

# Litcham 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

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 visited Litcham Health Centre on the 9 February 2015 and carried out a comprehensive inspection. The provider had previously been inspected on 14 and 17 January 2014 and on the 8 July 2014 and we were also following up to see if improvements had been made.

The overall rating for this practice is requires improvement. We found that the practice provided a caring and responsive service. Improvements were needed to ensure that the practice was safe, effective and well led.

We examined patient care across the following population groups: older people; those with long term medical conditions; families, children and young people; working age people and those recently retired; people in vulnerable circumstances who may have poor access to primary care; and people experiencing poor mental health. We found that care was tailored appropriately to the individual circumstances and needs of the majority of the patients in these groups.

Our key findings were as follows:

- The practice was friendly, caring and responsive. Patients were empowered to be involved in their care and treatment and were satisfied with the care that they received from the practice.
- Patients were satisfied with the appointment system and felt they were treated with dignity, care and respect.
- The needs of the practice population were understood and services were offered to meet these. The practice had undertaken work to ensure that the health needs of those patients who did not regularly attend the practice were identified and met.
- The practice had started to introduce patient passports. These provided patients with access to their medical information which could be shared with other organisations if the patient chose to.
- The practice employed a registered mental health nurse who provided support to patients in their own homes and undertook dementia screening and health reviews.

# Summary of findings

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

The provider must:

- Improve arrangements for the safe management of medicines. The provider did not have appropriate arrangements in place for the dispensing of medicines as prescriptions were not always signed by a GP before they were dispensed and handed to patients.
- Ensure that the risks to patients, staff and visitors are assessed. This includes undertaking a health and safety and fire risk assessment and a risk assessment of the dispensed medicines collection service.
- Improve infection control prevention measures. Issues were identified in January 2014 and had not been completed.

- Ensure that staff are supported and mandatory training appropriate to staff roles and appraisals are completed for all staff, including dispensing staff.

In addition the provider should:

- Review the recruitment policy to ensure appropriate recruitment checks are undertaken prior to employment.
- Ensure that policies and procedures are up to date and reviewed regularly.
- There was scope to improve both the process for reporting significant events, so that it included dispensing errors and was timely, and to improve documentation of the investigation and the learning from significant events.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services. The practice did not have appropriate arrangements in place for the dispensing of medicines. The process for reporting significant events and near misses was not clear and there was a risk it may not be timely, as some staff told us they would wait for the weekly clinical meeting to report a significant event. Although we saw that changes to patient care had resulted from significant events, the documentation of the investigation and resulting lessons learnt was not always thorough. Risks to patients who used services were not always appropriately assessed. There was no fire or health and safety risk assessment in place, although some staff had received training. There were enough staff to keep people safe.

Requires improvement



### Are services effective?

The practice is rated as requires improvement for effective. Data showed patient outcomes were at or above average for the locality. National Institute for Health and Care Excellence (NICE) guidance was referenced and used routinely. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. People's needs were assessed and care was planned and delivered in line with current legislation. This included assessment of capacity and the promotion of good health. We saw evidence of multidisciplinary working.

Staff had not received training appropriate to their roles, in particular training deemed mandatory by the provider. Staff had not received an annual appraisal and development plans for all staff were not in place.

Requires improvement



### Are services caring?

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

Good



# Summary of findings

England Area Team 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 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. Processes were in place to share learning from complaints with staff.

## Are services well-led?

The practice is rated as requires improvement for well-led. The practice did not have a written vision, although it was evident that patients were at the centre of the care and treatment provided. The practice sought feedback from patients and this had been acted upon.

The practice had a number of policies and procedures to govern activity. However some of the policies we viewed were not up to date. Regular governance meetings had taken place, however these tended to have a clinical focus rather than a management focus. The processes in place to monitor and improve clinical quality for patients were in place. However there was a lack of processes in place to assess and monitor risks to patients, staff and visitors. Health and safety and fire risk assessments had not been undertaken. Improvements to the cleanliness of the flooring in the practice, which had been identified in January 2014 had not been completed

The clinical leadership at the practice was positive. However this was not replicated in the leadership of non-clinical staff. Some of the non-clinical staff told us they did not feel supported by the practice. Staff had not all completed training deemed mandatory by the provider. Staff had not received an annual appraisal and development plans for all staff were not in place.

**Requires improvement**



# 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

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The staff informed us that weekly multi-disciplinary team meetings were held when patients with palliative care needs were discussed. Patients who had recent hospital admissions were also reviewed during these meetings and plans put into place to reduce future emergency admissions.

The practice provided patients access to their medical record, and patients could share their medical summary with members of the wider health care community via their Patient Passport.

Weekly ward rounds were held at a local care home to provide regular review of their vulnerable elderly population.

The provider was rated as requires improvement for safe, effective and well led. The evidence which led to these ratings apply to everyone using this practice, including this population group.

Requires improvement



### People with long term conditions

Nursing staff had lead roles in chronic disease management, for example diabetes, chronic obstructive pulmonary disease (COPD) and heart disease and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a personal care plan to check that their health and medication needs were being met and in which their future care was discussed.

The practice worked closely with the Integrated Care Team to review and minimise future hospital admissions. The practice provided patients access to their medical record, and patients could share their medical summary with members of the wider health care community via their Patient Passport. This helped patients to be involved in their care and treatment and improved self-management of patient's long term condition. Patients with diabetes were able to share this information with specialists in secondary care.

The provider was rated as requires improvement for safe, effective and well led. The evidence which led to these ratings apply to everyone using this practice, including this population group.

Requires improvement



# Summary of findings

## Families, children and young people

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had parents or carers with mental health needs. Immunisation rates were relatively high for all standard childhood immunisations. The practice provided patients access to their medical record, and patients could share their medical summary with members of the wider health care community via their Patient Passport.

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. A baby changing facility was provided and toys were provided in the waiting room and some of the consultation rooms. We were told of good examples of joint working with midwives and health visitors.

The provider was rated as requires improvement for safe, effective and well led. The evidence which led to these ratings apply to everyone using this practice, including this population group.

Requires improvement



## 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.

Evening appointments were available on four weekdays and these days varied according to patient demand and GP availability. The practice provided patients access to their medical record, and patients could share their medical summary with members of the wider health care community via their Patient Passport. The practice offered a full range of health promotion and screening that reflects the needs for this age group.

The provider was rated as requires improvement for safe, effective and well led. The evidence which led to these ratings apply to everyone using this practice, including this population group.

Requires improvement



## People whose circumstances may make them vulnerable

The practice offered longer appointments for those patients who needed more time, due to their language or communication needs. The practice employed a registered mental health nurse who was tasked with regular individualised reviews of those patients who

Requires improvement



# Summary of findings

were vulnerable. The practice worked with multi-disciplinary teams on a weekly basis in the case management of vulnerable people. This included advising vulnerable patients how to access various support groups and voluntary organisations.

Weekly ward rounds were held at a local care home to provide regular review of their vulnerable elderly population. The practice provided patients access to their medical record, and patients could share their medical summary with members of the wider health care community via their Patient Passport.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

The provider was rated as requires improvement for safe, effective and well led. The evidence which led to these ratings apply to everyone using this practice, including this population group.

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

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice employed their own registered mental health nurse to enable advance care planning for patients with dementia, including new diagnosis and dementia case finding. They attended a weekly multi-disciplinary meeting to discuss and review any patients where additional support may be needed.

The GPs met monthly to discuss patients with multiple unexplained symptoms, who attended the practice regularly and where there were mental health concerns to discuss and agree collaboratively how best to meet the needs of these patients.

The practice provided patients access to their medical record, and patients could share their medical summary with members of the wider health care community via their Patient Passport.

The provider was rated as requires improvement for safe, effective and well led. The evidence which led to these ratings apply to everyone using this practice, including this population group.

**Requires improvement**





# Summary of findings

## What people who use the service say

We spoke with five patients on the day of our inspection. We also spoke with two members of the patient participation group, a group of patient representatives and staff, set up for the purpose of consulting and providing feedback in order to improve quality and standards. Everyone we spoke with reported that they were satisfied with the access to appointments and clinical care and treatment provided by the practice staff. People reported they were treated with respect and dignity, were provided with information about their care and treatment and involved in decisions. They also reported that they could easily get an appointment. One patient told us they felt the appearance of the practice environment could be improved.

We spoke with representatives from two care homes, where residents were registered with the practice. We were told that the GPs were friendly and engaged positively with patients, staff and family members. In addition GPs visited when requested, there was good continuity of care and patients were regularly reviewed. We received positive comments in relation to the end of life care.

We reviewed 36 comment cards that had been collected from patients in advance of our visit. The majority of the comments we received were positive. Comments included the helpful and friendly attitude of the staff at the practice, the high quality of the clinical care provided and how patients were informed about and involved in decisions about their care and treatment. We received three comments cards which included some negative feedback. One related to difficulty booking a non-urgent appointment, two related to dissatisfaction with the length of time to be seen after the booked appointment time and one also commented negatively on the poor state of the fabric of the building.

Before the inspection we asked the practice to identify 10 patients who were over 65 years of age and who had not visited the practice for over two years. Four patients were identified and one of these was prepared to speak with a CQC inspector. They confirmed that they had not accessed the practice as they had not needed to and that they had no difficulties with obtaining access to the practice.

## Areas for improvement

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

- Improve arrangements for the safe management of medicines. The provider did not have appropriate arrangements in place for the dispensing of medicines as prescriptions were not always signed by a GP before they were dispensed and handed to patients.
- Ensure that the risks to patients, staff and visitors are assessed. This includes undertaking a health and safety and fire risk assessment and a risk assessment of the dispensed medicines collection service.
- Improve infection control prevention measures. Issues were identified in January 2014 and had not been completed.

- Ensure that staff are supported and mandatory training and appraisals are completed for all staff.

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

- Review the recruitment policy to ensure appropriate recruitment checks are undertaken prior to employment.
- Ensure that policies and procedures are up to date and reviewed regularly.
- There was scope to improve both the process for reporting significant events, so that it was timely, and to improve documentation of the investigation and the learning from significant events.

# Litcham 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. The team also included a practice manager specialist advisor, a second CQC inspector and two medicine management inspectors.

## Background to Litcham Health Centre

Litcham Health Centre, in the West Norfolk clinical commissioning group (CCG) area, provides a range of general medical services to approximately 3450 registered patients living in Litcham and the surrounding villages. According to Public Health England information, the patient population has a slightly lower than average number of patients under 18 compared to the practice average across England. It has a significantly higher proportion of patients aged over 65, 75 and a slightly higher than average number of patients aged over 85 compared to the practice average across England. Income deprivation affecting children and older people is slightly lower than the practice average across England.

There are two GP partners, one male and one female who hold financial and managerial responsibility for the practice. The practice employs three salaried GPs, two female and one male. There are three practice nurses, two health care assistants and a care coordinator, who is a registered mental health nurse. There is a dispensary at the practice, led by a dispensary manager and five dispensers. There are also four receptionists, an accounts secretary, two cleaners, two senior managers and a surgery advisor.

The CQC intelligent monitoring placed the practice in band 3. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

The practice provides a range of clinics and services, which are detailed in this report, and operates between the hours of 8am and 6.30pm, Monday, Tuesday, Thursday and Friday and from 8am to 1pm on a Wednesday. The practice is open on Wednesday afternoon, but appointments are not available as the GPs undertake care home visits during this time. Outside of practice opening hours a service is provided by another health care provider (Medicom) by patients dialling the NHS 111 service.

We previously inspected this location on 14 and 17 January 2014 and found they were not meeting the Health and Social Care Act Regulations in relation to safeguarding people who use services, medicines, safety and suitability of premises and requirements relating to workers. We completed a follow up inspection on 8 July 2014 to see if improvements had been made in relation to safeguarding people who use services and medicines. Improvements had been made in relation to medicines.

# Detailed findings

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme and to check that improvements had been made following our previous inspections. We had inspected Litcham Health Centre on 14 and 17 January 2014 and on the 8 July 2014.

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 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

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 spoke with representative from two care homes where patients are registered with the practice. We talked to the local clinical commissioning group (CCG), the NHS England Area Team and Healthwatch Norfolk. The information they provided was used to inform the planning of the inspection.

We carried out an announced visit on 9 February 2015. During our visit we spoke with a range of staff including GPs, nurses, a health care assistant, dispensary, reception and managerial staff. 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 eight patients who used the practice. We reviewed 36 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. We spoke with one patient by telephone to obtain their view in relation to the accessibility of the service provided by the practice.

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

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. We reviewed safety records, incident reports and minutes of meetings where these were discussed.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Staff used incident forms which were available on the practice intranet and in paper format in most of the rooms in the practice. These were kept by the clinician who completed the form until the weekly clinical meeting where they were then raised and discussed. Staff we spoke with told us they raised significant events at this meeting, rather than report them immediately.

There were records of significant events that had occurred during the last year and we were able to review these. We saw that for significant events that related to clinical care, the practice immediately identified other patients who may be at risk of the same incident occurring and took action to minimise the risk.

We also reviewed the minutes of the weekly clinical meeting and whilst significant events had been discussed, the investigation of the significant event and subsequent follow up of the learning had not been documented in detail. There was scope to both improve the process for reporting significant events, so that it was timely, and to improve documentation of the investigation and the learning from significant events.

National patient safety alerts were disseminated to practice staff, via a printed copy being put in the staff pigeon hole. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. They also told us alerts were discussed at the weekly clinical meeting to ensure all staff were aware of any that were relevant to the practice and where they needed to take action.

### Reliable safety systems and processes including safeguarding

The practice had a system in place to help ensure that patients were safeguarded against the risk of abuse. We reviewed their safeguarding adults and safeguarding children policies. Contact information for safeguarding professionals external to the practice was available. The majority of staff had completed training for safeguarding adults and safeguarding children. Staff we spoke with had an

understanding of the different types of abuse and how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours. Contact details were easily accessible and were on display in each of the clinical and consultation rooms.

The practice had a named GP appointed as lead in safeguarding vulnerable adults and children who had been trained to the appropriate level to enable fulfilment of this role. All staff we spoke with were aware who the lead GP for safeguarding was and how to escalate concerns they might have about particular patients. Staff also told us that they could raise any concerns they had about vulnerable adults or children at the weekly clinical meeting where this would be discussed. We were also provided with examples of when clinicians had shared possible concerns directly with other health care professionals in order to agree the best coordinated approach.

A chaperone policy was in place and staff we spoke with confirmed that chaperones were used. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). We saw that notices were displayed in the waiting room advising patients that this service was available. Staff told us that clinicians acted as chaperones; however one non-clinician told us that they had acted as a chaperone before. We discussed this with the provider who advised that only clinical staff were used as chaperones.

### Medicines management

Patient feedback we received informed us that the practice provided a friendly dispensing service, however, we noted the practice had not recently conducted its own assessment of the quality of its dispensing service.

## Are services safe?

We noted the arrangements in place for patients to order repeat prescriptions. The practice provided a medicine delivery service for patients who lived in rural areas. There were also arrangements in place for patients to collect their prescriptions at a post office in a nearby village, however, the practice had not considered the risks relating to this, so we could not be assured these arrangements were safe.

We noted that procedures were in place for handling written medicine changes recommended by, for example, hospital doctors when patients were discharged from hospital. However, we found that repeat medicines supplied at the dispensary were handed to patients before prescriptions were signed and authorised by the doctors. Therefore, we could not be assured that safe procedures for medicine supply were always being followed.

Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. We found there were also arrangements in place for the security of medicines in the dispensary to ensure they could only be accessed by authorised members of staff.

We noted there were arrangements in place for the regular monitoring and destruction of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). We checked a sample of controlled drugs and found we could account for them in line with registered records. However, we noted that controlled drugs carried in doctor's bags were not properly recorded to account for them once they had been supplied from the dispensary. We noted that the cabinet used to store controlled drugs was not compliant with Misuse of Drugs legislation, however a senior partner at the practice assured us steps had already been taken to replace the cabinet.

There were regular weekly practice meetings to discuss issues arising including when there were medicine-related incidents. However, when we looked at records of dispensing errors we noted some had not been raised as significant events so that they could be discussed and where appropriate, necessary actions taken. We also noted that few near-miss dispensing errors had been recorded so trends of these errors could not be monitored and identified. We noted that whilst policy documents relating

to medicine management and dispensing practices were regularly updated, all members of dispensary staff did not acknowledge and sign up to them including the written procedure for handling dispensing errors.

Medicines for use in an emergency were monitored for expiry and checked regularly for their availability. Processes were in place to check medicines in the dispensaries were within their expiry date and suitable for use, however, we noted records to confirm this were not always being completed. We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear process for ensuring that medicines were kept at the required temperatures and staff we spoke with described appropriate arrangements for maintaining the cold-chain for vaccines following their delivery. We saw that the temperature checks recorded the minimum and maximum temperature ranges, but did not record the actual temperature. We spoke with a practice nurse about this and they agreed to immediately start recording this.

The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. Dispensary staffing levels were in line with DSQS guidance. Members of dispensary staff had attained suitable qualifications, however, we noted that staff involved in the dispensing process did not receive regular training or updating and we were unable to establish from records that their competence had been checked annually. Therefore we could not be assured that patients were provided their medicines by staff who had received regular training and were confirmed as competent.

### Cleanliness and infection control

In a previous inspection report, dated January 2014, we found that soft furnishings throughout the building showed signs of wear. The carpets throughout the premises, particularly in reception, the waiting area and along the main corridor were very stained and had patches due to wear. Some of the chairs in the waiting room had worn and torn seating which meant they could not be kept clean and may become an infection risk. There was a baby changing mat available but this was also badly damaged and therefore was not in a safe and hygienic state for use. We



## Are services safe?

also noted that the flooring in a treatment room, underneath an oxygen cylinder had a rust coloured stain. During the inspection on 9 February 2015 we found that some improvements had been made.

We found that the chairs in the waiting room had been replaced and the baby changing mat was fit for purpose. Notices were in place advising users of the baby changing equipment to inform staff when it had been used so that it could be cleaned. The carpets throughout the premises, particularly in reception, the waiting area and along the main corridor were very stained and had patches due to wear. The aforementioned rust coloured stain was still present. Staff informed us they tried to remove it but were unable to do so. They assured us the room was regularly cleaned and we saw records confirming this. The practice told us they were awaiting a quote for new flooring in these and other areas. We also saw a quote for new blinds to be fitted throughout the practice. We spoke with one of the partners who confirmed this work had been approved. After the inspection we received information from the practice to confirm that new blinds had been fitted and that some of the rooms had new flooring.

We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

All staff received induction training about infection control specific to their role but not all staff had completed an annual update. The practice had a lead nurse for infection control who told us they felt competent to undertake this role, but had not received any specialist infection control training. The infection control lead told us that they had undertaken infection control audits and improvements had been made. They confirmed that a separate sample storage refrigerator had been purchased and wall mounted hand towel dispensers were now in use. We looked at the last infection control audit that had been completed on 23 January 2015. We saw evidence that actions had been identified and some of these had been completed, however not all of the actions had been completed.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these

to comply with the practice's infection control policy. Staff informed us they disposed of materials appropriately and cleaned surfaces after clinical interventions. There was also a cleaner on site to assist with urgent cleaning.

Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms. Notices about hand hygiene techniques were displayed in staff and patient toilets but not in the disabled toilet.

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). There were records that confirmed the practice had sought advice from an external company. Checks were documented and being undertaken to reduce the risk of infection to staff and patients. There were notices on display for staff explaining the effects of legionnaire's disease (potentially caused by legionella).

### Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. We saw that the practice was well equipped with adequate stocks of equipment and single-use items required for a variety of clinics, such as the respiratory and diabetes clinic.

Staff told us that all equipment was tested and maintained regularly and we saw equipment maintenance records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer.

### Staffing and recruitment

The practice had a recruitment policy, however this did not include information about the specific checks the practice undertook in relation to recruitment. For example the need for criminal records checks via the Disclosure and Barring Service (DBS).

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment which included proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks via the Disclosure and Barring Service. We noted that the practice

## Are services safe?

was awaiting a DBS check for one member of staff. We saw that regular checks were undertaken to ensure that clinical staff had up to date registration with the appropriate professional body.

Staff told us about the arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure there was enough staff on duty. There was also an arrangement in place for members of nursing, dispensary and administrative staff to cover each other's roles. Staff we spoke with confirmed that this happened and these arrangements worked well. Staff told us there was enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe.

### Monitoring safety and responding to risk

The practice did not have effective systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. There was no health and safety risk assessment, or regular checks of the building and there was no fire risk assessment in place. Health and safety information was displayed for staff to see and there were fire evacuation notices in every room of the practice.

Staff we spoke with were able to identify how they would respond to patients with deteriorating health or medical emergencies. There was an emergency alarm in the reception area where staff were able to call for help in an emergency situation. An alarm was also available in the disabled toilet for patients to summon help.

We received feedback from patients that children who needed to be seen urgently were always prioritised and given an urgent, on the day appointment.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records we viewed showed that all staff had

received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). We saw that the emergency equipment was incomplete for airway management as there was no paediatric emergency airway management equipment available. There was evidence of regular checks on emergency equipment. When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest and anaphylaxis. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was assessed and mitigating actions recorded to reduce and manage the risk. Risks identified included loss of computer system, power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to and these were in the process of being updated. We noted that a copy was not kept off site. We spoke with the provider about this and they agreed to take action to ensure a copy was kept off site and that those staff who were first to access the building in the morning were aware of the plan.

The practice had not carried out a fire risk assessment and there was no evidence of the actions that needed to be taken to maintain fire safety. Records showed that 14 out of 23 staff were up to date with fire training. We were told that the practice had recently undertaken a practice fire evacuation, although we did not see written evidence of this.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We were told that new guidelines were disseminated to staff by a paper copy being placed in their pigeon hole. We were told these were also discussed at the weekly clinical meeting where the implications for the practice's performance and patients were discussed and required actions agreed. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines and in response to any risks identified, and these were reviewed when appropriate.

We were told that patients who had a long term condition had been assessed, their future care had been discussed and a personal care plan had been agreed. Patients who had a long term condition and who had been admitted to hospital were reviewed and plans made to avoid future admission, if this was appropriate.

One of the GP partners showed us data from Public Health England, which is what they used to monitor their performance and benchmark against other practices in the Clinical Commissioning Group (CCG) area. This demonstrated how they were performing well, compared to other practices in the CCG, for example in relation to the outcomes for patients with diabetes.

We were told by one of the GP partners that they had identified that patients with mental health needs were not being effectively met. In response to this the practice employed a registered mental health nurse in order to provide care and treatment to patients with mental health needs registered at the practice. We were told that they visited patients in their own homes in order to undertake dementia screening, dementia reviews and health checks for vulnerable patients. They also worked with other agencies in order to access appropriate support for 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 cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included scheduling clinical reviews and medicine reviews, recall of patients with long term conditions and recalling patients who had been identified by the risk profiling tool as needing to be reviewed.

The practice used a risk profiling tool which identified patients who may be at risk of being admitted to hospital, were overdue for screening, for example in needing a blood test, or due to their medicines. This risk profiling tool was accessed weekly to identify patients who may be at risk and alerts were then sent to the GPs for action as appropriate. The practice felt that the risk profiling tool was an on-going clinical audit where actions were undertaken and clinical care and treatment for patients was reviewed in order to ensure the best health outcome. The practice showed us one clinical audit which related to the use of citalopram. The audit was to ensure that patients were on appropriate doses following changes in guidance.

The practice did not use the Quality and Outcomes framework (QOF) (a national data management tool generated from patients' records that provides performance information about primary medical services) to monitor outcomes for patients, but used the risk stratification tool. They also identified patients who may be at risk, following significant events, or receipt of medicine safety alerts and undertook appropriate intervention to improve outcomes for patients. Staff and patients spoke positively about the culture in the practice around health improvement. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patients' needs.

The practice participated in local benchmarking. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice had outcomes that were comparable to other services in the area.



# Are services effective?

(for example, treatment is effective)

## Effective staffing

We were told that all new staff underwent a period of induction at the practice. We saw the newly developed induction checklist, which covered a range of areas including for example, training, emergency procedures and health and safety. The practice had not employed any new starters recently so it was not possible to check whether the induction process had been followed.

The practice staff included medical, nursing, dispensing, managerial and administrative staff. We reviewed staff training records and saw that staff were not up to date with attending mandatory courses such as infection control, fire safety and health and safety. All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Practice nurses had defined duties they were expected to perform and were able to demonstrate they were trained to fulfil these duties. This included administration of vaccines and cervical cytology. Those with extended roles, which included seeing patients with long-term conditions such as asthma, diabetes and chronic obstructive pulmonary disease, were also able to demonstrate they had appropriate training to fulfil these roles.

The practice was in the process of developing their appraisal policy and process. None of the staff we spoke with had received an appraisal in the preceding 12 months and the records we viewed confirmed this.

## Working with colleagues and other services

The practice had weekly multi-disciplinary team meetings. The practice had a palliative care register and patients on the register were discussed and reviewed so all team members were aware of the current care and treatment plan. The care and support needs of patients with palliative care needs and their families.

Were also discussed. During this meeting, all patients who had been admitted to hospital over the previous week were reviewed. This included discussion regarding the appropriateness of the admission and how future admissions could be avoided. We were told that patients

who may be vulnerable to hospital admission, for example those with hyponatraemia (low level of sodium in the blood) were regularly reviewed, changes made to their medication and a GP allocated to follow up the patients care and treatment. The integrated care team attended this meeting every two months to review patients who were repeatedly admitted and additional intervention was planned. The health visitor had started attending this meeting and it was planned that they would attend four times a year.

The practice worked with other service providers to meet patients' needs and manage complex cases. Blood results, x-ray results and letters from the local hospital including discharge summaries, out of hour's providers and the 111 service were received both electronically and by post. The practice had an identified 'duty' doctor who was responsible for reviewing these documents and results and for undertaking the action required. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances within the last year of any results or discharge summaries not being followed up appropriately.

The practice was commissioned for the new enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services are services which require an enhanced level of service provision above what is normally required under the core GP contract). The GP contacted each patient within three days of them being discharged from hospital in order to follow up on their care and treatment. We saw that the process in place for responding to hospital communications was working well in this respect. We saw that admission rates were below the Clinical Commissioning Group (CCG) average for Litcham Health Centre.

## Information sharing

The practice worked collaboratively with other agencies and community health professionals and regularly shared information to ensure timely communication of changes in care and treatment.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record, called EMIS LV, and a risk profiling system to coordinate, document and manage patients' care. All staff

# Are services effective?

## (for example, treatment is effective)

were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference and to be considered in the patient care process.

### Consent to care and treatment

We saw that the practice had a consent policy and consent forms. The clinicians we spoke with described the processes to ensure that written informed consent was obtained from patients whenever necessary, for example when patients needed minor surgery. We were told that verbal consent was recorded in patient notes where appropriate. Patients we spoke with, and received comments from, confirmed that their consent was obtained before they received care and treatment.

Clinicians demonstrated an understanding of legal requirements when treating children. The practice nurse confirmed consent was always obtained from parents prior to immunisations being given. All clinical staff we spoke with demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions). Written guidance was available to staff in this area.

We found that staff were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. The Mental Capacity Act is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. When interviewed, staff gave examples of when they would act in a patient's best interest, if a patient did not have capacity. A Mental Capacity Act policy was available for staff and this had been recently reviewed.

All staff were aware of patients who needed support from nominated carers, and clinicians ensured that carers' views were listened to as appropriate.

Patients with a mental health need and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing.

These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it) and had a section stating the patient's preferences for treatment and decisions.

### Health promotion and prevention

We saw that new patients were invited into the surgery when they registered to find out details of their past medical and family health histories. They were also asked about their lifestyle, medications and offered health screening. The new patient health check was undertaken by a health care assistant. If the patient was prescribed medicines or if there were any health risks identified then they were also reviewed by a GP in a timely manner.

The practice offered NHS Health Checks to all its patients aged 40-75 and these were undertaken by a health care assistant. Practice data showed that 40 patients in this age group had been offered this health check from October to December 2014 and 13 patients had taken up the offer of the health check. This health check was also offered opportunistically when new patients registered at the practice. We were told that GPs followed up patients if they had risk factors for disease identified at the health check and that further investigations were scheduled if appropriate.

The practice did not actively participate in the Quality and Outcomes Framework and we found that the data downloaded from their computer system was not reflective of the care and treatment they had undertaken with patients. For example, the practice employed a registered mental health nurse who undertook dementia screening and dementia reviews, however the data generated by the computer did not reflect the number of reviews they had undertaken. We looked at a sample of patient records and saw evidence that dementia screening and reviews had been undertaken. We spoke with one of the GP partners about this, as poor data recording meant it was difficult to identify easily those patients who had not had a dementia review.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Clinical staff we spoke with told us about the arrangement in place for following up patients who did not attend for their immunisations.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

There was a person centred culture and staff and management were committed to working in partnership with patients. During our inspection we overheard and observed good interactions between staff and patients. We observed that patients were treated with respect and dignity during their time at the practice. All of the patients we spoke with and received comments from, during our inspection made positive comments about the practice and the service they provided. Patients reported that all the staff were friendly and helpful and they were happy with the care that they received.

We saw that patient's confidentiality was respected when care was being delivered and during discussions that staff were having with patients. 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 / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff told us that facilities were available for patients to talk confidentially when they were at the reception desk and there were notices informing patients of this. We observed staff were careful to ensure confidentiality when discussing patients' treatments in order that confidential information was kept private. Staff we spoke with were aware of their role in relation to confidentiality.

We looked at data from the National GP Patient Survey, which was published on 8 January 2015. The survey showed satisfaction rates for patients who thought they were treated with care and concern by the nursing staff (92%) and by their GP (91%). 100% of patients reported that the reception staff were helpful. In relation to whether staff listened to them 96% reported this being good for nurses and 91% for GPs. 93% of respondents described their overall experience of the practice as good and 86% of patients stated they would recommend the practice.

We also reviewed 36 comment cards that had been collected from patients in advance of our visit. All of the cards reported positive experiences of patients in relation to being treated with kindness, care and compassion.

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

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. We looked at data from the national GP patient survey, published on 8 January 2015, which showed 88% of practice respondents said the GP involved them in care decisions, 92% felt the GP was good at explaining tests and treatments and 91% said the GP was good at giving them time. In relation to nurses, 87% said they involved them in care decisions, 90% felt they were good at explaining tests and treatments and 98% said they were good at giving them enough time.

Patients we spoke to 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.

The practice had access to INTRAN translation services. This service was predominantly a telephone based service, however translators could be requested to attend the practice if required. This service offered British Sign Language interpreters, lip speakers and interpreters in 150 languages.

We were told that one of the GPs spoke two different languages, although there was little demand for these languages in the practice.

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

Literature in the form of leaflets and posters were displayed in the waiting room area signposting a number of support groups and organisations that could be accessed for patients, relatives and carers. These included information about support for those with long term conditions such as diabetes and advice for carers in relation to equipment and benefit payments. There was a display of information about dementia and support services available. The practice had a health information worker who visited the practice weekly in order to provide support and advice to patients on services that were available locally.

## Are services caring?

When a new patient registered at the practice they were asked if they were a carer and offered appropriate support. The practice identified patients who were also carers on the computer system. Staff and clinicians were automatically alerted to patients who were also carers. This ensured that GPs and clinical staff were aware of the wider context of the patients' health needs.

Staff told us families who had suffered bereavement were identified and the electronic records system was updated to inform all staff at the practice. This helped to ensure that when a bereaved patient attended the practice, staff were

able to respond appropriately. They told us that recently bereaved families were called by their usual GP. This call was either followed by a consultation at the practice, or a home visit where this was more appropriate. The GP also made a further phone call approximately one month after the bereavement to see how the patient was coping and to provide additional support if this was needed. There was also a variety of written information available to advise bereaved relatives and direct them to the local and nationally available support and help organisations.

# 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 patient's 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. The practice had invested time in focusing their intervention on those patients who did not regular attend the practice in order to identify health needs and improve health outcomes for those patients as well as those patients who regularly attended the practice.

The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from 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.) This included improved access to appointments, in particular for working patients. Patients we spoke with on the day of our inspection told us they were satisfied that the practice was meeting their needs. Comment cards left by patients visiting the practice prior to our visit also reflected this.

The practice had a palliative care register and clinicians met weekly and reviewed all patients and discussed patient and their families care and support needs. We received positive feedback from representatives of one care home where patients were registered with the practice. This was in

relation to the proactive support and care provided by the GPs to the patient, their family and their carers at the end of their life. The practice worked collaboratively with other agencies and community health professionals in order to effectively meet patients' needs.

### Tackling inequity and promoting equality

During our inspection in January 2014, we found that the provider had not taken reasonable steps to provide care in an environment that was suitably designed for people with a disability. We saw that improvements had been made. There were designated disabled parking bays and a doorbell was available in order for patients to alert reception staff that they needed support to access the practice. We saw that quotes had been obtained for automatic opening doors at the entrance to the practice. We noted that adjustments had been made to ensure the

disabled toilet was accessible for patients attending the practice and suitable baby changing facilities were in place. 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.

The practice had access to INTRAN translation services. This service was predominantly a telephone based service, however translators could be requested to attend the practice if required. This service offered British Sign Language interpreters, lip speakers and interpreters in 150 languages.

We were told that one of the GPs spoke two different languages, although there was little demand for these languages in the practice.

The practice provided equality and diversity training through e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training in the last 12 months and that equality and diversity issues were discussed at clinical governance meetings.

### Access to the service

The practice was situated in a single level building with free car parking available outside the practice.

Appointments were available from 08:00 am to 18:30 pm on weekdays, except Wednesdays when GP appointments were available until 1pm. Regular care home visits and meetings were undertaken during this time. The practice offered extended hours appointments on a flexible basis, usually on four weekday evenings. This was in order to ensure the service was accessible to patients who worked and to meet patient demand. Information about appointments was available to patients about appointments in the practice leaflet. This included how to arrange urgent appointments, telephone consultations and home visits, although this information was not available on the practice 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 urgency of their health need.

We looked at data from the National GP Patient Survey, which was published on 8 January 2015 and found that 90% of patients described their experience of making an appointment as good, 98% reported that they found it easy

# Are services responsive to people's needs?

(for example, to feedback?)

to get through on the phone and 97% said the last appointment they got was convenient. Comments received from patients on the day of the inspection showed that patients in urgent need of treatment had been able to make appointments on the same day of contacting the practice. They confirmed that they could see another doctor if there was a wait to see the doctor of their choice. The majority of the comments cards gave positive feedback on the appointments system. The feedback on two of the comments cards, reported some dissatisfaction with the length of the waiting time once they had arrived for their booked appointment.

Longer appointments were also available for patients who needed them and those with long-term conditions. Home visits were made to one local care home on a Wednesday each week, by a named GP and to those patients who needed one.

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

The practice had a system in place for handling complaints and concerns. Its 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 in the waiting room to help patients understand the complaints system. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at four complaints received in the last 12 months and found that the complaints were dealt with in a timely way and were handled satisfactorily. The three day handling as stated in the practice's policy had been followed on all four occasions, with one occasion requiring further and additional communication from the GP which took an extra month. The practice had responded to the complaints with openness and transparency. Apologies were issued, where appropriate, and staff told us that complaints were discussed to ensure all staff were able to learn and contribute to determining any improvement action that might be required. We noted that complaints were included in the agenda of the weekly clinical meetings.

The practice commented on reviewing complaints annually to detect themes or trends but due to the current low number (four) did not deem this necessary. However, lessons learned from individual complaints had been acted on.



# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice did not have a documented vision, but all the staff we spoke with told us that the vision and mission of the practice was to put patients first, and at the centre of their decision making. We saw evidence of this during the inspection.

The practice demonstrated that they had delivered high quality care and promoted good outcomes for patients, this was despite not having a formal strategy or business plan. Minutes of meetings that we viewed evidenced that the focus was, in all cases, on improving outcomes for patients and inclusion of the patients' thoughts and opinions on the care they received at the practice.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice and in a policy file kept in the reception area. We looked at nine policies and eight of these had been reviewed in the previous year and were up to date. This tended to be the policies that were available on the computer. The practice were in the process of updating a number of policies. Staff we spoke with were aware of how to access policies and guidance if these were needed and confirmed that information was available for them to guide their work.

The practice had a dedicated GP and management lead responsible for complaints, a GP lead for safeguarding children and vulnerable adults and a nurse lead for infection control. Clinical staff also had lead roles in relation to their clinical expertise. For example there was a nurse lead for diabetes, and mental health and dementia. The staff we spoke with were aware of their own roles and responsibilities.

The practice used the Public Health England data to measure its performance. The data we were shown by one of the partners showed it was performing in line with national standards. We saw that Public Health England data was regularly discussed at clinical meetings and actions were undertaken to maintain or improve outcomes for patients. The practice had an on-going programme of clinical risk identification which it used to monitor and implement changes to patients' care and treatment in order to improve patient health outcomes.

The practice held weekly clinical meetings which were attended by clinical staff and quarterly clinical governance meetings, which were attended by the all the practice staff. We looked at minutes from these meetings and found that clinical performance had been discussed and actions taken to improve patient outcomes. However there was less focus on other risks to the practice, including health and safety, the need to make improvements to the flooring to ensure it was clean, fire and the monitoring of staff to complete mandatory training.

### Leadership, openness and transparency

The practice held weekly clinical meetings and the clinical staff we spoke with felt supported by

the practice and commented on the clinical support they could easily obtain from the GPs. We saw evidence that the clinical leadership at the practice was positive, however this was not replicated in the leadership of non-clinical staff and non-clinical areas of general practice. Some of the non-clinical staff we spoke with did not feel supported in their roles.

A clinical governance meeting was held quarterly and was attended by the practice team. This included areas such as updates affecting the practice, training, significant events and suggestion box feedback. Immediately following this meeting staff met in their departmental teams to discuss relevant issues.

The practice had gathered feedback from staff through weekly clinical and quarterly practice meetings. The majority of staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. However some staff reported that they did not always feel listened to, despite raising their views. Not all staff we spoke with were aware of a whistleblowing policy although there was a whistleblowing policy in place.

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

The practice had gathered feedback from patients through a patient survey, complaints received and through comments received in a suggestion box in the waiting room at the practice. We looked at the results of the most recent patient survey which had been undertaken in January 2013. We saw as a result of this, the practice had introduced changes to the appointment system which meant that

# Are services well-led?

Requires improvement 

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

patients were able to obtain an appointment and this capacity is monitored weekly. Extended hours appointments were also introduced to improve access, including for those patients who worked.

The patient participation group (PPG) had recently re-established itself, having been less active over the past two years. We spoke with two people from the PPG who were positive about the support the PPG received from the practice. One of the PPG members told us that a number of patients had difficulty accessing the Norfolk and Norwich hospital and Queen Elizabeth hospital for appointments. The PPG had raised this with the practice, who had liaised with the parish council and a community care scheme had been set up to transport patients to and from hospital appointments. Another example we were given was that water machines were now available in the waiting room.

## Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training

and attendance at local networking meetings and conferences. One member of staff told us that they had asked for specific training around dementia and this had happened. There was evidence of clinical leadership, learning and improvement.

There was no evidence that appraisals had been undertaken in the last year and the staff we spoke with confirmed this. Some of the staff we spoke with told us they had prioritised completion of the mandatory training required by the practice rather than attending other training. However not all staff had completed training deemed mandatory by the provider.

The practice had completed reviews of significant events and complaints in order to improve outcomes for patients. However there was scope to improve the documentation of the investigation, identified learning and the sharing of that learning.



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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider must assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity in accordance with Regulation 17 (2) (b) Health &amp; Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.</p> <p>Health and safety, fire risk assessments and a risk assessment for the dispensary collection service had not been undertaken. Improvements to the cleanliness of the flooring in the practice, which had been identified in January 2014 had not been completed. The carpets throughout the premises, particularly in reception, the waiting area and along the main corridor were very stained and had patches due to wear.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The provider must ensure that all staff receive appropriate training to undertake their role and receive appraisals. Regulation 18 (2) (a) Health &amp; Social Care Act 2008 (Regulated Activities) Regulations 2014, staffing.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Patients were not protected against the risks associated with the management of medicines because the provider</p>

This section is primarily information for the provider

## Requirement notices

did not have appropriate arrangements in place for the dispensing of medicines. Regulation 12 (2) (g) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.