

The Taverham Partnership

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services caring?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Taverham Partnership on 12 April 2017. The overall rating for the practice was requires improvement, with requires improvement for providing safe, caring and well led services. The practice was rated as good for providing effective and responsive services. The full comprehensive report on the 12 April 2017 inspection can be found by selecting the 'all reports' link for the Taverham Partnership on our website at www.cqc.org.uk.

We undertook a focussed follow up inspection on 16 November 2017 to check they had followed their action plan and to confirm they now met legal requirements in relation to the breaches identified in our previous inspection on 12 April 2017. This report only covers our findings in relation to those requirements.

Overall the practice is now rated as good overall, and good for providing safe, caring and well led services.

Our key findings from this inspection were as follows:

- There was a fire risk assessment and action plan in place.

- The system for reporting, recording and learning from significant events had improved.
- There was an infection prevention and control audit in place with associated action plan. The lead was trained for the role.
- Staff had been provided with a forum for feedback and management were taking actions on identified issues. There was evidence of improved governance arrangements.
- The standard operating procedures for the dispensary were detailed enough to assure safety.
- Improvements had been made to the overall patient satisfaction outcomes on the GP patient survey, published in July 2017. The practice had recorded 75 patients as carers (approximately 0.7% of the practice list) and had thoroughly reviewed the system for identifying and offering carers support.
- Electrical equipment was calibrated and tested appropriately.
- The system for identifying patients and the coding of their medical records, particularly those with diabetes, had been reviewed. The staff were now

Summary of findings

using a system for the scanning and coding of letters to ensure patients records were coded correctly. The GPs were aware that poor coding was identified at our previous inspection. They had reviewed the patients with diabetes to ensure those- patients with diabetes that had been expected had been coded correctly.

- The system for managing complaints had been improved. The practice monitored and recorded verbal complaints in order to identify any trends. The

practice shared learning from complaints at meetings and we saw minutes of meetings to confirm this. The practice had a system in place to ensure the closure of complaints.

- There was a child oxygen mask available in the emergency equipment.

The areas where the provider should make improvement are:

- Continue to identify and offer support to carers.

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?

Our focused inspection on 16 November 2017 found that:

- There was a fire risk assessment and action plan in place. This had been completed by an external company and was comprehensive.
- The system for reporting, recording and learning from significant events had improved. They were recorded on a log which gave the management team oversight and enabled trend analysis. Significant events were discussed in meetings and we saw evidence of this.
- There was an infection prevention and control audit in place with associated action plan. The lead was trained for the role. The practice had reviewed the cleaning schedules and had employed a new cleaning company.
- The standard operating procedures for the dispensary were detailed enough to assure safety.
- Electrical equipment was calibrated and tested appropriately in April 2017.
- There was a child oxygen mask in the emergency equipment and an oxygen sign on the door where oxygen was stored.

Good



Are services caring?

Our focused inspection on 16 November 2017 found that:

- The practice had identified 75 patients as carers (approximately 0.7% of the practice list). The practice had thoroughly reviewed the patients on the list to ensure they were appropriate and had sent letters to them to offer flu vaccinations and to signpost them to local support groups.
- Improvements had been made to the overall patient satisfaction outcomes on the GP patient survey, published in July 2017. The practice was now rated as above or in line with local and national averages for several aspects of care.

Good



Are services well-led?

Our focused inspection on 16 November 2017 found that:

- Staff had completed an anonymised survey relating to management. The management team were exempt from this and uptake for the survey was 100%. Actions from this survey had been completed including 360 degree feedback for all

Good



Summary of findings

managers and focus groups to discuss the outcomes of the survey and develop solutions. Staff spoken to on the day of inspection reported they felt management had been open and honest with feedback and communication.

- Governance arrangements at the practice had improved. The management team had good oversight and management of risks, including those relating to infection control and fire.

Summary of findings

The six population groups and what we found

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

Older people

The provider had resolved the concerns for providing safe, caring and well-led services identified at our inspection on 12 April 2017, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for providing safe, caring and well-led services identified at our inspection on 12 April 2017, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for providing safe, caring and well-led services identified at our inspection on 12 April 2017, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for providing safe, caring and well-led services identified at our inspection on 12 April 2017, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for providing safe, caring and well-led services identified at our inspection on 12 April 2017, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for providing safe, caring and well-led services identified at our inspection on 12 April 2017, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to identify and offer support to carers.

The Taverham Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

This focussed follow up inspection was completed by a CQC lead inspector.

Background to The Taverham Partnership

The Taverham Partnership provides services to approximately 8,600 registered patients in a semi-rural area on the outskirts of Norwich. The practice is run by two male GP partners who are supported by two salaried GPs (one male and one female) and practice manager. One of the salaried GPs was planning to become a partner in December 2017. The practice employs one advance nurse practitioners who work closely with the GPs, three practice nurses and two healthcare assistants. Other support staff include two administrators, two secretaries, ten receptionists, a pharmacist three days per week and two dispensary staff. The practice is able to offer dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy. The practice holds a general medical services contract with NHS England.

The practice is open between 8.30am and 6pm Monday to Friday. Extended hours appointments are offered on Tuesday evenings from 6pm to 7.30pm. Between the hours of 8-8.30am and 6-6.30pm calls are diverted to Medicom, run by the East of England Ambulance service. Patients are required to book these appointments in advance. In addition to pre-bookable, appointments can be booked up to three months in advance with a nurse and one month in

advance with a GP. Urgent appointments are also available for people that need them, as well as telephone appointments. Online appointments are available up to one month in advance.

When the practice is closed patients are automatically diverted to the GP out of hour's service provided by IC24. Patients can also access advice via the NHS 111 service.

We reviewed the most recent data available to us from Public Health England which showed the practice has a smaller number of patients aged 20 to 39 years old compared with the national average. It has a larger number of patients aged 45 to 54 compared to the national average. Income deprivation affecting children is 9%, which is lower than the CCG average of 23% and national average of 20%. Income deprivation affecting older people is 10%, which is lower than the CCG average of 17% and national average of 16%. Life expectancy for patients at the practice is 80 years for males and 81 years for females; this is comparable to the CCG and England expectancy which is 79 years and 83 years.

Why we carried out this inspection

We undertook a comprehensive inspection of The Taverham Partnership on 12 April 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement overall, with requires improvement for providing safe, caring and well led services. The full comprehensive report following the inspection on 12 April 2017 can be found by selecting the 'all reports' link for The Taverham Partnership on our website at www.cqc.org.uk.

We undertook a focussed follow up inspection of The Taverham Partnership on 16 November 2017. This

Detailed findings

inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

- Reviewed risk assessments, action plans, emergency equipment, cleaning schedules and checklists.
- Spoke with staff at the practice.

How we carried out this inspection

During our focussed follow up inspection we:

Are services safe?

Our findings

At our previous inspection on 12 April 2017, we rated the practice as requires improvement for providing safe services. The following improvements were needed:

- Ensure a fire risk assessment is undertaken and action taken in response to any risks identified.
- Ensure there is an effective system in place to record all significant events, ensure actions are identified and learning is shared appropriately.
- Ensure there is an effective system in place for assessing risks associated with infection control. Ensure the infection control lead is appropriately trained and supported to undertake this role.

Further areas for improvements included:

- Review standard operating procedures for the dispensary to ensure they include sufficient guidance for staff.
- Ensure that all electric equipment is tested or risk assessed and is safe to use in accordance with the practice policy.
- Undertake a formal risk assessment, identifying the risks and mitigation facts to ensure patients are not at risk of harm in the event of a child requiring oxygen in an emergency situation.

These arrangements had improved when we undertook a focussed follow up inspection on 16 November 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

- The practice kept a log of all significant events which enabled trend analysis of significant events. There was a recording form available on the practice computer and a system in place to ensure that significant events were fully investigated, followed up and closed to ensure every aspect had been appropriately dealt with. Significant events were discussed in meetings and we saw evidence of this. The practice also now recorded and managed non-clinical significant events.

Overview of safety systems and process

- The infection prevention and control (IPC) lead had recently completed a course to further enhance their skills. An IPC audit had been undertaken by an external company and there was an action plan in place. We saw evidence where action had been taken, for example wall mounted soap dispensers had been fitted where appropriate. The practice had reviewed cleaning systems and schedules and had employed a new cleaning company. The schedules for this company were comprehensive and there were open lines of communication between the practice and company.
- The standard operating procedures for the dispensary had been reviewed and updated to include sufficient detail to assure safety with the dispensing process.

Monitoring risks to patients

- A fire risk assessment had been undertaken in August 2017 by an external company. There were some actions identified, including fixed wiring testing which had a clear date for completion (February 2018). Other risks identified had a date and responsible person identified. The practice completed annual fire drills and had fire equipment checked regularly. There was an oxygen sign on the door where oxygen was stored to alert emergency services.
- Equipment had been calibrated and electrical equipment had been tested in April 2017 to ensure it was safe to use.

Arrangements to deal with emergencies and major incidents

- There were child and adult oxygen masks available on the premises. These were in date and available for use. The emergency bag and oxygen were checked on a regular basis to ensure equipment was in date and appropriate for use. The practice had a second check system undertaken of this equipment by administration staff to ensure the accuracy of checking and also to familiarise administration staff with the equipment in the event of an emergency.

Are services caring?

Our findings

At our previous inspection on 12 April 2017, we rated the practice as requires improvement for providing caring services. The following improvements were needed:

- Continue to identify carers and consider the need for health checks for this patient group.
- The practice also had lower than local and national average GP patient survey results.

These arrangements had improved when we undertook a focussed follow up inspection on 16 November 2017. The practice is now rated as good for providing caring services.

Kindness, dignity, respect and compassion

Results from the national GP patient survey, published in July 2017, showed the practice performance was rated as above, or in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. These scores had improved from the survey published in July 2016. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average 89% and national average of 89%. This had improved from 77% in the July 2016 GP patient survey.
- 91% of patients said the GP gave them enough time compared to the CCG average of 86% and national average of 86%. This had improved from 84% in the July 2016 GP patient survey.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%. This had improved from 91% in the July 2016 GP patient survey.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%. This had improved from 72% in the July 2016 GP patient survey.

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%. This was comparable to the 93% achieved in the July 2016 GP patient survey.
- 98% of patients said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and national average of 97%. This was comparable to the 99% achieved in the July 2016 GP patient survey.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG of 88% and national average of 87%. This had improved from 86% in the July 2016 GP patient survey.

The practice were aware of the new results and proud of the improvements that had been made. Similar improvements had been made in relation to patient's satisfaction with their involvement in care and treatment.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 75 patients as carers (approximately 0.7% of the practice list). There was information on the TV screen in the practice waiting room which was specifically aimed at offering information for carers. Information was available on the website for carers and a leaflet was available in reception. The practice noted that the number of carers had reduced from 114 at the previous inspection. They explained that this was because the list had been thoroughly reviewed and updated to ensure appropriate patients were on the list. The practice stated this was ongoing and they were actively trying to identify carers. The support offered to carers had also increased due to greater awareness. Those patients registered as carers had received a letter with an invite for flu vaccinations and signposting to local support groups.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 12 April 2017, we rated the practice as requires improvement for providing well led services. The following improvements were needed:

- Ensure staff are supported in their role. Implement and embed a system for staff to provide feedback.

These arrangements had improved when we undertook a focussed follow up inspection on 16 November 2017. The practice is now rated as good for providing well-led services.

Governance arrangements

- The governance arrangements in the practice had improved and they had a good overview of the performance of the practice. The management team had good oversight of any risks and adequately managed this with a 'management diary'. This had planned dates for risk assessments and action plans. The practice had completed a fire risk assessment, infection control audit and significant event and complaints log and monitored any actions from these closely.
- The practice were also keen to share their improvements with other local practices to enhance their learning.

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

- The practice had completed an anonymised staff survey for all non-management staff. Uptake for this survey was 100%. Questions on the survey related to management, openness and honesty and how approachable the management team were. Results from this survey were largely positive, however there were some comments relating to the openness and honesty of management.
- As a result of this survey, the management team asked staff to complete 360 degree feedback forms on the management team. Areas for improvement were given to the management team which were individualised to them. For example, improved communication over the computer. Staff reported that the management team had been accepting of the comments and keen to elicit change.
- Another action from the survey was to complete focus groups with all of the staff in order to gain ideas for improvement. The management team had held these recently and were in the process of collating results on the day of inspection. Staff spoken to reported they found these groups very helpful and were confident that management would implement change from the results.