staff felt supported in their decision making process. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were very limited systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from patients, which it acted on. The practice had acted on staff feedback recently. Staff attended meetings and events but outcomes and minutes from these meetings were not consistently shared with staff that didn't attend. The practice had an active patient participation group (PPG).

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

Requires improvement

The practice was rated as requires improvement in the domains of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. 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 end of life care. The practice worked with multi-disciplinary teams when providing care for older people, if required. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs, including visits for flu vaccinations. There was a programme of visits to local care homes and a named GP responsible for liaison with each home.

People with long term conditions

Requires improvement

The practice was rated as requires improvement in the domains of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were regular clinics for people with conditions such as asthma, chronic obstructive pulmonary disease (COPD), hypertension, ischaemic heart disease, stroke and diabetes. Patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. For those people with the most complex needs, the staff worked with relevant health and care professionals to deliver a multidisciplinary package of care. Residential and nursing homes were visited routinely by the GPs.

Families, children and young people

Requires improvement

The practice was rated as requires improvement in the domains of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. 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. Women's Health clinics were available. Acutely ill children were given priority when arranging appointments. We saw good examples of joint working with midwives, health visitors and school nurses.

Summary of findings

Working age people (including those recently retired and students)

Requires improvement

The practice was rated as requires improvement in the domains of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Patients commented they had difficulties in obtaining appointments but the practice was continually reviewing the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice had identified a need to provide a contraceptive implant service due to a local demand. Clinic times were flexible and included mornings and evenings. Telephone appointments were available.

People whose circumstances may make them vulnerable

Requires improvement

The practice was rated as requires improvement in the domains of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Longer appointments were offered if deemed necessary. 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. Seven languages other than English were spoken by the staff and interpreting services were available. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. The practice provided proactive care to asylum seekers.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice was rated as requires improvement in the domains of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. 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. There was a GP who had specialist training as a psychiatrist and a nurse with specific training in this field. The practice had told patients experiencing poor mental health about how to access various support groups. 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.

Summary of findings

What people who use the service say

Prior to our inspection we arranged for a comment box to be left at the practice for patients to provide us with written feedback on their experience and views about the service provided. We collected 12 comment cards; comments indicated that patients were very satisfied with the care and treatment they received from the practice and how kind and friendly the staff were. Two cards contained comments around difficulties in obtaining a suitable appointment and two cards criticised the waiting times at the practice. We spoke with five patients during our inspection, including two members from the patient participation group (PPG). PPGs are a group of patients registered with a practice who work with the practice to improve services and the quality of care.

The patients we spoke with told us that they felt the practice was clean. They also expressed their opinion that the practice provided a very good personal service and that GPs and nurses delivered good clinical care, which acknowledged patients' concerns and referred patients swiftly if required. Patients we spoke with said they could always get an urgent appointment with a doctor but were aware of difficulties with booking routine appointments. One patient we spoke with commented that they had had to wait up to half an hour past their appointment time on several occasions.

The national GP patient survey results published on 2nd July 2015 showed the practice was performing below local and national averages. There were 130 responses from 255 surveys sent out; a response rate of 51%.

- 60% would recommend this surgery to someone new to the area compared with a CCG average of 77% and a national average of 78%.
- 50% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%.
- 53% feel they don't normally have to wait too long to be seen compared with a CCG average of 58% and a national average of 58%.
- 36% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61% and a national average of 60%.
- 72% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 33% find it easy to get through to this surgery by phone compared with a CCG average of 73% and a national average of 73%.
- 83% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 46% describe their experience of making an appointment as good compared with a CCG average of 74% and a national average of 73%.

Areas for improvement

Action the service MUST take to improve

- Carry out risk assessments to ensure a safe practice environment is maintained, this includes assessment of all risks associated with legionella and Controlled Substances Hazardous to Health (COSHH).
- Implement auditing procedures for infection prevention and control with a designated lead who is appropriately trained.
- Carry out and/or risk assess Disclosure and Barring Service (DBS) and other recruitment checks for staff.
- Ensure staff records contain evidence of their training and qualifications.

Action the service SHOULD take to improve

- Ensure learning from significant events is disseminated and shared with all relevant staff.
- Ensure patients in the waiting rooms and throughout the premises are monitored, in case they become suddenly unwell.
- Introduce a comprehensive information pack for locum staff.
- Ensure easy access to the accident book and ensure all staff are aware of its location.
- Ensure safety alerts and updates dissemination is documented.

Summary of findings

- Ensure all staff's mandatory training is monitored, documented and up to date.
- Ensure staff appraisals are up to date.

Outstanding practice

- Reasonable adjustments were made and action was taken to remove barriers when people found it hard to use or access services. For example, one of the GPs took special interest in providing proactive care to the homeless, patients with drug addictions and asylum seeking patients. The practice had multi-lingual staff who could speak a range of languages commonly used by patients.

East Norwich Medical Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector and included a GP specialist advisor, a practice manager specialist advisor, a nurse specialist advisor and a second CQC inspector.

Background to East Norwich Medical Partnership

East Norwich Medical Partnership in Norwich, Norfolk provides services mainly to patients living in Norwich and the surrounding area. The practice is a partnership of eight GPs. The practice also employs one salaried GP. There are six nurses and one nurse practitioner, supported by three healthcare assistants. The clinical team is supported by a practice manager. There is a team of 20 reception and administration staff and two medical secretaries. The practice has a patient population of approximately 16100. The practice population of patients 65 years and older is approximately 6% higher than the England average.

The practice operates from a main location in St Williams Way, Thorpe St Andrew, Norwich and a branch location in Aslake Close, Sprowston, Norwich. The practice is open at both locations from Monday to Friday between 08:00 and 18:00 and offers extended opening hours on Thursday evenings from18:30 to 20:30 alternating between each location. The practice website details how patients may obtain services out-of-hours, which is provided by IC24.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme in accordance with our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. 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?

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

Detailed findings

- 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. During our inspection on 25 August 2015 we spoke with a range of staff including GPs, practice nurses, reception and administrative staff and the practice manager. We observed how patients were being cared for and talked with carers and family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Requires improvement

Are services safe?

Our findings

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. When things went wrong, reviews and investigations were thorough enough but lessons learned were not communicated widely enough to support improvement. 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. Learning from significant events was not effectively disseminated. Infection control procedures were not effectively recorded or audited. There were enough staff to keep patients safe

The practice was able to provide evidence of a good track record for safety.

- The practice demonstrated that it was safe over time through the safe management of incidents, concerns and near misses.
- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses and to report them internally and externally where appropriate.
- Not all staff were aware of the location of incident forms.
- There were no risk assessment or registers that evidenced all risks to patients had been assessed, although staff were verbally able to explain risk management matters to us.
- Safety was monitored using information from a range of external sources such as National Institute for Health and Care Excellence (NICE) guidance. This guidance was discussed during practice meetings between the GPs. Clinical staff we spoke with described how they would act on updates. However, there was no log to evidence updates that were disseminated.
- The dissemination of safety alerts such as those from the Medicines & Healthcare products Regulatory Agency (MHRA) happened electronically. Clinical staff we spoke with confirmed they were aware of the most recent alerts and informed us they had received these electronically. However, there was no log to evidence alerts that were disseminated.

Lessons were learned and improvements were made when things went wrong.

- Lessons were learned and actions were taken as a result of investigations when things went wrong. There was a clear audit trail of evidence through significant event audits and practice meeting minutes to show the actions taken and lessons learned. Examples we saw included actions taken in response to a breach of confidentiality.
- There was no written evidence that these outcomes were actively shared with the nurses and other practice staff. Staff we spoke with told us that unless they were involved in an event they were unlikely to receive learning from it. The meetings during which significant events were discussed were generally only attended by GPs.

There were reliable systems, processes and practices in place to keep people safe and safeguarded from abuse.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation, and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff demonstrated they understood their responsibilities around safeguarding matters. Staff told us safeguarding matters were discussed at a staff event. Staff provided examples of cases with recent safeguarding issues and actions taken in response.
- The practice had fridges for the storage of vaccines. Staff took responsibility for the stock controls and the monitoring of fridge temperatures.
- Regular medicine stock checks were carried out to ensure that medicines were in date and there were enough available for use.
- Emergency medicines such as adrenalin for treatment of anaphylaxis were available. These were stored securely and available in case of need. Staff took responsibility for ensuring emergency medicines were in date and carried out monthly checks. All the emergency medicines we checked were in date.
- Regular medication audits were carried out with the support of the local CCG teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.
- Prescription pads were not always securely stored and the practice informed us there were no systems in place

to monitor their use. When we raised this as a concern, staff acted on this immediately and told us that they would implement a system for safe management of blank prescriptions. The lead GP told us this was implemented directly after our inspection. The implementation included a log which was maintained by a designated member of reception staff, tracking the pads.

- The practice had a computer system for patients' notes and there were alerts on a patient's record if they were at risk or subject to protection.
- A notice was displayed in the waiting room, advising patients that staff members would act as chaperones, if required. Chaperoning was done by nurses, health care assistants and three members of the reception staff. We did not see evidence that staff who acted as chaperones had received a disclosure and barring check (DBS) or a risk assessment around this. (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 whistleblowing policy was in place and staff were able to explain the process they would follow in the case of a whistleblowing concern. Staff told us this was also discussed at a recent staff meeting. Whistleblowing concerns were raised as significant events and we saw evidence that investigations and the outcomes were fully documented.

Risks to individual patients who used services were assessed and their safety was monitored and maintained.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough of them were on duty. Staff covered each other during periods of annual leave and sickness. The rota for the day of the inspection evidenced that staff were on duty as expected. Cover was provided for staff on annual leave either by the practice's own staff or through the use of locum staff.
- The induction pack available for locum GPs did not contain enough evidence to ensure the locum GP would be able to operate safely and effectively. For example, we saw no evidence of reference searches, DBS checks or curriculum vitae.
- Staff identified and responded to changing risks to patients who used the practice through the safe management of medical emergencies, all the staff we spoke with were aware of the location where the emergency equipment was kept.
- However, in several areas of the practice's premises we saw evidence that patients were not always monitored by staff for deteriorating health and wellbeing as some areas in the practice, including three waiting areas, were not directly overseen by staff or CCTV.
- There was an infection control protocol in place but we did not see all the required evidence that confirmed standards of cleanliness and hygiene were safely maintained. For example, no cleanliness audits had been carried out in the last two years and the infection prevention and control lead member of staff had not received appropriate training. The practice has informed us since the inspection that audits were to commence within a month of our inspection and training had been arranged for the infection control lead.
- We found the arrangements for managing waste were inconsistent in the practice with the waste bins in the toilet areas not all being pedal operated or having lids on them. The practice addressed this immediately and purchased appropriate bins for placement in all locations in the practice. We saw evidence of the purchase.
- Staff toilets did not display hand washing signs. When this was brought to the attention of the practice signs were put in place immediately.
- The practice made use of external cleaning services who visited daily. We observed the premises to be clean and tidy. We saw evidence that cleaning schedules were in place.
- Practice staff confirmed that a risk assessment in relation to legionella had not been undertaken. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Potential risks to the practice were anticipated and planned for in advance.

- Potential risks had been taken into account when planning services, for example, seasonal fluctuations in demand, the impact of adverse weather, or disruption to staffing.
- Arrangements were in place to respond to emergencies and major incidents. These were documented in a business continuity plan.

Requires improvement

Are services safe?

- Fire alarm testing took place on a weekly basis, tests were logged. Annual fire safety assessments were undertaken.
- Calibration of equipment took place annually and was last done in November 2014. Portable appliance testing (PAT) had taken place more than a year ago and was planned for the week after our inspection.
- The practice did not have risk assessments in place around the handling of Controlled Substances Hazardous to Health (COSHH).

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

The practice is rated as requires improvement for providing effective services. Data showed patient outcomes were on average in line with national figures. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff told us they had received training appropriate to their roles but the practice was unable to provide us with evidence that staff were up to date with all training deemed mandatory by the practice. Clinical staff told us they received training additional to their role and one member of staff had attended a nursing seminar recently. Further training needs were in the process of being identified; the practice presented us with an action plan on the day of our inspection in which they aimed to address all training and appraisal needs through the introduction of an appraisal programme. At the time of our inspection there was no recent evidence of appraisals or personal development plans for all staff. Staff worked with multidisciplinary teams.

Patients' needs were assessed and care and treatment was delivered in line with current legislation, standards and evidence-based guidance.

- The practice had access to and used relevant and current evidence-based guidance, standards, best practice and legislation such as information from NICE and other expert and professional bodies. They identified and used this information to develop how care and treatment was delivered to meet needs. This included assessment, diagnosis, referral to other services and the management of long-term conditions, as well as the management of palliative care patients.
- For patients receiving palliative care the practice had signed up to the Gold Standard Framework. The practice held dedicated monthly meetings during which patients' needs were discussed and prioritised based on the identification of their current need. Carers' needs and unexpected deaths were also discussed during these meetings.
- The practice monitored patient's individual needs assessments through audits and random sample checks of patients' records. Risk profiling and risk stratification was used to ensure that patients had their needs assessed and care planned and delivered proactively. The practice provided us with data that supported this. For example, from 1 April 2015 to the date of our inspection 90 out of 110 patients living with dementia had received a face to face review. Data covering 12 months previous to our inspection, from 1 September 2014 to 1 September 2015 showed 102 out of 107 (equal to 95.3%) patients living with dementia had received a face to face review.
- Data showed that from 1 April 2015 to the date of our inspection 42 out of 72 patients with learning disabilities had an individualised care plan in place to meet their needs.

Patients' care and treatment outcomes were monitored and compare with other similar services.

- Information about the outcomes of patients' care and treatment was routinely collected and monitored, including for example information about referral to other services and the management of patients with long-term conditions.
- We reviewed latest (2013-14) publicly available information from the Quality and Outcomes Framework (QOF). QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions e.g. diabetes and implementing preventative measures. The results are published annually. The practice's results showed that the intended outcomes for patients were being achieved. Overall outcomes for patients in this service compared nationally slightly below other similar services: 89.9% for the practice's total achievement compared to the national average of 93.5%. Staff were involved in activities to monitor and improve people's outcomes. For example, there was a lead diabetic nurse in the practice.
- Performance for diabetes related QOF indicators was 72.8%, this was below the national average of 90.1%.
- Performance for asthma related QOF indicators was 100%, this was above the national average of 97.2%.
- Performance for mental health related QOF indicators was 98.8%, this was above the national average of 90.5%.
- Performance for depression related QOF indicators was 27.8%, this was below the national average of 86.3%.

Requires improvement

Are services effective?

(for example, treatment is effective)

The lead GP informed us that the reason for this low figure was the practice's interpretation of what constituted depression under QOF criteria; this had resulted in the use of different codes, including low mood or anxiety with depression, in the practice's system and was as such not recorded for the depression QOF. The practice informed us that in 2014-15 33 out of 38 patients newly diagnosed with depression had the appropriate follow-up assessment.

- Performance for palliative care related QOF indicators was 100%, this was above the national average of 96.7%.
- Clinical audits were carried out and all relevant staff were involved. There had been multiple clinical audits completed in the last two years. We looked at six of these, of which two were completed and showed improvements were made. For example around the prescription of a drug to treat type II diabetes (Dapagliflozin). The other four we looked at were on-going and included an audit on assessing blood pressure in diabetic patients. Findings were used by the practice to improve services. For example, recent action taken as a result included the flagging of appointments of patients that would fall in the appropriate category.

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

- The learning needs of staff were not effectively identified as there was no robust system for appraisal. The practice raised this with us at the beginning of our inspection and provided us with an action plan to address this shortfall. After the inspection the practice informed us they had allocated a new managerial lead to ensure the appraisals and staff development were addressed as a priority.
- We asked to see evidence that staff had access to all the appropriate training to meet their learning needs and to cover the scope of their work, but the practice could not provide this. Staff told us they received training deemed mandatory by the practice that included basic life support and information governance awareness. However, there were no records in place to demonstrate what training staff had previously received or were due to receive. The lead GP told us they were reviewing how training information was recorded to ensure they were able to identify gaps.
- Clinical staff told us they received training additional to their role and one member of staff had attended a nursing seminar recently.
- The revalidation of doctors was up to date and clinical staff we spoke with explained they felt supported in their clinical decision making process. The nurse practitioner informed us they received regular clinical supervision.
- Where poor or variable staff performance was identified the practice had policies and processes to ensure this was effectively managed. We saw evidence that the practice had responsively acted on staff bedside manner in the past based on patient feedback.
- Staff files we reviewed did not contain evidence that all the appropriate recruitment checks were carried out. They did not show consistently that checks had been undertaken prior to staff's employment commencing. For example, references, qualifications, photographic evidence, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Photographic identification was not always kept.

Staff and services worked together proactively to deliver effective care and treatment.

- Care was delivered in a coordinated way when different services were involved. For example we were shown the process for coordination between daytime GP practices and GP out-of-hours care and with NHS 111 services. Details of end of life patients and those not for resuscitation were shared with the out of hours services.
- Staff worked together and with other health and social care services to assess and plan on-going care and treatment. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.
- The emergency hospital admission rate for the practice during 2014 was 15.9% compared to the national average of 14.4%. The practice had a process in place to follow up patients discharged from hospital.

Staff had all the information they need to deliver effective care and treatment to patients who used services.

- All the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record

Requires improvement

Are services effective?

(for example, treatment is effective)

system and their intranet system. This included care and risk assessments, care plans, case notes and test results. Information such as NHS patient information leaflets were also widely available.

Patients' consent to care and treatment was always sought in line with legislation and guidance.

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004. When providing care and treatment for children and young people assessments of capacity to consent were also carried out in line with relevant guidance.
- The lead GP was aware of Gillick guidelines for children. Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.
- Patients were supported to make decisions. Where a patient's mental capacity to consent to care or treatment was unclear a GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Patients were supported to live healthier lives.

- There were comprehensive and effective screening programmes provided by the practice, including cervical screening.
- There were comprehensive vaccination programmes for various groups of patients, including travel vaccinations.
- Patients who might be in need of extra support were identified by the practice. This included palliative care patients, those at risk of developing a long-term condition and carers.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-up on the outcomes of health assessments and checks were made where risk factors were identified.
- The practice's performance for the cervical screening programme was 82%, which was above the national average of 76.9% There was a policy to offer letter and telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Flu vaccination rates for the over 65s were 71%, and at risk groups 46%. These were just below national averages of 73% and 52% respectively.
- Childhood immunisation rates for the vaccinations given to under twos ranged from 74% to 97% and five year olds from 96% to 100%.
- The practice hosted in-house midwifery, physiotherapy and counselling services.

Good

Are services caring?

Our findings

The practice is rated as good for providing caring services. Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

The staff at the practice treat people with kindness, dignity, respect and compassion while they receive care and treatment.

- Data sources showed patients were not always satisfied with how they were treated. For example, data from the national patient survey showed the practice was rated 'below average' for patients who rated the practice as good or very good; 70% against a local and national average of 85%. The practice was in line with the average for its satisfaction scores on consultations with doctors and nurses. For example:
- 86% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 91% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- We collected 12 comment cards; comments indicated that patients were very satisfied with the care and treatment they received from the practice and how kind and friendly the staff were.
- Staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private and we saw that it enabled confidentiality to be maintained. We saw evidence that when this policy was not followed appropriate investigations and actions were taken.
- Additionally, 72% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

People who use services and those who are close to them are involved as partners in their care.

- The patient survey information we reviewed showed patients responded below average to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice as follows in these areas. For example:
- 75% 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%.
- 85% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 68% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%.
- 81% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%.
- Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

People who use services and those close to them receive the support they need to cope emotionally with their care and treatment.

- The patient survey information we reviewed showed patients were not always positive about the emotional support provided by the practice and rated below average in this area. For example:
- 78% 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%.
- 80% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- The patients we spoke with on the day of our inspection and the comment cards we received were not entirely consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided good personal care.

Good

Are services caring?

- Notices in the patient waiting room, on the TV screen and patient website told patients how to access a number of support groups and organisations.
- The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them.
- The practice provided outreach clinics for people experiencing poor mental health, for example the Norfolk Recovery Partnership and the Matthew Project.
- Staff told us that if families had suffered a bereavement their usual GP would attempt a visit but alternatively would contact them via telephone or post. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Overall the practice is rated as good for providing responsive services. The needs of different people were taken into account when planning and delivering services. The services provided reflected the needs of the population served and ensured flexibility, choice and continuity of care. Patients could access the right care at the right time. Access to appointments and services were managed to take account of patient's needs, including those with urgent needs. Lessons were learned from concerns and complaints and action was taken as a result to improve the quality of care.

Services were planned and delivered to meet the needs of people.

- The needs of different people were taken into account when planning and delivering services. For example late appointments were available one day a week and the practice had amended their appointment system in response to patient comments. It continuously reviewed the effectiveness of the new approach and planned to amend the system again in the near future as results were not as hoped for.
- Care and treatment was coordinated with other stakeholders, commissioners and providers. One of the GPs was a board member at the local clinical commissioning group.
- Baby changing facilities were available.
- GPs at the practice had special interests in different clinical fields, including asthma, chronic obstructive pulmonary disease and women health.
- Urgent access appointments were available for children and those with serious medical conditions.
- The facilities and premises were appropriate for the services that were planned and delivered.
- There were longer appointments available for people with a learning disability or for others where this was deemed necessary.
- The practice provided an in-house contraceptive device implant and removal service.

Services took account of the needs of different people, including those in vulnerable circumstances.

- The services provided reflected the needs of the population served and ensured flexibility, choice and continuity of care. For example, home visits were available for patients who were housebound because of illness or disability.
- There were disabled facilities and translation services available, including sign language support. The practice had a lift to ensure adequate access for patients with reduced mobility although all services were deliverable in ground floor rooms.
- Staff told us that translation services were available for patients who did not have English as a first language. There were seven languages other than English spoken by the staff in the practice, including Spanish, Afrikaans, Arabic and German.

Reasonable adjustments were made and action was taken to remove barriers when people found it hard to use or access services.

- For example, one of the GPs took special interest in providing proactive care to the homeless, patients with drug addictions and asylum seeking patients.
- The practice provided proactive care to asylum seekers. Staff worked actively with these patients to introduce them in to the care system.
- One of the GPs was also a trained psychiatrist which allowed in-house addressing of the needs of patients with mental health complaints. There was a nurse in the practice who was trained in mental health which also supported this in-house practice.
- Online appointment booking, prescription ordering and access to basic medical records was available for patients.
- The practice liaised closely with local pharmacies where prescription collection and delivery services were available.
- The practice offered Thursday evening surgeries. Appointments could be booked with GPs and were available for all patients and not just those who worked during usual surgery opening hours.

People could access care and treatment in a timely way.

- Patients did not always have timely access to all appointments. Patients commented that the appointment system was not always easy to use or supported people to access appointments. For example, 64% of patients were satisfied with the practice's

Good

Are services responsive to people's needs?

(for example, to feedback?)

opening hours compared to the CCG average of 75% and national average of 75%. The practice was pro-active in making amendments to the appointment system in response to patient feedback by adjusting and reviewing on the day and pre-booked appointment availability.

- Patients could access the right care at the right time but often faced difficulties in obtaining phone access. This was reflected in patient comments on the day and in data from the national GP survey: 33% said they could get through easily to the surgery by phone compared to the CCG average of 73% and national average of 73%. Access to appointments and services was actively and responsively managed to take account of patients' needs, including those with urgent needs. Based upon patient comments the practice was in the process of amending the way incoming phone calls were handled. Once complete the practice would be able to hold more and accept more calls and provide patients with more information on their waiting times. The practice liaised with the patient participation group (PPG) about the outcomes of the changes.
- 46% of patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- Appointments did not always run on time. For example, 50% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.We collected 12 comment cards; two cards contained comments around difficulties in obtaining a suitable appointment and two cards criticised the waiting times at the practice.

People's concerns and complaints were listened and responded to and used to improve the quality of care.

- The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England.
- The practice kept a complaints log book and there had been 22 formal complaints received over the past 12 months. The practice had reviewed its complaints for themes and trends. We noted that for one complaint about the attitude of a member of staff appropriate action was taken. The complaint had been investigated, and reflected upon.
- Four of the complaints related to issues around appointment provision. In response, the practice had amended its provision of pre-bookable appointments as per September 2015 from approximately 25% to 40%. A review was planned after four weeks. It also planned for duty doctors to deal with on the day appointments only and to closely monitor non attended appointments.
- Verbal telephone complaints were not always logged and staff informed us they were often dealt with there and then.

Are services well-led?

Requires improvement

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

Our findings

Overall the practice is rated as requires improvement for being well led. The practice had a vision of delivering good quality personal care. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure but not all staff felt supported by management. Clinical staff felt supported in their decision making process. 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 but limited systems were in place to identify and manage risk. The practice proactively sought feedback from patients, which it acted on. For example, electronic locks were introduced to staff areas upon request from the staff. The practice had also responded to feedback from patients by amending the appointment system. The patient participation group (PPG) was active. It was not evident whether all staff had received inductions and the practice informed us that regular performance reviews for staff had not taken place recently but the practice had produced an action plan addressing this, which the practice presented us with on the day of the inspection. Staff attended meetings and events but outcomes and minutes from these meetings were not consistently shared with staff that didn't attend.

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

- We found details of the vision and practice values were part of the practice's strategy to deliver good quality generalist care with a focus on good communication with both patients and other providers.
- We did not see evidence that the strategy and business plan were regularly reviewed by the practice but staff we spoke with were able to describe the ethos of the strategy.

The practice had an overarching governance policy which outlined structures and procedures in place which incorporated seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness. Governance systems in the practice were underpinned by:

- Significant events were reviewed in regular meetings but these were generally attended only by GPS and not by nurses or other staff. We did not see any evidence of effective dissemination of learning from significant events
- A system of reporting on site safety incidents was in place. Staff informed us that these incidents were recorded in an accident book and dealt with appropriately as they arose but we saw no evidence of this on the day. Incident reporting was scarce and not all incidents were documented.
- The practice proactively gained patients' feedback and engaged with patients in the delivery of the service through the use of their PPG. The practice manager attended quarterly meetings with the PPG. The PPG fed back to us that they felt the practice engaged with them and that they understood the pressure in general practice. Comments were made by two of the (regular) eight PPG members around good personal service and staff delivering exceptional care.
- We saw evidence that the practice had reacted to concerns raised by both patients and staff. For example security locks were introduced to staff areas and the telephone system was in process of amendment. Also, access to appointments and services was actively and responsively managed to take account of patients' needs. Based upon patient comments the practice was in the process of amending the way incoming phone calls were handled. Once complete the practice would be able to hold more and accept more calls and provide patients with more information on their waiting times. The practice liaised with the patient participation group (PPG) about the outcomes of the changes.
- The practice had introduced the NHS Friends and Family test (FFT) as another way for patients to let them know how well they were doing. For example, 2015 FFT data available to us showed that:
  - In June, from 18 responses, 72% recommended the practice compared to 88% nationally.
  - In March, from 16 responses, 100% recommended the practice compared to 88% nationally.
- The GPs were all involved in revalidation, appraisal schemes and continuing professional development.
- The practice had learnt from complaints and recognised the need to address future challenges.
- The practice held regular governance meetings to discuss performance, quality and identified risks. Outcomes were not always shared with all staff.

Are services well-led?

Requires improvement

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

- Staff were not always aware of their roles and responsibilities for managing risk and improving quality and did not always feel supported by management. This was underpinned by risks not being documented in a risk register and there were no arrangements for identifying, recording and managing risks, issues and implementing mitigating actions related to the practice's premises.
- We asked to see evidence that staff had access to all the appropriate training to meet their learning needs and to cover the scope of their work, but the practice could not provide this. Staff told us they received training deemed mandatory by the practice that included basic life support and information governance awareness. However, there were no records in place to demonstrate what training staff had previously received or were due to receive. The lead GP told us they were reviewing how training information was recorded to ensure they were able to identify gaps.
- The learning needs of staff were not effectively identified as there was no robust system for appraisal. The practice raised this with us at the beginning of our inspection and provided us with an action plan to address this shortfall. After the inspection the practice informed us they had allocated a new managerial lead to ensure the appraisals and staff development were addressed as a priority.
- Staff files we reviewed did not contain evidence that all the appropriate recruitment checks were carried out. They did not show consistently that checks had been undertaken prior to staff's employment commencing. For example, references, qualifications, photographic evidence, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Photographic identification was not always kept.
- GPs and nurses had lead responsibilities for areas such as safeguarding and care related to patients, for example a diabetic nurse lead was active in the practice.
- Practice specific policies were implemented and were available to all staff.
- The practice operated as a training practice for doctors in training up to the year before our inspection but had to cease this due to recruitment difficulties. One of the GPs told us this would commence again once the recruitment issue was addressed.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- The lead GP had introduced a staff survey immediately following our inspection to gain feedback from staff around any improvements that staff felt could be made in the practice.
- The nursing team met as group on an ad hoc basis and expressed their awareness when to look for further help and advice on clinical matters. Staff told us that nurses were supported to attend courses and training seminars and conferences.
- The practice staff told us they worked well together as individual teams but there was no evidence that all staff were supported to attend training appropriate to their roles. There were no formal meeting systems in place to support shared learning and to drive forward improvements. We were told that informal meetings took place to discuss specific issues but these were not recorded. The lead GP told us they would ensure a programme of meetings was scheduled with a set agenda to support service improvement and safety. We were provided with evidence that this was being implemented.

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 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 practice must carry out and/or risk assess Disclosure and Barring Service (DBS) and all other recruitment checks for staff. The practice must ensure staff records contain evidence of their training and qualifications. Regulation 19 HSCA (RA) Regulations 2014 (1) Persons employed for the purposes of carrying on a regulated activity must- (b) have the qualifications, competence, skills and experience which are necessary for the work to be performed by them. Providers should have the means to enable them to check that employees hold the appropriate qualification(s). Providers must have appropriate processes for assessing and checking that people have the competence, skill and experience required to undertake the role. (2) Recruitment procedures must be established and operated effectively to ensure that persons employed meet the conditions in paragraph (1). Information about candidates set out in Schedule 3 of the regulations must be confirmed before they are employed.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The practice must implement auditing procedures for infection prevention and control with a designated lead who is appropriately trained. Regulation 12 HSCA (RA) Regulations 2014 (1) Care and treatment must be provided in a safe way for service users.

This section is primarily information for the provider

Requirement notices

(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include –

(h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The practice must carry out checks and/or risk assess for legionella. Regulation 15 HSCA (RA) Regulations 2014 (2) The registered person must, in relation to such premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used.