

# Beechcroft Surgery

## Quality Report

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Beechcroft Surgery on 15 December 2015. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvement are:

- That the practice undertakes a full risk assessment if staff are to undertake chaperone duties without a DBS check in place.

The areas where the provider should make improvement are:

- To track blank prescription forms through the practice in accordance with national guidance.

# Summary of findings

- To implement the recommendations from the legionella risk assessment completed in 2013
- To implement regular safeguarding meetings with relevant professionals to discuss children and vulnerable adults on the practice's patient list.
- To ensure that all clinicians working at the practice are registered with the appropriate professional body.
- To monitor vaccine fridge temperatures to ensure that the integrated thermometer is working correctly.

**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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- Risks to patients were assessed and well managed.

However not all staff who undertook chaperone duties had been DBS checked and the practice did not meet regularly with other health and social care professionals to discuss patients with safeguarding concerns. Recommendations to reduce the risk of legionella to patients had not been implemented.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's health needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care. However GPs scored below local and national averages for the quality of their consultations with patients and how they involved patients in decisions about their care and treatment.
- Patients said they were treated empathetically and respectfully by staff.

Good



# Summary of findings

- Information for patients about the services available was easy to understand and accessible.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded to issues raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

The practice is rated as good for being well-led.

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice provided effective and consistent support to residents living in two local care homes.

Good



### People with long term conditions

The practice is rated as good for the care of patients with long-term conditions. GPs worked with relevant health and care professionals to deliver a multidisciplinary care package to patients with the most complex needs. All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. Nursing staff were experienced and well trained in chronic disease management, and patients at risk of hospital admission were identified as a priority. There was an efficient and effective recall system in place.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. The practice offered a wide range of family planning advice and treatment to all age groups.

Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



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

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

Good



# Summary of findings

## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances might make them vulnerable. 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. However, the practice did not hold specific meetings with other health and social care professionals to share information about vulnerable children and adults on its patient list.

Good



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). One of the practice's GPs had additional qualification in mental health and dealt with those patients with complex mental health needs. Patients with significant mental health problems had annual mental health and medicines reviews, and many had their own care plan in place. The practice participated in the proactive identification scheme for patients with dementia, and its performance for dementia and depression related performance indicators was above local and national averages. The practice provided dementia screening when older patients attended for flu vaccinations.

Good



# Summary of findings

## What people who use the service say

What people who use the practice say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 281 survey forms were distributed and 117 were returned. This is a response rate of 42%.

- 89% found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 92% found the receptionists at this surgery helpful (CCG average 87%, national average 87%).
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 97% said the last appointment they got was convenient (CCG average 93%, national average 92%).

- 86% described their experience of making an appointment as good (CCG average 74%, national average 73%).
- 62% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patients reported they could get an appointment easily and that staff were empathetic and professional. We received particularly good feedback about the helpfulness of the practice's reception staff and about the mental health skills of one of the GPs.

## Areas for improvement

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

The areas where the provider must make improvement are:

- That the practice undertakes a full risk assessment if staff are to undertake chaperone duties without a DBS check in place.

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

The areas where the provider should make improvement are:

- To track blank prescription forms through the practice in accordance with national guidance.

- To implement the recommendations from the legionella risk assessment completed in 2013
- To implement regular safeguarding meetings with relevant professionals to discuss children and vulnerable adults on the practice's patient list.
- To ensure that all clinicians working at the practice are registered with the appropriate professional body.
- To monitor vaccine fridge temperatures to ensure that the integrated thermometer is working correctly.

# Beechcroft Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Beechcroft Surgery

Beechcroft Surgery is part of The Coastal Partnership which consists of seven practices in the Norfolk Area. It took over the practice in October 2012 and is an alternative provider of medical services for NHS South Norfolk CCG. The practice's current contract ceases on April 2016 and it has submitted a bid for the future contract.

The practice provides services to approximately 3600 registered patients. According to information taken from Public Health England, the patient population has a higher than average number of patients aged 45-85 years, and a significantly higher than average number of patients aged 85 years and above. It has a higher prevalence of patients with a long standing health condition at 72%, compared to the national practice average of 54%.

The clinical team consists of one GP partner, two salaried GPs, two practice nurses, and one health care assistant. The administrative team is led by the operations manager, who also oversees other practices within the Coastal Partnership.

The practice is open between 8.30am and 1.30pm, and from 2pm to 6.30pm Mondays and Wednesdays, and between 8.30 am and 1.30pm, and from 2pm to 5.30pm on Thursdays and Fridays. Extended hours surgeries are offered on Tuesday evening between 6.30pm and 7.30pm.

## Why we carried out this inspection

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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 December 2015. During our visit we spoke with a range of staff including GPs, administrative staff and a nurse; reviewed the personal care or treatment records of patients and reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

# Detailed findings

- 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 whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events. All staff were aware of how to report incidents and told us they were confident to do so. The practice preferred to refer to all significant events as 'practice learning points', which showed their commitment to learning from them. All incidents were recorded onto the Coastal Partnership's intranet log and reviewed by the Partnership's clinical governance lead. All events were discussed quarterly with staff from all the sites, so that learning could be shared across the partnership. We viewed minutes of the meeting held on 22 June 2015 where nine incidents were discussed in detail, along with the action to be taken to prevent their reoccurrence. We found evidence that learning from events had led to a change in practice. For example, GPs now always reviewed test results before patients were informed of them, following a patient being misinformed of a result by one of the practice's reception staff. In addition to these meetings, the practice reviewed all recent patient deaths and cancer diagnoses at its clinical meetings to ensure it had taken timely and effective action in response.

There were systems for dealing with the alerts received from the Medicines and Healthcare products Regulatory Agency. The practice had safety alerts management software that monitored alerts and the action taken by clinicians in response. In addition to this, the Partnership's pharmacist arranged reviews of all medicines alerts to check that action had taken place to ensure patient safety. We saw that the practice had responded to alerts in relation to the drugs simvastatin and amlodipine.

### Safeguarding

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. We viewed posters in treatment and consulting rooms with information about local safeguarding agencies and how to make a referral. There was a lead member of staff for safeguarding. The GPs provided reports for safeguarding meetings where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training relevant to their role. Safeguarding alerts were added to patients' notes to ensure staff were aware of any safeguarding concerns during a consultation. However we noted that no vulnerable adults were flagged on the system and the practice did not meet with other agencies to discuss children and adults with safeguarding concerns. There was no formal protocol in place for following up children who had not attended a hospital appointment.

The practice had a chaperone policy and notices in the waiting and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. However not all staff undertaking chaperone duties had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

### Infection Control

The practice maintained appropriate standards of cleanliness and hygiene. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice had commissioned a recent independent infection control audit, and had scored 86%. This was an improvement on the previous year and recommendations from it had already been implemented, such as the need to have a daily cleaning schedule in place for the treatment rooms.

We observed that all areas of the practice were visibly clean and hygienic, including the waiting area, corridors and treatment rooms. Toilets were clean and contained liquid soap and paper towels so that people could wash their hands hygienically. We checked three treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Privacy curtains stated when they were last cleaned. There were posters providing prompts above each sink reminding staff of the correct way to wash their hands. We saw that sharps boxes had been assembled and labelled correctly. There were foot operated bins and personal protective equipment available in each room to reduce the risk of cross infection. However some of the clinician's chairs were made of material that could not be cleaned easily.

# Are services safe?

## Medicines

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The Coastal Partnership employed a pharmacist across its seven sites who oversaw medicines management and prescribing. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We viewed information from the CCG which showed that the practice's prescribing rates were good, compared with other practices locally. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

There was a system in place for the management of high risk medicines which included regular monitoring in accordance with national guidance. We conducted a search of patients on the drugs methotrexate and lithium and found they had received appropriate blood monitoring tests.

We checked medicines stored in one treatment room and the medicine refrigerator and found they were stored securely. Records showed room temperature and fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature. However checks were not undertaken to ensure that the integrated fridge thermometer worked correctly. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates.

Prescription forms were kept in a locked cupboard, and printer trays containing prescriptions were removed to a cloaked cupboard. However the security and record-keeping practices for them were not in line with national guidance and we could not be assured that if prescriptions were lost or stolen, this could be promptly identified and investigated.

The practice used the electronic prescribing system which allowed patients to choose where they collected their medicines from.

## Staffing and Recruitment

We reviewed five staff personnel files and found that appropriate recruitment checks had been undertaken for

recently recruited staff to ensure their suitability. For example, proof of their identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, evidence to show that the nurses' professional registration checks were completed regularly, and of their Hepatitis vaccination status, could not be found on the day of our inspection.

All staff received a full induction to their new job role and, as part of this, administrative staff sat in on clinics to give them an understanding of what the clinics involved so they could explain them to patients.

Staff told us there were enough of them to maintain the smooth running of the practice and that there were always enough staff on duty to keep patients safe. Staff from the Partnership's other practices could be called in if necessary.

## Monitoring risks to patients

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. Regular checks of the buildings and their environment were completed to ensure both staff and patients were safe. We viewed evidence in relation to health and safety including fire safety, clinical waste, and electrical testing which showed that the practice maintained a safe environment for staff and patients. Records showed clinical equipment such as baby scales, digital blood monitoring and ear syringes were checked and calibrated to ensure they were working properly. The practice had completed a legionella risk assessment in 2013. However, recommended actions from this assessment had not been implemented, such as the need to check hot and cold water temperatures, and to modify pipework to eliminate dead legs. This compromised patient safety.

## Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies and records showed that all staff had received training in basic life support. Emergency equipment including oxygen and automated external defibrillators (used in cardiac emergencies) were available in the practice. Staff knew the location of this equipment and

## Are services safe?

records confirmed that it was checked regularly. We saw that the pads for the automated external defibrillator were within their expiry date, although the practice did not hold pads for children.

Staff regularly practiced drills to ensure they knew what to do in the event of a fire.

Emergency medicines were easily accessible to staff and all staff knew of their location. Processes were also in place to check that emergency medicines were within their expiry

date and suitable for use. One of the Partnership's dispensers visited each practice regularly to check the emergency medicines (including those held in GP bags) and all that we checked were in date and safe for use.

There was an instant messaging system on the computers in all the consultation and treatment rooms that alerted staff to an emergency.

A business continuity plan was in place to deal with a range of emergencies that might impact on the daily operation of the practice and this was kept off site by the operations manager.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs. Recent guidelines were discussed at the practice's regular clinical meetings. For example we saw that the new NICE guidelines in relation to cholesterol, and those in relation to drug driving, had been discussed at the governance meeting in March 2015. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

There was effective recall system in place for patients with long term conditions around their birthday time and the practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had achieved 99.1% of the total number of points available, with a 3.6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was 99%; 10 percentage points above the CCG average and 10 percentage points above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 100%; 0.3 percentage points above the CCG average and 2.2 percentage points above the national average
- Performance for mental health related indicators was 100%; 4.8 percentage points above the CCG average and 7.2 percentage points above the national average
- The dementia diagnosis rate was 100%; 3.8 percentage points above the CCG average and 5.5 percentage points above the national average

The practice undertook a number of audits to assess and improve the quality of care they provided. For example in July 2015 an audit was conducted to check that female patients on the practice's learning disability register had received cervical screening. The initial finding was that five patients had not received a smear and these patients were encouraged to attend by the practice nurse. A re-audit in December 2015 confirmed that two of these patients had now received a smear and the remaining three had declined, despite proactive encouragement and reassurance by the practice nurse. Another audit was conducted to assess patients with atrial fibrillation and to ensure the GPs were prescribing anticoagulants in line with NICE guidance. This was run in November 2015 and identified seven patients who required review by a GP. The audit will be run again in March 2016. One nurse told us she regularly undertook audits of the quality of her cervical smears and shared the results at the regular nurses' meetings.

All recent patient deaths and cancer diagnosis were discussed at the regular clinical meetings to see if anything could have been learned, and to ensure appropriate action had been taken by the practice.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. 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). One doctor held a diploma in dermatology and another GP was a qualified psychiatrist and managed patients with mental health needs. Two of the GPs had received additional training in managing patients with eating disorders. These extra skills reduced the need for some secondary care referrals for patients.

The practice held education meetings every third Tuesday of the month, where outside speakers gave presentations to keep the clinicians up to date with local services and care pathways. For example a speaker from the early stroke unit team had recently attended.

# Are services effective?

(for example, treatment is effective)

Records we viewed showed that the practice's nurses and health care assistant had undertaken a wide range of training for their role including diabetes, asthma, travel health and immunisations. They attended a local forum for practice nurses, and two attended the Norfolk Respiratory Interest Group to ensure their skills and knowledge were kept up to date. Nurses reported that the practice supported their training requests and one was planning to undertake the advanced nurse practitioner qualification. However, we found that training for the practice's reception and administrative staff was limited. Although they had completed essential training such as basic life support, equality and diversity, fire and safeguarding patients, they had not received any additional training in issues such as customer care, dementia and mental capacity.

Staff received regular appraisal of their performance. One nurse reported that she found it useful as it gave her the opportunity to demonstrate, and have acknowledged, the breadth of work she undertook for the practice.

## Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner, and another system for requesting blood, urine and chest x-ray results. Staff described to us a robust system for ensuring that all urgent two week wait referrals had been received by the relevant health setting. Care plans were in place for patients with complex needs and shared with other health and social care workers as needed. The practice had implemented Summary Care Record for patients. Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. We viewed minutes of the monthly Integrated

Care Management multidisciplinary meeting which showed that patients' needs had been discussed in depth to ensure a comprehensive multiagency community approach to their care.

The practice provided GP care to older people living in two local care homes. Representatives from these care homes told us that the GPs worked well with them to meet residents' needs. One of the managers reported that she had successfully met with the practice's lead receptionist and a local pharmacist to better manage the repeat prescriptions for her residents.

## Consent to care and treatment

Patients we spoke with told us that they were provided with sufficient information during their consultation and that they always had the opportunity to ask questions to ensure they understood before agreeing to a particular treatment.

Staff sought patients' consent to care and treatment in line with legislation and guidance. They understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005. One GP told us of a recent example when a patient's refusal of hospital treatment was respected by clinicians as he had mental capacity, even though it was in his best interest.

GPs and nurses with duties involving children and young people under 16 were aware of the need to consider Gillick competence and Fraser Guidelines. (This helps clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment). One of the nurses described to us how she took them into account when deciding to prescribe contraception to young people.

Written consent was obtained from patients for minor surgery, joint injections and cryotherapy and we viewed evidence of this on the small sample of notes that we reviewed.

## Health promotion and prevention

Patients were supported to live healthier lives in a number of ways. The practice had an informative website which provided information about a wide range of health and care topics and there were leaflets in the waiting rooms giving patients information on a range of medical

## Are services effective? (for example, treatment is effective)

conditions. The practice provided a number of services on site including weekly smoking cessation clinics and a health trainer to support patients to achieve healthy living goals.

Patients had access to appropriate health assessments and checks. These included NHS health checks for people aged 40–74 years. 251 of these patients had been invited for a health check and 166 of these had attended for one. The practice also offered health checks for patients with a learning disability, and 78% of eligible patients had received a check.

Figures given to us by the practice showed that 83% of patients with diabetes, and 85% of those with chronic obstructive pulmonary disease had received an annual health review in 2014/2015.

The practice's uptake for the cervical screening programme was 86%, which was slightly higher the national average of 82%. Childhood immunisation rates for the vaccinations given were comparable to CCG. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 100% and five year olds from 92% to 100%. Flu vaccination rates for the over 65s were 73%, and at risk groups 50%. These were also comparable to national averages .

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

All of the 20 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were professional, caring and understood their health concerns. We observed that members of reception staff were courteous and very helpful to patients when they came to book in for their appointment.

The practice's reception area was not particularly confidential and telephone calls could be overheard by patients seated in the waiting area. However reception staff were very aware of this and told us of the many practical ways they tried to maintain patients' confidentiality such as not using their full names. They also played radio music to distract patients.

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Results from the national GP patient survey showed that the practice's GPs scored below local and national averages for the quality of their consultations with patients, whilst the practice's nurses scored above:

- 71% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 79% said the GP gave them enough time (CCG average 89%, national average 87%).
- 87% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 70% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).

- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 92%).
- 92% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).

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

Results from the national GP patient survey showed that the practice's GPs scored below local and national averages for how they involved patients in planning and making decisions about their care and treatment. For example:

- 76% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 68% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Clinicians told us they regularly referred patients to bereavement and relationship counselling services for additional support. Cognitive behaviour therapy was available once a week on site.

The practice's computer system alerted GPs if a patient was also a carer and copies of the Norfolk Carers' Handbook were available at the reception desk giving detailed information and advice on carers' rights and local support schemes.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. One of the practice's GPs was part of pilot scheme to improve mental health in primary care.

The practice offered a range of services to patients in addition to chronic disease management, including phlebotomy, smoking cessation advice, chlamydia screening for young people, eating disorders, minor surgery and dermatoscopy. It also provided travel advice and immunisations, and a range of contraception services. The practice offered a weekly 'ward round' to two local care homes, providing regular contact and continuity of care for residents living there.

The Coastal Partnership's pharmacist was often able to assist patients with medicines' queries, reducing the need for them to see a GP. The practice offered an electronic prescribing service, giving patients a choice of where they could collect their medicines.

The practice offered extended hours opening one evening a week for patients who could not attend during normal opening hours. There were longer appointments available for people with a learning disability. Home visits were available for older patients and patients who would benefit from these.

The consulting rooms were accessible for patients with mobility difficulties and there were access enabled toilets and baby changing facilities. The waiting area was large with plenty of space for wheelchairs and prams.

Two of the GPs spoke Hindi and the staff had access to a translation line for patients who did not have English as a first language.

### Access to the service

Information was available to patients about appointments on the practice's website and on its patient information leaflet. Appointments could be booked in person, by telephone or on-line and about 70% of them were kept for on the day, urgent requests.

The practice was open between 8.30am and 1.30pm, and from 2pm to 6.30pm Mondays and Wednesdays; and from 8.30am to 1.30pm, and from 2pm to 6.30pm on Thursdays and Fridays. Appointments were available 8.30am to 11.30 am, and 3pm to 5pm. Extended hours surgeries were offered on Tuesday evening between 6.30pm and 7.30pm. Our inspection was carried out on 15 December and the next routine appointment was available that same day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 89% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 86% patients described their experience of making an appointment as good (CCG average 74%, national average 73%).
- 62% patients said they usually waited 15 minutes or less after their appointment time (CCG average 65%, national average 65%).

### Listening and learning from concerns and complaints

The practice had an effective 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. Information about how to complain was available in the practice's information booklet and on its website.

We looked at 10 complaints received in the last 12 months and found they had been dealt with appropriately. We noted that patients' complaints had been discussed at the clinical governance meeting of November 2015, so that staff were aware of them and learning from them could be shared. Ways of streamlining the complaints procedure, had been discussed at a recent reception leads meeting so that patients were not referred to another of the Partnership's practice to in order to raise their concerns.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. In September 2015 an away day involving all staff was held where the Partnership's vision and future strategy were discussed. One nurse told us that staff were broken into small focus groups to discuss future plans and have a say in development.

Staff we spoke with were aware of the challenges the practice faced, including the fact that its contract with NHS South Norfolk CCG ended in April 2016.

### Governance arrangements

The Coastal Partnership comprised of seven practices across Norfolk. There was a management board which consisted of a clinical managing director; finance, HR, operational, and a quality governance manager who oversaw the running of the seven practices. Each practice had a clinical and reception lead who oversaw the day to day management of the service. The HR manager and operations manager visited the practice at Beechcroft weekly to provide support and guidance. Each site had access to the an intranet site which was used to communicate across the Partnership.

Communication was structured around key scheduled meetings, both for the individual practices and across the partnership. These included regular board, clinical governance, site and locality meetings. There were also quarterly lead reception staff meetings and nurses from the Partnership's three Norwich practices met together every month. Plans were in place to introduce the use of video conferencing to aid better communication between the practices.

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There were clearly identified roles within the practice for both clinical and administrative areas. For example there was a lead nurse for infection control, a lead receptionist, and a GP lead for safeguarding patients. The practice had a number of policies and procedures in place to govern its activity

and these were available to staff on the Partnership's intranet systems. We looked at a small sample of policies and procedures and found that most were up to date and had been reviewed regularly.

The Coastal Partnership held the Royal College of General Practitioners Accredited Practice Award which recognised teams who had demonstrated excellent organisational practice in the delivery of primary care.

### Leadership, openness and transparency

We found that the partners and practice manager had the experience, capacity and capability to run the practice and ensure high quality care. Staff clearly enjoyed their work citing good team work, support and opportunities for training as the reason. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so. Staff told us they managed most problems or issues within the practice but appreciated support from the wider partnership if needed.

All staff were involved in discussions about how to run and develop the practice. Staff told us they had been kept up to date with the Partnership's contract bid and had felt consulted about the process.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. There was an active patient participation group which met every three months. Members of the group had met with a representative from NHS England to discuss the practice's tender for the contract. Staff told us that, as a direct result of patients' feedback, new high backed chairs had been purchased for the waiting area, and that changes to how blood tests were managed had been implemented.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We were given many examples from staff where the GP partners had listened to them, and implemented their suggestions to improve the service to patients and their working environment. For example, reception staff had created protocols on the practice's clinical computer

# Are services well-led?

Good 

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

system to prompt nurse to issue 'Test Your Memory' questionnaires to older people attending flu clinics. They had also devised protocols to ensure the correct coding for pertussis injections and had streamlined the information in the locum GPs induction pack to make it more useable.

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
Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment  Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment.  Not all staff who undertook chaperone had been risk assessed regarding the need for a DBS check.  Regulation 13 (2)