

# Greyfriars Health Centre

## 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 effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We visited Greyfriars Health Centre on 6 October 2014 and carried out a comprehensive inspection. We found that the practice provided a good service to patients in all of the five key areas we looked at. This applied to patients across all age ranges and to patients with varied needs due to their health or social circumstances.

The overall rating for this practice is good, with elements of outstanding practice in the care of people living in vulnerable circumstances.

Our key findings were as follows:

- Patients were satisfied with the opening hours and felt they were treated with dignity, care and respect. They were involved in decisions about their care and treatment.
- There were systems in place to provide a safe, effective, caring, responsive and well led service.

- The practice was clean and hygienic and had robust arrangements for reducing the risks from healthcare associated infections.
- The needs of the practice population were understood and services were offered to meet these.

We saw areas of outstanding practice including:

- The practice opened from 8am to 8pm, Sundays and bank holidays, including Christmas day.
- The provision of medical care and health advice to homeless patients, through a weekly clinic at the Salvation Army.
- A weekly clinic for patients who were prescribed addictive medicines, which ran alongside a clinic led by Norfolk alcohol recovery partnership. This resulted in positive outcomes for patients. For example there has been a reduction in the dose of benzodiazepines prescribed to patients who had an addiction to benzodiazepines.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for safe. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated within the practice and within the organisation to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Good



### Are services effective?

The practice is rated as good for effective. Our findings at this inspection showed systems were in place to ensure that all clinicians were not only up-to-date with both NICE guidelines and other locally agreed guidelines but we also saw evidence that confirmed that these guidelines were influencing and improving practice and outcomes for their patients. Staff received training appropriate to their roles and further training needs had been identified and planned. The practice was using innovative and proactive methods to improve patient outcomes and it linked with other local providers to share best practice.

Good



### Are services caring?

The practice is rated as good for caring. Data showed patients rated the practice comparably with other practices nationally, for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Good



### Are services responsive to people's needs?

The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported good access to the practice, with urgent appointments available the same day. The practice had accessible facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning, from complaints, with staff and other stakeholders.

Good



# Summary of findings

## Are services well-led?

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

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Patients over the age of 75 had a named GP who was responsible for the coordination of their care. Home visits were undertaken for patients who were housebound and unable to attend the practice. Care plans had been put in place for elderly patients most at risk of unplanned admissions to hospital and monthly review meetings were held to assess effectiveness.

Good



### People with long term conditions

This practice is rated as good for the care of patients with long term conditions. The practice supported patients to receive coordinated, multi-disciplinary care whilst retaining oversight of their care. The practice had effective arrangements for making sure that patients with long term conditions were invited to the practice for annual or more frequent reviews depending on their needs. Patients who did not attend were followed up.

Good



### Families, children and young people

The practice is rated as good for families, children and young people. The practice was open from 8am until 8pm, 365 days a year, so appointments for school children were available out of school hours. The premises were suitable for children and babies. A midwife came to the practice once a week to see expectant mothers. Antenatal and baby clinic appointments could be made at the patient's convenience, as there was no set appointment times for these. There was effective liaison between the midwife and the clinical staff at the practice. Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. The practice provided a family planning service and an emergency contraception service.

Good



### Working age people (including those recently retired and students)

The practice is rated as good for working age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of

Good



# Summary of findings

health promotion and screening which reflected the needs of this age group. The practice was open from 8am until 8pm, 365 days a year, so appointments were available at a time suitable for working age patients.

## People whose circumstances may make them vulnerable

The practice is rated as outstanding for people whose circumstance may make them vulnerable. The practice provided a number of services to meet the needs of patients living in vulnerable circumstances. They provided services to patients who were on the special allocation scheme. This scheme is for patients who have been removed from other practices list due to behaviour that other practices have deemed unacceptable, for example the threat of verbal or physical abuse. The practice worked jointly with Norfolk recovery partnership and provided a weekly clinic for patients who were prescribed addictive medicines.

The practice has worked with the local Salvation Army to provide medical care and health advice to homeless patients. This includes a health care assistant (HCA) attending the Salvation Army weekly to see if any homeless patients need medical care or health advice. If medical care was needed, the HCA arranged for a GP to visit. In addition, medical related correspondence was sent to the Salvation Army with the consent of homeless patient, so that they were able to access this correspondence. This resulted in positive outcomes for patients. For example, patients were accurately registered as homeless and had received a health check.

The practice was accessible for any vulnerable group. There was a booking in touch screen in the reception area with a variety of languages available for patients whose first language was not English. Information was available in a number of languages and we saw examples of letters to patients which were in their language. A telephone interpretation service was available, although this was not always used as it was difficult to plan this when it was needed for non-registered patients. Staff at the practice provided support to patients who were unable to read and/or write to complete registration forms. Extended appointments were standard during a number of clinics provided by the practice.

One of the nursing staff had recently undertaken training to undertake care planning for patients with a learning disability. The practice had a register of patients with a learning disability and they were offered an annual review of their health care needs.

Outstanding



# Summary of findings

## People experiencing poor mental health (including people with dementia)

The practice is rated as good for people experiencing poor mental health (including dementia). The GPs had the necessary skills and information to treat or refer patients with poor mental health. An Improving Access to Psychological Therapy (IAPT) service was provided locally and patients were referred appropriately. The practice arranged the appointments, with the consent of patients who were not able to easily make appointments independently. Extended appointments were standard during a number of clinics provided by the practice.

Good



# Summary of findings

## What people who use the service say

We spoke with seven patients during our inspection. The majority told us that they were able to get an appointment easily. One person told us it was difficult to get an appointment after 6pm as the appointments were often already booked. They explained that if this happened they were usually able to book an appointment for after 6pm on the next day. All of the patients we spoke with, and received comments from, informed us they were involved in decisions about their care and treatment, and the majority of patients told us they were treated with dignity and respect by staff at the practice.

We collected eight Care Quality Commission comment cards from a box left in the practice two days before our inspection. All of the comments on the cards were positive about the practice, from both registered and non-registered patients. Patients reported that all the staff were helpful and friendly and they felt cared for.

We reviewed the annual patient survey, which was undertaken in November and December 2013, to which 250 patients had responded. The patient participation group (PPG) had been involved in this survey. PPGs are a way for patients and GP surgeries to work together to improve services, promote health and improve quality of care. The patient participation group (PPG) had been

involved in developing the questions and had been consulted on the action plan to address the areas for improvement. The areas for improvement included free car parking and access for people with disabilities (on the approach to the practice), access to information, non-registered patients being seen before registered patients and the waiting room environment. An action plan had been developed to address these areas and we saw evidence that where it was possible, the majority of the actions had been completed. For example, a part time permanent receptionist and a bank receptionist had been employed to cover busier times at reception. In relation to free car parking, the car park which was opposite the practice was council run and they did not offer any concessionary parking. However, there was a notice board in the entrance area with answers to frequently asked questions and this was one of the questions answered on the notice board. There was evidence that the actions had started to have a positive impact.

The patient participation group members we spoke with told us that the staff worked hard and improvements had been made, but they felt support from the practice for the patient participation group could be improved.

## Areas for improvement

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

Staff who act as a chaperone should have a Disclosure and Barring service (DBS) check.

Due to the layout of the practice, with the service being provided on the ground and first floor, it may be beneficial to have more than one emergency medicine box available.

The knowledge of some of the clinical staff in relation to the Mental Capacity Act (2005) could be improved.

Ensure that all staff are aware of the translation service and that this service is offered to non-English speaking patients.

## Outstanding practice

Greyfriars Health Centre is open from 8am to 8pm, Sundays and bank holidays, including Christmas day.

The practice provides services to patients who are on the special allocation scheme. This scheme is for patients who have been removed from other practices list due to behaviour that other practices have deemed



## Summary of findings

unacceptable, for example the threat of verbal or physical abuse. This service is provided three designated mornings a week and the appointments are for thirty minutes.

The practice has worked with the local Salvation Army to provide medical care and health advice to homeless patients. This includes a health care assistant (HCA) attending the Salvation Army weekly to see if any homeless patients need medical care or health advice. If

medical care is needed, the HCA arranges for a GP to visit. In addition, medical related correspondence is sent to the Salvation Army with the consent of homeless patient, so that they are able to access this correspondence.

A weekly clinic for patients who were prescribed addictive drugs was provided jointly by a GP and a nurse. Norfolk Recovery Partnership ran a clinic side by side so any patients could be discussed jointly. Appointment times for this clinic were extended and included time for discussion and review between team members.

# Greyfriars Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist advisor. The team also included a practice management specialist advisor.

## Background to Greyfriars Health Centre

Greyfriars Health Centre, in the Great Yarmouth and Waveney clinical commissioning group (CCG) area, provides a range of alternative primary medical services to approximately 4500 registered patients living in Great Yarmouth and the surrounding villages. They also provide a GP led health centre (walk in centre) to non-registered patients in Great Yarmouth and the surrounding villages. They see approximately 15000 non-registered patients per year. Greyfriars Health Centre is open from 8:00am to 8:00pm, 365 days a year.

The practice is provided by Malling Health UK Ltd, a limited partnership, based in Kent. Malling Health UK Ltd hold managerial and financial responsibility for the practice. They employ six GPs, (3.2 whole time equivalent) and five nursing staff, (4.45 whole time equivalent). Two of the nurses are nurse practitioners, who have additional education and training and are qualified to treat certain medical conditions without the direct supervision of a doctor. There is also a health care assistant, eight receptionists, two administration staff and a deputy practice manager.

The practice has a higher proportion of patients under 18 and a significantly lower proportion of patients aged over 65 compared with the England average. The proportion of

children and older patients, who live in a low income household and are registered with the practice, is significantly higher than the England average. Just under half of the patients at the practice identified themselves as British with the other patients from other ethnic origins.

Greyfriars Health Centre provides services to patients who are on the special allocation scheme. This scheme is for patients who have been removed from other practices list due to behaviour that other practices have deemed unacceptable, for example the threat of verbal or physical abuse. This service is provided three designated mornings a week and the appointments are for thirty minutes.

Outside of practice opening hours a service is provided by another health care provider (South East Health) by patients dialling the national 111 service.

The majority of the patients we spoke with during our inspection, and all of the patients who completed the comments cards, made positive comments about Greyfriars Health Centre and the service they provided. The staff told us that they felt supported.

We examined patient care across the following population groups: older people; those with long term conditions; families, children and young people; working age people (including those recently retired and students); people living in vulnerable circumstances; and people experiencing poor mental health (including people with dementia). We found that care was tailored appropriately to the individual circumstances and needs of most of the patients in these groups. However the practice did not proactively offer a translation/interpreting service to patients, which meant that we could not be assured that their needs were being appropriately met.

# Detailed findings

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

Before our inspection, we reviewed a range of information we held about the practice and other information that was available in the public domain. We also reviewed information we had received from the service and asked other organisations to share what they knew about the service. We talked to the local clinical commissioning group (CCG), the NHS local area team, Healthwatch and minority group representatives about the practice. The information they provided was used to inform the planning of the inspection.

We carried out an announced visit on 6 October 2014. During our visit we spoke with a range of staff, including the Registered Manager, the area manager, one GP, three nurses, one health care assistant, two reception staff and the deputy practice manager.

We spoke with two members of the patient participation group (PPG). PPGs are a way for patients and GP surgeries to work together to improve services, promote health and improve quality of care. We also spoke with seven patients who used the practice. We reviewed eight comments cards where patients had shared their views and experiences of the practice. We observed how people were being cared for and reviewed the treatment records of patients.

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

- 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
- Working age people (including those recently retired and students)
- People living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

# Are services safe?

## Our findings

### Safe Track Record

The practice was able to demonstrate that it had a good track record on safety. There were clear accountabilities for significant event reporting, and staff were able to describe their role in the reporting process and were encouraged to report incidents. We saw that incidents were recorded and investigated by a senior member of staff or clinician. All significant events were then reported to head office on a monthly basis. These were then reviewed by the clinical governance team and analysed for any trends. Recommendations were shared with the practice and other member practices in order that improvements to processes and practice could be made to minimise the risk of future significant events.

We saw that there was a robust procedure in place to ensure that safety information was shared appropriately within the practice. Staff were informed of safety alerts and National Institute for Health and Care Excellence (NICE) guidance. This information was placed on a shared drive, to which all staff (including locum staff) had access. This was also shared at monthly clinical staff team meetings and displayed on a notice board in the staff room. We were informed that the practice was looking to develop a system where staff had to confirm they had read the information. We saw evidence that safety alerts had been disseminated and appropriate action had been taken and recorded.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. We reviewed three significant events, two of which were clinical and the other was non-clinical. These had been reviewed, and discussed in the monthly clinical team meeting and monthly staff meeting. A summary of the significant event, the learning outcomes and information related to changes in policy were displayed on the notice board in the staff room. There was evidence of investigation and learning, as improvements had been made to practice.

### Reliable safety systems and processes including safeguarding

The practice had an effective system in place to ensure that patients were safeguarded against the risk of abuse. We reviewed their safeguarding adult and safeguarding children policies. Additional guidance was available for staff which included for example, a flowchart for clinicians

reviewing a baby/child with a suspicious mark (including a burn) or bruising, protocols for record management relating to safeguarding and contact information for safeguarding professionals. A safeguarding information folder was available in each room, which included safeguarding contact information and staff we spoke with were aware of these folders. Staff we spoke with had a good understanding of the different types of abuse and how they would respond if they had a concern.

There were two nurse leads for safeguarding children and vulnerable adults and staff knew who they were. All the permanent staff had completed safeguarding training to the appropriate level for their role. This included safeguarding children training level one and two for the majority of the staff and all the GPs and the lead nurses for safeguarding had undertaken safeguarding children level three training. The majority of the clinical and non-clinical staff had completed safeguarding adults awareness training.

The practice had a chaperone policy which provided a link to GMC guidelines for intimate examinations (2013). We saw there was a notice in the waiting area and in the clinical and consultation rooms advising patients that they could ask for a chaperone. We noted that a patients' right to request a trained chaperone for their appointment was included on the patient's charter. Clinical staff were primarily used as chaperones although non-clinical staff were occasionally used. Non-clinical staff confirmed that they had received training before undertaking this role and we saw records of this.

There was a safe recruitment process in place. We spoke with the regional manager who advised of the process for recruiting staff. This included taking two references and all clinical and managerial staff having a criminal records check through the Disclosure and Barring Service. Checks made through the Disclosure and Barring Service help to ensure a person's suitability to work with vulnerable patients. We were not able to review these records as they were held at the provider's head office. Non-clinical staff completed a self-declaration form and we did see evidence of these in the staff files that we looked at. We noted that non-clinical staff who were used as chaperones did not have a check through the Disclosure and Barring service.

# Are services safe?

We discussed this with the Registered Manager who advised they would ensure these were undertaken and review their policy. This will be checked at our next inspection.

Malling Health UK Ltd had a system in place for checking and recording the registration status of the clinical staff annually. This included checking the registration of the nursing staff with the Nursing and Midwifery Council, and the GPs with the General Medical Council.

## Medicines Management

There were appropriate arrangements in place for the storage and checking of medicines. There was a cold chain policy in place. This describes the process for ensuring medicines requiring refrigeration are transported and stored at the correct temperature. The staff we spoke with described adequate arrangements for maintaining the cold-chain for vaccines following their delivery. We noted that a cool bag was available for transportation of medicines. We looked at records of temperatures for medicines requiring refrigeration. These were recorded twice daily and were within the recommended range. The staff we spoke with were aware of the action they would take if the temperatures were out of range. We saw records which evidenced that the stock and expiry dates of vaccinations and medicines were checked weekly. We checked a random sample of five medicines and found these were all in date.

## Cleanliness & Infection Control

We observed that all areas of the practice were visibly clean. Hand washing facilities were available and we saw posters were displayed promoting good hand hygiene. The patients we spoke with and received comments from said they were satisfied with standards of hygiene at the practice.

The practice had a lead nurse for infection control, who had undertaken basic infection control training and was due to attend more in depth training in this area. The majority of the staff had completed principles of infection prevention training. Infection control guidance was available for staff and the staff we spoke with had a clear understanding of their role with regard to this.

In each clinical room there was a list of cleaning tasks to be undertaken and these had been completed and documented. We saw that the practice checked that these had been completed on a monthly basis. We noted that an

infection control audit had been undertaken by the clinical commissioning group in July 2014 and the practice had scored 90%. There were no outstanding issues from this audit for the practice to undertake.

The practice had identified the need for a legionella and boiler test and we saw evidence that they were in the process of arranging this. (Legionella is a germ found in the environment which can contaminate water systems in buildings.)

## Equipment

We observed that practice was suitably equipped with the necessary equipment to help clinicians investigate and diagnose a range of conditions patients might present with. The equipment was in good order. We looked at the records and there was evidence that electrical equipment had been tested for safety and clinical equipment had been calibrated (tested for accuracy) if necessary. The practice and facilities were accessible for patients with limited mobility or those in pushchairs. There were automatic opening doors and a lift to access the first floor. A room was available on the ground floor if patients preferred not to use the lift.

## Staffing & Recruitment

The area manager explained that they had difficulty in recruiting permanent GPs. This was partly due to the recruitment difficulties nationally and regionally, but also because their contract was not permanent. The practice used a number of regular bank and locum GP staff to cover the rota. We were told that the GPs worked in other practices in the area, so they were aware of the local services available and how to refer.

The right staffing levels and skill mix was sustained at all hours the service was open for registered patients. However there was not always GP provision for the non-registered patients. The Registered Manager was aware of this situation and had plans in place to manage this, in order to reduce the impact on patients. For example, a nurse practitioner was on duty when there was no GP provision for non-registered patients.

There was a rota system in place for the different staffing groups, to ensure there were enough staff on duty. We were told by the area manager that staff in the different departments covered for each other in times of staff shortage. For example reception and administration staff

# Are services safe?

were able to cover each other's role and were trained to do this. The practice was also able to call on head office and use the wider regional network of practices so that cover could be obtained from other areas.

## Monitoring Safety & Responding to Risk

There was a proactive approach to anticipating potential safety risks, including changes in demand, particularly during the summer with the increase in tourists, disruption to staffing or facilities, or periodic incidents such as bad weather or illness. The practice had plans in place to make sure they could respond to emergencies and major incidents. Plans were reviewed on a regular basis. For example, the practice had identified the need to have some of the doors within the building locked to minimise the risk of unauthorised access. This was particularly due to the practice providing a service to unknown non-registered patients. This helped to ensure the safety of staff. Staff told us they felt happy they could raise their concerns in relation to emergencies and safety with the deputy practice manager and were comfortable that these would be listened to and acted on. We saw that staff were supported in their role. Staff described what they would do in urgent and emergency situations.

A fire risk assessment had been undertaken in February 2014 and there were no significant issues of concern raised. There was a fire plan on display in the entrance area and fire notices and equipment were available throughout the building. The fire equipment was serviced in September 2014 and the fire alarms were tested weekly and we saw evidence of this. The majority of staff had undertaken fire awareness training. We noted that the practice had undertaken a practice fire evacuation in June 2014. There were no learning outcomes from this as the staff we spoke with reported that it had gone well.

## Arrangements to deal with emergencies and major incidents

Staff recognised and knew how to respond to urgent and emergency situations. Appropriate emergency medicines

and equipment, which included oxygen was available. These were checked on a daily basis and this was documented. The expiry dates of the medicines and the amount of medicines in stock were recorded. There was an automated external defibrillator, an electrical device that provides a shock to the heart when necessary. This had an adult pad and a child converter pad both of which were in date. However there were no spare pads. We raised this with the practice and they agreed to review this. We looked at the staff training record and saw that all clinical staff were up to date with basic life support (BLS) training and using an automated external defibrillator. The majority of the non-clinical staff had undertaken basic life support (BLS) and training was being planned for those staff who had not received this.

There was one box which contained the emergency medicines which was located on the first floor. All the staff we spoke with knew that this was where the emergency medicines and equipment was kept. However, we were told by the clinical staff that this box was taken to the clinical rooms when vaccinations and immunisations were being undertaken. This was not known by all the staff. Therefore, if there was a need for the emergency medicines and equipment, when vaccinations and immunisations were being undertaken, there may be a delay in locating them. We spoke with the practice about this as there were adequate supplies for additional boxes of emergency medicines to be made available.

There was a business continuity plan, dated July 2014, which identified the likelihood and impact of a range of risks, in order to identify a risk level for each risk. A plan of action was in place for each of the high and medium risks and for the majority of the low risks. For example, clerical and management routine procedures were documented so that other staff could undertake these roles if needed. Most of the staff we spoke with were aware of the business continuity plan. We were advised that a copy was kept with managerial staff and a copy was kept off site.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Care and treatment was delivered in line with recognised best practice standards and guidelines. The practice used National Institute for Health and Care Excellence (NICE) guidance to ensure the care they provided was based on latest evidence and was of the best possible quality. This was shared with staff electronically and was stored on the shared drive where all staff and locum staff had access. We also saw evidence of a monthly newsletter for staff, which included the latest clinical guidance updates. One of the GPs regularly attended the clinical commissioning group clinical leads monthly meeting. NICE guidance that was discussed at this meeting was also fed back to the staff team at monthly team meetings and clinical meetings. The staff we spoke with and evidence we reviewed confirmed these actions were aimed at ensuring that each patient was given support to achieve the best health outcome for them. We found from our discussions with the GP and nurses that staff completed, in line with NICE guidelines, thorough assessments of patients' needs and these were reviewed when appropriate.

The practice held an Alternative Primary Medical Services (APMS) contract with NHS England for delivering primary care services to their local community. As part of this contract, quality and performance was monitored using the Quality and Outcomes Framework (QOF). QOF is a national data management tool generated from patients' records that provides performance information about primary medical services. We looked at the QOF data for this practice which showed it was performing in line with national standards, with their total achievement at 99.2%.

### Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audit cycles. Clinical audit is a process or cycle of events that help ensure patients receive the right care and the right treatment. We looked at two completed clinical audit cycles, one related to healthcare for homeless patients and the other related to the prescribing of benzodiazepines (a type of medication commonly known as tranquilisers) to registered and non-registered patients. We saw evidence of continued improvement to the service provided which resulted in positive outcomes for patients. For example,

patients were accurately registered as homeless and had received a health check and there has been a reduction in the dose of benzodiazepines prescribed to patients who had an addiction to benzodiazepines.

We reviewed information on prescribing from the Health and Social Care Information Centre and found that whilst the practice does have a higher prescribing rate for antibiotics and hypnotics than the other practices in the clinical commissioning group (CCG), this was due to the fact that they provided a walk in centre facility for non-registered patients. We also noted that the practice had a higher percentage of prescribing the preferred non-steroidal anti-inflammatory drugs (NSAID's) than other practices in the CCG.

We spoke with one GP, who was the clinical lead, who advised that there was one GP in the practice who carried out minor surgical procedures, in line with their CQC registration under the Health and Social Care Act 2008 and NICE guidance. They advised that minor surgery was not carried out frequently and that the doctor who undertook the minor surgery submitted a review of their results as part of their annual appraisal. This review was not available at the time of our inspection.

The practice was participating in a national initiative to reduce unplanned admissions to hospitals among its patients. Care plans had been put in place for elderly patients most at risk of unplanned admissions and monthly review meetings were held to assess effectiveness.

### Effective staffing

We found that staff were given support and guidance to ensure they were able to undertake their role safely and effectively. There was an effective induction programme in place which was adapted to the requirement of the different job roles at the practice, for example, nurse, practice manager and GP. There was an information pack available for locum GPs, which the deputy practice manager was in the process of updating. New staff we spoke with confirmed they had received an induction.

There was a spread sheet of training which was deemed mandatory by the practice. We looked at three staff members' files and found evidence of certificates for the mandatory training. We found that staff had undertaken additional training appropriate to their role and this was

# Are services effective?

## (for example, treatment is effective)

supported by the practice. Staff interviews confirmed that the practice was proactive in providing training and funding for relevant courses. Staff told us they were supported and competent in their role.

We spoke with a range of staff who confirmed that they received an annual appraisal. We looked at three staff members' files and the records we saw supported this. We saw that future learning needs had been identified and agreed and some had already been met. There was evidence of the practice responding to staff need and managing staff performance.

### **Working with colleagues and other services**

The practice worked with other service providers to meet patients' needs and manage complex cases. The practice held monthly multidisciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs, those with drug and alcohol addiction or children at risk. These meetings were attended by district nurses, social workers, palliative care nurses, Norfolk recovery partnership, the ambulance service and the police. We saw that patients at the end of their life had been reviewed and had care plans in place which had been agreed with the patient and the other professionals involved in their care. Care plans were also in place for older patients who were at risk of unplanned admissions. Staff felt this system worked well and remarked on the usefulness of the meeting as a means of sharing important information.

The midwife held a clinic at the practice every Wednesday and we were told by the clinical staff that there was liaison with the midwife, GP and the safeguarding leads when this was appropriate.

A weekly clinic for patients who were prescribed addictive drugs was provided jointly by a GP and a nurse. Norfolk Recovery Partnership ran a clinic side by side so any patients could be discussed jointly. Appointment times for this clinic were extended and included time for discussion and review between team members.

### **Information Sharing**

There was effective information sharing for example with the ambulance service for patients who frequently called out an ambulance and the out of hours provider. The practice shared information with the out-of-hours service, for example special notes about patients with complex health needs. Information about patients who had

contacted the out of hours service, had been admitted to hospital, were seen in hospital clinics or had been discharged from hospital were reviewed daily by GPs at the practice. Results of tests received by the practice, such as blood or urine results, were seen by the duty GPs. There were systems in place to ensure these were seen, actioned and patients were contacted where necessary.

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. All staff were trained to use the practice computer system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

### **Consent to care and treatment**

The clinicians we spoke with described the processes to ensure that written informed consent was obtained from patients whenever necessary, for example patients who were having minor surgery. We saw evidence of completed written consent forms for minor surgical procedures. We were told that verbal consent was recorded in patient notes where appropriate. All clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment.) Guidance was available for staff to support them when to undertake their role effectively. For example obtaining consent for looked after children, (those children and young people who are looked after by the state/local authority).

The clinical staff we spoke with told us that patients were given information and time to make decisions about their care and treatment. The patients we spoke with, and received comments from gave positive comments about their involvement in their care and treatment. One patient, who was registered in the special allocation scheme, told us how they made decisions with the GP, as the GP listened to them and they listened to the GP.

Some of the clinicians we spoke with were aware of the requirements of the Mental Capacity Act (2005) which is used for adults who lack capacity to make specific decisions. They understood the key parts of the legislation and were able to describe how they implemented it in their practice. However, this knowledge was not shared by all of the clinicians we spoke with.



# Are services effective?

(for example, treatment is effective)

## Health Promotion & Prevention

There was a large range of up to date health promotion information available at the practice and on the practice website. This included information on cancers, dietary advice and mental health. Patients were encouraged to take an interest in their health and to take action to improve and maintain it. This included advising patients on the effects of their life choices on their health and well-being. There was information about services to support them in doing this, such as smoking cessation and weight management advice. A nurse-led smoking cessation clinic was held monthly and a health trainer was available every week. The health trainer provided advice and support to maintain and improve health, for example smoking cessation and weight management.

We saw that new patients who registered with the practice were offered a health check with the health care assistant

or nurse. They were asked details of their past medical and family health history and information about their lifestyle, medications and health screening. This enabled the clinicians to assess new patients' risk factors. The GP was informed of all health concerns detected and these were followed-up in a timely manner. We noted a culture amongst the GPs and clinical staff to use their contact with patients to help maintain or improve mental, physical health and wellbeing, for example, by offering opportunistic influenza vaccination to patients in the defined influenza clinical risk groups.

The practice kept a register of all patients with a learning disability. We were told by one of the nursing staff we spoke with that they had recently attended training to undertake care planning for patients with a learning disability. We saw the practice offered annual health checks to all patients in this group.

# Are services caring?

## Our findings

### **Respect, Dignity, Compassion & Empathy**

During our inspection we overheard and observed positive interactions between staff and patients. We observed that patients were treated with respect and dignity during their time at the practice. Most of the patients we spoke with, and received comments from, confirmed that staff were friendly and caring in their approach.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

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

Staff involved patients in decisions about their care and treatment. The clinical staff we spoke with told us that they

provided information to support patients to make decisions about their care and treatment. In addition, they gave patients the time they needed to ensure they understood the care and treatment they required. They told us that they ensured that the patients always understood the procedure to be carried out. The patients we spoke with and the comments cards we received confirmed this and patients told us that their views were listened to.

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

There was a system in place to support patients and those close to them to receive emotional support from suitably trained staff, when required, for example near the end of a person's life and during bereavement. Bereaved family members were offered the opportunity to speak with the GP. There was information available at the practice to signpost patients to bereavement support groups. There was a process in place for ensuring future appointments, if any, were cancelled and that correspondence was no longer sent.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs.

We saw some examples of how the practice had reached out to meet the needs of the population. Greyfriars Health Centre provided services to patients who were on the special allocation scheme. This scheme is for patients who have been removed from other practices list due to behaviour that other practices have deemed unacceptable, for example the threat of verbal or physical abuse. A weekly clinic offering medical care and health advice was held at the Salvation Army for homeless patients.

The practice was situated in a building with two floors. Consultation and treatment rooms were located on the ground and first floor. Stair and lift access was provided to the first and second floors. The practice made arrangements for patients with restricted mobility, or those who did not like using the lift, to be seen in one of the ground floor rooms. We observed that this happened during our inspection. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams, and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice

### Tackling inequity and promoting equality

We looked at the measures in place at the practice to accommodate patients' equality, diversity and information needs. The majority of staff had received equality and diversity training. Staff at the practice provided support to patients who were unable to read and/or write to complete registration forms. The practice arranged appointments with a range of other services, with the consent of patients who were not able to easily make appointments independently. Extended appointments were available and we saw evidence of this during a number of clinics provided by the practice.

There was a booking in touch screen in the reception area with a variety of languages available for patients whose first language was not English. Information was available in a number of languages and we saw examples of letters to

patients which were in their language. A telephone interpretation service was available and this was advertised on the practice website. Some of the clinicians we spoke with were not aware of the telephone translation service which was available. We spoke with the registered manager and the area manager who explained that this was not always used as it was difficult to organise appropriately when it was needed for non-registered patients. This was because they did not know the specific language needs of non-registered patients in advance. They advised that they would ensure that staff offered this service to all non-English speaking patients. We received confirmation from the practice that information on the translation service was in each of the clinical rooms and reception, that it was advertised in the waiting room in different languages and all staff have been instructed to offer the service to all non-English speaking patients.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

### Access to the service

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

The practice opened from 8am to 8pm, Sundays and bank holidays including Christmas day. Patients we spoke with commented positively about this.

The information from CQC comment cards and patients we spoke with indicated they were generally satisfied with the appointments system. The majority confirmed that they could see a doctor on the same day if they needed to and they could see another doctor if there was a wait to see the doctor of their choice. One patient told us it was difficult to get an appointment after 6pm as the appointments were often already booked. They explained that if this happened

# Are services responsive to people's needs?

## (for example, to feedback?)

they were usually able to book an appointment for after 6pm on the next day. Comments received from non-registered patients showed that those had been seen on the same day.

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

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system which included alternative ways of escalating complaints. This was available in the practice information leaflet which was given to all new patients when they registered. This information was also available on the practice website. There was also a separate patient information leaflet which detailed the complaints procedure.

We looked at four complaints received in the last 12 months. We found that three of these had been acknowledged, investigated and responded to in line with the practice complaints procedure. The responses had occurred in a timely manner and we saw that an apology was given where this was appropriate. However, one complaint was still being investigated, seven weeks after it had been received. We raised this with the area manager and deputy practice manager who agreed to formalise the process for ensuring that updates are obtained when a complaint had been allocated for investigation. This will be checked at our next inspection.

The practice reviewed complaints on a six monthly basis and this was discussed at a clinical team meeting. We saw evidence of this. We looked at the report for the last review and although no themes had been identified, lessons had been learnt from the five individual complaints, and had been acted upon. We noted that all of these complaints had been acknowledged and responded to within the timescales in the practice's complaints policy.

# Are services well-led?

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

## Our findings

### Vision and Strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients, in particular to patients whose circumstances made them vulnerable. There was no formal documented mission statement but this vision was evident during our inspection. The staff at the practice shared a desire to provide patients with a safe and caring service where patients were treated with dignity and respect, and involved in decisions. We saw examples of how the staff implemented the vision, particularly for vulnerable patients.

### Governance Arrangements

There were clearly identified areas of lead responsibility for areas such as fire, health and safety, infection control, child safeguarding and adult safeguarding, complaints, clinical governance and data protection.

The practice had a number of policies and procedures in place to govern activity and these were available to staff within the practice. We looked at a number of these policies and procedures and found they had been reviewed annually and were up to date. These were available for all staff on the computer system and non-permanent members of staff, for example bank staff and locum GPs had access to these.

The practice had robust arrangements for identifying, recording and managing risks. The practice manager showed us their risk log which addressed a wide range of potential issues. This was updated monthly and sent to the area manager and then to head office. Risk assessments had been carried out where risks were identified and action plans had been produced and implemented. For example the practice regularly reviewed the risks associated with staff capacity and skill mix and had plans in place to mitigate risks to patient care.

### Leadership, openness and transparency

There was effective leadership at the practice. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues when required or at team meetings. During our inspection we saw that staff were comfortable seeking advice and support from the GPs, practice manager and nursing team. The practice had a whistleblowing policy in place and staff we spoke were aware of this.

### Practice seeks and acts on feedback from users, public and staff

The practice and staff recognised the importance of the views of patients who used the service and those close to them. Patients were encouraged to feedback their views and information was provided on the practice website, in the practice leaflet and at the practice on ways to do this. A suggestions box with comments and suggestions forms was available in the waiting room. Slips of paper were available at the practice which asked patients about their experience at the practice, whether good or bad and advised patients to leave a review on NHS Choices website. We saw that the reviews on NHS Choices were mainly written in 2013 and the practice had responded to most of these in August and September 2014. We discussed this with the area manager who advised that they had recently started to use NHS choices more as a way of obtaining feedback and planned to take action based on this feedback.

We reviewed the annual patient survey, which was undertaken in November and December 2013, to which 250 patients had responded. The patient participation group (PPG) had been involved in this survey. PPGs are a way for patients and GP surgeries to work together to improve services, promote health and improve quality of care. The patient participation group (PPG) had been involved in developing the questions and had been consulted on the action plan to address the areas for improvement. The areas for improvement included free car parking and disabled access (on the approach to the practice), access to information, non-registered patients being seen before registered patients and the waiting room environment. An action plan had been developed to address these areas and we saw evidence that where it was possible, the majority of the actions had been completed. For example, a part time permanent receptionist and a bank receptionist had been employed to cover busier times at reception. In relation to free car parking, the car park which was opposite the practice was council run and they did not offer any concessionary parking. However, there was a notice board in the entrance area which displayed answers to frequently asked questions and this was one of the questions answered on the notice board. There was evidence that the actions had started to have a positive impact.

The patient participation group members we spoke with told us that the staff worked hard and improvements had

# Are services well-led?

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

been made, but they felt support from the practice for the patient participation group could be improved. For example a stand was set up at the practice by the PPG to promote the group to patients and the practice was not aware that this had been arranged.

## **Management lead through learning & improvement**

There was a robust process in place for the learning from significant events and complaints to be shared amongst the practice staff. Monthly clinical meetings were held where learning from significant events and complaints were raised and safety alerts and updated clinical guidance was shared. There was a notice board in the staff room which provided staff with a range of information to ensure they were updated with the information shared at these meetings. For example any policy that had been updated and minutes of meetings were displayed on the board for staff to read and have access to.

All significant events, complaints and the risk register were sent to the head office. These were reviewed by the management team and any additional learning was shared not only with the practice but also with other practices which the area manager was responsible for. Greyfriars Health Centre also received information from learning from events that had occurred in other practices so processes could be put in place to minimise the risk of occurrence.

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring and appraisals had been completed. Staff told us that the practice was very supportive of training and we saw evidence of this in the staff files we looked at.