

# Taverham Surgery

## Inspection report

Sandy Lane  
Taverham  
Norwich  
NR8 6JR  
Tel: 01603867481  
www.tavershampartnership.co.uk

Date of inspection visit: 24 August 2022  
Date of publication: 11/10/2022

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

<b>Overall rating for this location</b>	<b>Inadequate</b> 
Are services safe?	<b>Inadequate</b> 
Are services effective?	<b>Inadequate</b> 
Are services caring?	<b>Good</b> 
Are services responsive to people's needs?	<b>Requires Improvement</b> 
Are services well-led?	<b>Inadequate</b> 

# Overall summary

We carried out an announced inspection at Taverham Surgery on 24 August 2022. Overall, the practice is rated as inadequate.

Safe - Inadequate

Effective - Requires improvement

Caring - Good

Responsive – Requires improvement

Well-led - Inadequate

We previously inspected The Taverham Partnership in December 2017 and the practice was rated good overall. In May 2022 the practice changed provider and inherited the regulated history and ratings of the previous location, and is now called Taverham Surgery. The provider has two locations both of which were inspected due to concerns relating to both locations.

The full reports for previous inspections can be found by selecting the 'all reports' link for Taverham Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a comprehensive inspection in response to concerns raised with CQC in relation to patient safety and the premises.

## How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A site visit
- Staff questionnaires

## Our findings

We based our judgement of the quality of care at this service on a combination of:

# Overall summary

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

## **We have rated this practice as Inadequate overall**

We found that:

- The practice did not provide care in a way that kept patients safe and protected from avoidable harm.
- Not all patients received effective care and treatment that met their needs.
- The practice did not have clear oversight to ensure all staff were recruited safely.
- The practice did not ensure that all medicines were prescribed safely to all patients.
- Medicine reviews were not always effective or completed in a timely manner.
- The practice did not have clear oversight that staff had received appropriate competency assessments.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. However, patients could not always access care and treatment in a timely way.
- The practice did not engage with the practice population for feedback to improve their services.
- The management and leadership of the practice did not promote the delivery of high-quality, person-centre care.
- The practice did not operate effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

We found breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition there were areas the provider could improve and **should**:

- Continue to identify, contact and assess patients who are eligible for NHS health checks.
- Review and improve the system and process to gain feedback from patients.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

As a result of the concerns identified we issued a Section 29 warning notice in relation to a breach of Regulation 12 Safe Care and Treatment.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

# Overall summary

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit with another two CQC inspectors and a nurse specialist advisor. The team included a GP specialist advisor and a member of the CQC medicines team who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Taverham Surgery

Taverham Surgery is located in Norwich at:

Sandy Lane

Taverham

Norwich

NR8 6JR

Taverham Surgery provides a dispensing service on site and this was visited as part of this inspection.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the Norfolk and Waveney Integrated Care Systems (ICS) and delivers General Medical Services (**GMS**) to a patient population of about 8,323. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices called West Norwich Neighbourhood.

Information published by Public Health England shows that deprivation within the practice population group is in the highest decile (tenth out of ten). The higher the decile, the least deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 1% Asian, 96% White, 1% Black, 1% Mixed, and 1% Other.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

There is a team of three GPs who work at the practice. The practice has a physician's associate, an advanced nurse practitioner, a team of four nurses, a health care assistant, two phlebotomists and a clinical pharmacist. The GPs are supported at the practice by a team of reception/administration staff. The practice manager and business manager provide managerial oversight.

The practice is open between 8:30am to 6:00pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by OneNorwich Practices, where late evening and weekend appointments are available. Out of hours services are provided by Integrated Care 24 (IC24).

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><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The practice failed to demonstrate a consistent approach to documented safeguarding minutes to ensure patients were correctly identified and followed up.</li><li>• The practice did not demonstrate that all staff had access to annual appraisals.</li><li>• The systems and processes in place were ineffective and many policies were not reviewed to ensure good governance.</li><li>• The provider did not have an effective system to regularly review governance structures and risk management systems.</li><li>• The practice did not have an effective system to ensure the competency of staff in advanced clinical practice.</li><li>• The practice did not have an effective system and process to manage oversight of test results and monitoring of out-of-range fridge temperatures.</li><li>• The practice did not have an effective system and process to monitor the dispensary room temperature to ensure medicines are safe for use.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

# Enforcement actions

## Action we have told the provider to take

The table below shows the legal requirements that were not being met.

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><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• We found the practice system for managing patient and medicines safety alerts did not ensure medicines were prescribed safely. We found patients that had been affected by alerts had not been appropriately reviewed and the risks to the patient not discussed with them.</li><li>• The practice did not evidence that all medicines were prescribed safely to patients.</li><li>• The practice did not evidence a safe system to ensure patients on high-risk medicines were appropriately managed in a timely way.</li><li>• The practice did not have a recruitment process in place which ensured staff had been recruited safely.</li><li>• The practice did not have oversight of the immunisation status of staff who may be at risk of harm.</li><li>• The practice did not evidence that all patients had a structured and comprehensive medicines review. We identified reviews had been coded on the clinical system but there was no evidence in the clinical records that all medicines were considered.</li><li>• We reviewed patient consultation records and found discrepancies with the coding of medical records.</li><li>• The practice did not evidence a safe system to ensure all patient electronic tasks sent to administration staff members were managed effectively.</li><li>• The practice did not have in place a safe policy, system and process to ensure that appropriate standards of cleanliness and hygiene were met.</li><li>• The practice did not have in place a safe policy, system and process to ensure that all medicines and items available for use were within their expiration date.</li></ul> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>