

Care Quality Commission

Inspection Evidence Table

Norvic Family Practice (1-561382719)

Inspection date: 5 September 2018

Date of data download: 23 August 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service (DBS) checks were undertaken where required	Y*
Explanation of any 'No' answers:	
*Staff who acted as chaperones had a standard DBS check and not an enhanced check. (Enhanced DBS with a barred list check will 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). The practice had made efforts to request an enhanced check and the process was on going. As an interim measure a risk assessment was in place. However, it lacked detail for example, it was not clear that the practice had considered the specific duties of staff acting as a chaperone and any contact that staff had with children and vulnerable adults to ensure the DBS was at the correct level for their role. We saw that a risk assessment was in place for a member of staff with a historical disclosure.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 2/12/2016	Y
There was a record of equipment calibration Date of last calibration: 23/3/2018	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y*
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion 24/4/2018, (branch practice)	Y*
<p>Actions were identified and completed.</p> <p>* Norman Road Family Surgery (branch) – The practice had sought advice from the fire service who visited on 1/2/2018, the fire risk assessment was updated on 24/4/2018 to reflect advice given such as removing any obstruction from the fire door. However, the risk assessment did not include the details of all the actions taken following the visit from the fire service. For example, there was no details regarding a fire exit point at the rear of the property which was an enclosed space, although this had been addressed it was not included in the risk assessment. The fire risk assessment also lacked detail such as how the level of risk was reduced following the actions taken.</p> <p>Norvic Family Practice (main practice) - We were unable to see a fire risk assessment for the main practice, the practice manager assured us this had been completed by the</p>	Y

landlord However, they were unable to access the risk assessment from NHS property services who managed the premises.	
Health and safety Premises/security risk assessment? Date of last assessment: January and August 2018 (both practices) Individual risk assessments carried out	Y*
Health and safety risk assessment and actions Date of last assessment: January and August 2018 (both practices) Individual risk assessments carried out	Y
Additional comments: * There were risk assessments and data sheets for the control of substance hazardous to health (COSSH) for the main practice. For the branch practice, we saw that a risk assessment was in place. However, it lacked detail for example, there was no information on what to do in the event of accidental exposure and there were no data sheets that could be referred to. The risk assessment only covered the use of one substance. *There was no overall health and safety risk assessment although individual risks had been assessed such as moving of heavy goods and poor lighting. However, the risk assessment lacked detail for example, who were potentially at risk and the level of risk identified.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 18/3/2018 (main practice) 12/6/2018 (branch practice)	Y
The practice acted on any issues identified: Norvic Family Practice - Following the inspection in January 2018, the practice raised the issue of cleaning with NHS property services who managed the contract for the cleaning service. The practice had requested completed cleaning records to assure themselves of the standard of cleaning however, they were not provided with any records. We were unable to see evidence that the practice had carried its own checks to monitor the standard of the cleaning undertaken of the general environment. There were also no records to confirm the cleaning of equipment use for patients care and treatment. Staff spoken with stated that equipment was cleaned between patients although this was not recorded. Norman Road Family Surgery –The practice had identified that a new named lead was required for infection prevention and control (IPC) as the previous staff member had left their post. A new practice nurse had been appointed and was due to take on this role. There were cleaning schedules completed for the general environment and patient equipment at the branch practice. The practice had completed an IPC audit at both practices using the GP self-audit tool. The overall score from the IPC audit at the Norvic Family Practice was 98%. The overall at Norman Road Family Surgery was 99%.	Y

The arrangements for managing waste and clinical specimens kept people safe?	Y
Any additional evidence	
Legionella risk assessments had been carried out at Norvic Family Practice in November 2016 and at Norman Road Family Surgery, in June 2018 (Legionella is a term for a bacterium which can contaminate water systems in buildings).	

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y*
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y*
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
Explanation of any answers:	
*Clinical staff had received training on the assessment of patients with presumed sepsis. Non-clinical staff had not received any training and there was no protocol in place. However, discussions with staff demonstrated that they would respond appropriately if they were concerned that a patient was acutely unwell or was deteriorating.	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	N*
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	N*
Explanation of any answers:	
*The practice had received 157 patient correspondences electronically from the 15 August 2018 onwards, these were sent by providers such as secondary care and out of hours services. The correspondences were sent to the practice by a document management system used by the practice to help manage	

workflow. However, it was not clear what actions had been taken in response to the information received as there was no audit trail. We looked at a sample of correspondences and cross referenced them with patient's individual records. Of the four that we looked at two had been actioned accordingly. However, one correspondence related to a change in a patient's medication dosage and this had not been actioned, the other was related to a surgical procedure that a patient had undergone, although this did not require any action. We saw that there were 10 correspondences received in a paper format, these were copies of letters brought in by patients. Of the 10 that we looked at, seven had been actioned and three were awaiting reviews.

We discussed our findings with one of the GP partners who acknowledged there was a back log. They explained this was because staff were on leave and the document management system had been intermittently out of service due to a fault, during the month of August 2018. We were aware that this had been raised as a national alert by NHS England on the 9 August 2018. However, there was no clear plan in place to manage the backlog.

Following the inspection, the practice confirmed they had completed a risk assessment of the outstanding correspondences. They had identified that most were duplicates of paper copies which the practice had already received and had actioned. The practice told us they had reviewed the system and would now ensures all correspondences were reviewed daily.

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.24	0.99	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	8.7%	5.7%	8.7%	Comparable with other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	N*
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	N*
Prescriptions (pads and computer prescription paper) were kept securely and monitored. (Check branch site)	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical	Y*

review prior to prescribing.	
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y*
<p>Explanation of any answers:</p> <p>*We saw that a letter sent to the practice electronically relating to a change in a patient's medication had not been actioned.</p> <p>*We saw two Patient Group Directions (PGD's) which were not authorised as they did not have the appropriate signature in place, when we brought this to the attention of the practice, action was taken immediately and the PGD's were authorised by an appropriate signatory.</p> <p>*We looked at the records of five patients on high risk medicines and saw that the practice had a robust system in place and patients on high risk medicines had received appropriate monitoring.</p> <p>*The cool bag used to maintain the correct temperature during the transportation of vaccine did not have a thermometer in place. However, on the day of the inspection we saw that the practice had already placed an order for the thermometer.</p>	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	Seven
Number of events that required action	Seven

Example(s) of significant events recorded and actions by the practice;

Event	Specific action taken
Breach in patient confidentiality	Reported to the information commissioner's office, issue of confidentiality discussed at staff meeting and policy reinforced.
Blood results not acted on	Further training provided to staff, audits undertaken, staff to remind patients to ring for results.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>Patient safety alerts such as information from the Medicines and Healthcare Regulatory Agency (MHRA) were sent to all the clinical staff by email. There was a GP who had the lead role and would assess the relevance of each alert and then ensure any actions were completed and learning shared with staff. We saw examples of safety alerts that had been received and acted on by the practice. Safety alerts were discussed in clinical meetings and there was evidence of this.</p>	

Any additional evidence
Since the last inspection the practice had made improvements to the system for recording significant events across both practices. Significant events were now standing agenda items in clinical meetings and there was evidence of discussion.

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	0.76	0.74	0.83	Comparable with other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	84.7%	79.4%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.6% (130)	11.1%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	76.5%	78.7%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.5% (117)	8.8%	9.3%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	82.9%	78.6%	80.1%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	20.6%	(130)	11.5%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	67.7%	77.8%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.3% (13)	5.1%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	88.5%	90.8%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.8% (5)	12.0%	11.4%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	71.5%	82.0%	83.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.1% (66)	3.9%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more,	92.0%	88.8%	88.4%	Comparable with other practices

the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate
	4.3%	(5)	5.6%	8.2%
Any additional evidence or comments:				
<p>The practices QOF achievement for diabetes indicators were comparable to the local and national averages. However, the exception reporting rate was higher than the local and national averages. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. We discussed this with one of the GP partners who did not provide a clear explanation as to why there was high exception reporting in this area.</p> <p>The practice score for the percentage of patients with high blood pressure receiving monitoring was lower than the local and national average. We looked at more recent unverified QOF data which showed that the practice had achieved 84% which was above the target of 80%.</p> <p>The practice QOF achievement for asthma reviews was a lower than local and national average. The practice told us that this was due to staff shortages. However, they had appointed a practice nurse in May 2018, and anticipated this would increase the number of reviews.</p>				

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) (i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017) (NHS England)	122	130	93.8%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	114	127	89.8%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C	113	127	89.0%	Below 90% minimum (variation negative)

(MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)				
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	113	127	89.0%	Below 90% minimum (variation negative)

Any additional evidence or comments

The practice rate for childhood immunisations for children under the age of 2 years was slightly below the minimum target range. The practice explained that they had a transient population who had often changed address before the child's immunisation was due. There was also a high number of parents who declined uptake due to cultural reasons. We saw evidence that children who did not attend for appointments including immunisations were followed up by the practice, this included referral to the health visitor where appropriate. There was also a poster in an alternative language in the reception area highlighting the measles outbreak. Following the inspection, the practice told us that they would be undertaking awareness sessions to promote the benefits of childhood immunisations.

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	64.1%	66.2%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	71.7%	64.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	45.8%	41.2%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	66.7%	66.3%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	53.1%	51.3%	51.6%	Comparable with other practices

Any additional evidence or comments

The practice screening rates for bowel cancer in people between the ages of 60-69, was similar to the local average however, below the national average. The practice had experienced some staff shortages however, they had appointed a practice nurse in May 2018, which they anticipated would improve screening rates by promoting and encouraging uptake.

The practice's uptake for cervical screening was 64%, which was comparable with local and national

averaged however, below the 80% coverage target for the national screening programme. The practice followed up women who did not attend and had recently appointed an additional nurse to help improve uptake, although at the time of the inspection there was no evidence that this had improved uptake.

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	87.9%	90.5%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3% (6)	13.7%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	91.4%	92.0%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.8% (2)	10.1%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	83.3%	84.6%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	25.0% (8)	5.7%	6.8%	

Any additional evidence or comments

The practice had a higher than local and national average exception reporting rate for patients with dementia who had their care plan reviewed in face to face review in the preceding 12 months. We looked at the reason for the exception reporting and saw that patients had been exception reported appropriately.

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	536	529	539
Overall QOF exception reporting (all domains)	8.4%	6.3%	5.7%

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.7%	95.9%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (9)	0.8%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice had carried out a two-cycle audit to review written consent for minor surgery to ensure consent was documented in the patient's records appropriately. Staff had received training on the Mental Capacity Act and a policy was in place which covered all aspects of consent.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	67
Number of CQC comments received which were positive about the service	50
Number of comments cards received which were mixed about the service	12
Number of CQC comments received which were negative about the service	Five

Examples of feedback received:

Source	Feedback
CQC comment cards	There were 50 positive comment cards and this included comments about staff who were helpful and caring. There were two comments relating to patients experiencing negative attitude and behaviour from clinical and non-clinical staff.
NHS Choices	Since the inspection in January 2018, there were a total of four reviews of those, two contained positive comments about staff who were helpful and caring. However, there were two comments relating to patients experiencing negative attitude and behaviour from non-clinical staff.
Patient interviews	We spoke with four patients including two members of the Patient Participation Group (PPG). Positive comments included staff being friendly, polite and caring. However, two comments relating to patients experiencing negative attitude and behaviour from clinical and non-clinical staff.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9,137	335	124	37.01%	1.0%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	71.8%	67.9%	78.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	79.2%	84.1%	88.8%	Comparable with other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	94.1%	92.9%	95.5%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	78.1%	80.2%	85.5%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	86.1%	86.8%	91.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	88.0%	85.4%	90.7%	Comparable with other practices

Any additional evidence or comments

National GP Survey results 2018 (Questions relating to caring)

Last time you had a general practice appointment, how good was the healthcare professional at each of the following?

- **Listening to you**

74% say the healthcare professional they saw or spoke to was good at listening to them during their last general practice appointment

Local (CCG) average: **83%** National average: **89%**

Last time you had a general practice appointment, how good was the healthcare professional at each of the following?

- **Treating you with care and concern**

82% say the healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment

Local (CCG) average: **81%** National average: **87%**

During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?

88% had confidence and trust in the healthcare professional they saw or spoke to during their last general practice appointment

Local (CCG) average: **93%** National average: **96%**

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y

Date of exercise	Summary of results
April to June 2018	100 patients across both practices completed a survey. Patients were asked if they found it easy to get an appointment and if they were able to see their preferred GP or nurse. The results showed, the majority of patients were satisfied with the appointment system, but patients wanted more pre-bookable appointments. The practice was looking to offer more online and weekend appointments for patients.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
CQC Comment cards	Feedback from comments card showed that generally patients felt staff were helpful and took time to listen and explain treatment which made them feel involved. There were three comments where patients described not feeling involved in decisions about their care and treatment.
Interviews with patients	We spoke with four patients and received a mixed response regarding patients experience of their involvement in decisions about their care and treatment. Two patients said they felt very involved. However, two said they did not feel fully involved and were not given choice for example, a choice of hospitals to be referred to.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	82.9%	82.0%	86.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	72.9%	75.9%	82.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	86.2%	85.6%	89.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	85.3%	81.3%	85.4%	Comparable with other practices

National GP Survey results 2018 (Questions relating to caring)

During your last general practice appointment, were you involved as much as you wanted to be in decisions about your care and treatment?

86% were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment

Local (CCG) average: **89%** National average: **93%**

Overall, how would you describe your experience of your GP practice?

71% describe their overall experience of this GP practice as good

Local (CCG) average: **76%** National average: **84%**

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in easy read format.	N
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	There were 91 carers on the register (1% of the practice population).
How the practice supports carers	Annual health assessment and flu vaccinations were offered. There was a member of staff who had the lead role for carers.
How the practice supports recently bereaved patients	Patients receiving end of life care were discussed at multi-disciplinary team meetings so that information was shared in a timely manner and families were contacted by a GP to offer support.

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	When speaking on the telephone staff were careful not to identify patients. A private room was available for patients to discuss any sensitive issues.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y

Examples of specific feedback received:

Source	Feedback
Staff interviews	Staff told us that if patients wanted to discuss a sensitive issue they were offered a room away from the waiting area to speak in confidence.
Patient interviews	Patients spoken with said their privacy and dignity was maintained.

Responsive

Responding to and meeting people’s needs

Practice Opening Times		
Day	Time	
Monday	Norvic Family Practice 8am to 6.30pm	Norman Road Surgery 8am to 6.30pm
Tuesday	8am to 6.30pm	8am to 6.30pm
Wednesday	8am to 2pm *2pm to 6.30pm cover from Norman Road Surgery	8am to 6.30pm
Thursday	8am to 6.30pm	8am to 2pm *2pm to 6.30pm cover from Norvic Family practice
Friday	8am to 6.30pm	8am to 6.30pm

Appointments available		
	Norvic Family Practice 8am to 6.30pm 8am to 6.30pm 8am to 2pm 8am to 6.30pm 8am to 6.30pm	Norman Road Surgery 8am to 6.30pm 8am to 6.30pm 8am to 6.30pm 8am to 2pm 8am to 6.30pm
Extended hours opening		
	Monday to Friday 6.30pm to 8pm (available at Norvic Family Practice) Saturday and Sunday 9am to 11.30 (available at Norman Road Family Surgery)	

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
Home visits were generally available for elderly or housebound patients. All requests for home visits were taken by reception staff and then forwarded to a GP to triage and assess. Our discussion with staff showed they were clear about what to do if a home visit was not appropriate. For example, the patient needed urgent medical attention and an ambulance was required.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9,137	335	124	37.01%	1%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours (01/01/2017 to 31/03/2017)	68.5%	79.0%	80.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' (01/01/2017 to 31/03/2017)	57.6%	59.8%	70.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	58.7%	62.9%	75.5%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	64.6%	63.1%	72.7%	Comparable with other practices

Examples of feedback received from patients:

Source	Feedback
CQC comment cards	Feedback from comments card showed that generally patients were happy with the service. However, there were 12 cards with mixed feedback of these getting through to the practice by telephone and access to appointments were areas for improvement.
NHS Choices	There were two negative comments which included comments relating to getting through to the practice by phone and difficulty accessing appointments.
Interviews with patients	We spoke with four patients including two members of the Patient Participation Group (PPG). Two patients commented they had experienced difficulty getting through to the practice by telephone and accessing appointments.
National GP survey 2018	<p><u>Questions relating to responsiveness (access)</u></p> <ul style="list-style-type: none"> • Generally, how easy is it to get through to someone at your GP practice on the phone? 59% find it easy to get through to this GP practice by phone Local (CCG) average: 58% National average: 70% • How satisfied are you with the general practice appointment times that are available to you? 51% are satisfied with the general practice appointment times available Local (CCG) average: 62% National average: 66% • Were you satisfied with the type of appointment (or appointments) you were offered? 74% were satisfied with the type of appointment they were offered Local (CCG) average: 66% National average: 74% • Overall, how would you describe your experience of making an appointment? 57% describe their experience of making an appointment as good Local (CCG) average: 58% National average: 69% • Thinking about the reason for your last general practice appointment, were your needs met? 94% felt their needs were met during their last general practice appointment Local (CCG) average: 92% National average: 95%
Practices own survey April to June 2018	<p>100 patients across both practices completed a survey.</p> <p>Patients were asked how easy they found it to get an appointment. The results showed:</p> <p>27% found it very easy 10% found it easy 37% found it ok to get an appointment</p>

	<p>20% found it difficult 7% found it very difficult</p> <p>Asked if they asked to see a specific Dr or nurse</p> <p>20% said yes 80% said no</p> <p>Asked if they got to see the specific Dr or nurse they requested</p> <p>94% answered yes 6% answered no</p> <p>There was an additional comments line and majority of patients said that more pre-bookable appointments would make it easier to get an appointment with the clinician of their choice. Some patients also found it difficult to ring during the day due to work commitments. Overall, the majority of patients were satisfied with the appointment system, but patients wanted more pre-bookable appointments. The practice was looking to offer more online and weekend appointments for patients.</p>
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Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	8
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	0
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>The system for handling complaints was not robust, there was a lack of information such as the date of when complaints were responded to. The practices policy for responding to complaints stated they would be responded to within five working days. However, we saw that this did not always happen, of the four complaints that we examined response dates were missing, or had exceeded the five days target. There was evidence that not all complaints had been recorded and it was therefore difficult to establish if they were responded to.</p>	

Example of how quality has improved in response to complaints
No examples provided.

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice

The GP partners and manager understood the challenges they faced and were trying to address them. They demonstrated a willingness to learn and improve and responded positively to feedback from previous inspections. A number of positive changes had been implemented since the inspections and this was reflected in some of the improvements made. For example, the management of medicines and the system for reporting and acting on significant events had improved significantly. The GP partners shared with us plans to increase leadership capacity and skills through recruitment and training although these plans were still in progress.

At the time of the inspection the practice lacked effective leadership capacity and capability. There were areas for improvement that had not been fully addressed, there was a lack of quality monitoring to ensure changes were fully embedded. For example, there were gaps and inconsistencies in areas such as infection prevention and control, health and safety and complaints. In addition, risk assessments were not robust as they lacked detail.

Vision and strategy

Practice Vision and values

Discussions with staff reflected the practices vision and values. Staff told us that they took pride in ensuring patients received a caring compassionate service. The aim was to deliver high quality care and promote good outcomes for patients. Feedback from patients suggested that this was generally patients experience of the service. However, there was lack of effective leadership to ensure the vision and values were monitored and delivered consistently.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care

Staff told us they felt supported by management and felt confident to raise any issues or concerns and were confident they would be listened to. Openness, honesty and transparency was encouraged and there was evidence to support this in practice. For example, the system and process for managing significant events, some of which were prompted by complaints. However, the complaints system was not robust to ensure the reliable management of complaints that was aligned with the culture in the practice.

We saw evidence that staff had received appraisals and were supported with their personal and professional development. We saw that some of the staff had received training in areas such as equality and diversity training, being open and whistleblowing. However, it was difficult to establish if all of the

staff had received training in these areas as there was no overall recording system in place.

A staff member provided an example of how their confidence had increased as a result of the support and encouragement they had received from the staff team.

A staff member provided an example of how their confidence had increased as a result of the support and encouragement they had received from the staff team.

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff Members	Staff commented that the practice manager and the GP partners were approachable and open to suggestions to improve.
Staff Members	Staff described working well as a team and supporting each other.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Practice specific policies	Policies were available in paper format and on an electronic system which was easily accessible to all staff. Discussion with staff showed understanding and awareness of key policies such as safeguarding and whistleblowing. We looked at a sample of policies and saw they had been reviewed and were up to date for example, the consent policy. However, some policies were not embedded and consistently followed such as the complaints policy.
Clinical Commissioning Groups (CCG) Primary Care Commissioning Framework (PCCF)	The practice engaged with the local Clinical Commissioning Groups (CCG) and had signed up to the CCGs Primary Care Commissioning Framework (PCCF) for 2017/18. This involved working towards a range of standards with an overarching aim to ensure patients receive high quality care and sustainable services.
Meetings	<p>Evidence seen that incidents such as significant events and patient safety alerts were shared and discussed with staff during team meetings.</p> <p>Policies and procedures were discussed and reinforced in team meetings to support the delivery of good quality care. For example, the confidentiality policies and procedures was reinforced to staff following an incident.</p>

	Y/N
Staff were able to describe the governance arrangements	Y

Staff were clear on their roles and responsibilities	Y
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Any additional evidence
There was a lack of effective leadership oversight across both practices and no formal system in place to assess and monitor the governance arrangements in place. This did not ensure a consistent approach in the monitoring of the quality and safety of the service provided. This was demonstrated in gaps and inconsistencies in systems and processes. For example, infection prevention and control, health and safety, the management of patient correspondences and complaints.

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Y*
Staff trained in preparation for major incident	N*

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Medicine Management	The practice had responded to the feedback from the previous CQC inspections in relation to the reviewing and monitoring of patients on high risk medicines, repeat medications and those on a high number of medications. The practice had sustained the improvements made in this area.
Significant Events	The practice had improved the system for reporting and recording significant events. There was evidence of sharing and learning with staff to reduce the likelihood of re occurrence.
Risk Assessments	The practice had undertaken risk assessments for a staff member with historical disclosure and staff undertaking chaperoning duties with a standard Disclosure and Barring Service (DBS) check. The practice was actively working to ensure staff had the correct level of check for their role.

Any additional evidence
*There was a business continuity plan in place however, it was not routinely available to all staff. Staff had not received training in preparation for a major incident although our discussion with staff showed they were aware of what to do in the event of a major incident.
The practice had not proactively identified and managed risks identified during previous inspections. For example, infection prevention and control, health and safety, complaints and the governance arrangements. During this inspection we identified a high number of patient correspondences which were awaiting review. This risk had not been effectively managed by the practice's own quality assurance system.

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Y

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The practice had a patient participation group (PPG). We spoke with two members who provided some positive feedback. However, the members were new to the PPG and had only attended one meeting. At the time of the inspection we did not see evidence of how the PPG had engaged and worked collaboratively with the practice to improve patients experience of the service.

Any additional evidence
The practice had completed an internal survey across both sites, patients were asked specific questions about their experience of getting an appointment and seeing their preferred GP or nurse. The rational for the chosen questions was not clear and it was difficult to see the positive impact on patients experience of the service.
The most recent national GP survey had been published shortly before in August 2018, this was shortly before the inspection in September 2018, at the time of the inspection the practice was aware of the results although had not reviewed it in detail.

Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Improvement
Minor surgery, reviewing consent procedures	Audit highlighted the need to ensure all patients had provided written consent prior to the procedure. This was reinforced with staff undertaking minor surgery. A re audit was undertaken which demonstrated an improvement in obtaining written consent
Medicine audit	Audit prompted by a MHRA alert relating to a specific medicine. Affected patients were identified through searches of the patient record system, patient's medical notes were reviewed and all patients were given the appropriate advice and support.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.

STAR-PU: Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ([See NHS Choices for more details](#))

