

Old Palace Medical Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Old Palace Medical Practice on 28th October 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their 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.

Outstanding elements

- The Coastal Partnership had employed a Pharmacist to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.

Summary of findings

- The practice was part of a pilot scheme led by Norwich Clinical Commissioning Group (CCG) to reduce the amount of acute bed days in both general and psychiatric admissions with positive results.

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

Importantly the provider should:

- Ensure the business continuity plan is reviewed and amended with accurate up to date information
- Ensure during recruitment checks that photographic identification is kept in all personnel files

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Good



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 referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing mental capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

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. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



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 (CCG) 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 quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. The practice's business continuity plan was out of date and in need of review to ensure the most accurate information was held within it. There were systems in place 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 (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and training events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and 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.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

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

Good



Summary of findings

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.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 95% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. 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.

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). 85.7% of patients with dementia had received an annual physical health check and 97.7% of mental health patients had a care plan on their records. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

The practice was part of a pilot scheme led by Norwich Clinical Commissioning Group (CCG) to reduce the number of days patients spent in acute beds in both general and psychiatric care.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing higher than the national and Clinical Commissioning Group (CCG) averages. There were 301 surveys sent out and 101 responses which was a response rate of 34%.

- 96% find it easy to get through to this surgery by phone compared with a CCG average of 73% and a national average of 73%.
- 97% find the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.
- 86% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61% and a national average of 60%.
- 97% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.

- 97% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 90% describe their experience of making an appointment as good compared with a CCG average of 74% and a national average of 73%.
- 79% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%.
- 70% feel they don't normally have to wait too long to be seen compared with a CCG average of 58% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. One card commented on the staff as chatty, friendly and made you feel comfortable and relaxed and another card rated the practice as giving first class care.

Areas for improvement

Action the service SHOULD take to improve

- Ensure the business continuity plan is reviewed and amended with accurate up to date information
- Ensure during recruitment checks that photographic identification is kept in all personnel files

Outstanding practice

- The Coastal Partnership had employed a Pharmacist to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.
- The practice was part of a pilot scheme led by Norwich Clinical Commissioning Group (CCG) to reduce the amount of acute bed days in both general and psychiatric admissions with positive results.

Old Palace Medical Practice

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 adviser and a practice manager specialist adviser.

Background to Old Palace Medical Practice

Old Palace Medical Practice is situated in Norwich in the county of Norfolk. The practice provides services for approximately 3000 patients. It is one of seven surgeries within The Coastal Partnership who look after approximately 29000 patients between their seven sites. There are seven partners managing The Coastal Partnership. They hold a Alternative Provider Medical Services (APMS) contract. They are a training practice and the practice received a Royal College of General Practitioners accreditation in March 2015 which is for individuals and organisations that have developed educational activities/resources or a programme of activities/resources relevant for Continuing Professional Development for GPs and other Primary Care Professionals.

Old Palace Medical Practice has one male GP partner on site, one female salaried GP, one female lead nurse, one female practice nurse and one female health care assistant. The practice also employs a reception lead and six reception staff. The practice manager works between all The Coastal Partnership sites.

The practice's opening times at the time of inspection were; morning surgery from 8.30am until 1pm Monday, Wednesday, Thursday and Friday, with extended hours on a Tuesday morning from 7.30am to 8am. Afternoon surgery

from 1.30pm until 5.30pm on Tuesday and Wednesday and until 6pm on Monday and Friday with extended hours on Thursdays until 7.30pm. The practice has opted out of providing GP services to patients outside of normal working hours such as nights and weekends. During these times GP services are provided by IC24.

Why we carried out this inspection

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time

How we carried out this inspection

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?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Detailed findings

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)

Before inspecting, 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 28 October 2015. During our visit we spoke with a range of staff which included a GP partner, a salaried GP, the practice manager, the lead nurse, the reception lead, two members of reception staff, and we spoke with four patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed 26 comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice kept a database of practice learning points dating back to 2008 and these were checked for trends and discussed regularly at meetings.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System eForm to report patient safety incidents.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that staff could act as chaperones, if required.

All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The lead nurse in the practice 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. Annual infection control audits were undertaken and we saw evidence of the practice's three most recent audits and that action had been taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams and The Coastal Partnerships employed a pharmacist to ensure the practice was prescribing in line with best practice guidelines. The pharmacist was a medicines prescribing trainer and had produced a new framework for GP appraisals to link to prescribing. She had written an indepth Warfarin (a drug that reduces the formation of clots in the blood) prescribing policy. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment

Are services safe?

checks had been undertaken prior to staff's employment. For example, references, qualifications, registration with the appropriate professional body and the checks through the Disclosure and Barring Service. However, photographic identification was not in the files of two members of staff. The practice manager was made aware and confirmed it would be amended.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a

defibrillator available on the premises and oxygen with masks. There was also an accident book available and a new first aid kit was ordered. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included up to date emergency contact numbers for utilities and practice staff but had inaccurate information in parts. The plan was over its review date.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. 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

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99.6% of the total number of points available (557 out of 559 points), with a 12.6% exception reporting. Data from 2014/2015 showed;

- Performance for diabetes related indicators was better than the CCG and England average at 98.8% which was 10.2% above CCG Average and 9.6% above England Average
- The percentage of patients with hypertension having regular blood pressure tests measuring less than 150/90 was better than the CCG and England average at 85.5% which was 0.3% above CCG Average and 2.2% above England Average
- Performance for mental health related and hypertension indicators were better than the CCG and England average at 94.6% which was 4.8% above CCG Average and 7.2% above England Average

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw evidence of five clinical audits, two of these were completed audit cycles where the improvements made were implemented and monitored and the further three were scheduled to be completed. The practice participated in applicable local audits, national benchmarking,

accreditation, peer review and research. Findings were used by the practice to improve services. For example; an audit of antipsychotic prescribing and the patients' access to specialist clinical advice and monitoring was undertaken. The practice then worked with the mental health trust and had multi-disciplinary team meetings to monitor and improve the delivery of patient care and experience. The re-audit was scheduled for completion in December 2015.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months. One practice nurse was being supported to start the nurse practitioner course.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules, in-house and external training.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

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

Are services effective?

(for example, treatment is effective)

treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of their capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who might be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring

advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Smoking cessation advice and alcohol and drug services were available from a local support group.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 84%, which was above the CCG average by 0.9% and above the England average by 2.2%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 97.5% for the practice with the CCG range from 80% to 100% and five year olds from 86.2% to 96.6% and CCG range from 90.6% to 96.1%. Flu vaccination rates for the over 65s were 75.9%, and at risk groups 52.37%. These were both comparable to the national average.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 26 patient CQC comment cards we received contained positive patients' views about the service. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 93% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.

- 97% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 88% 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%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 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.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. The practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example screening programmes, vaccination programmes and family planning. These were led by Clinical Commissioning Group (CCG) targets for the local area, and the practice engaged regularly with the CCG to discuss local needs and priorities.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care.

- The practice offered extended hours on a Tuesday morning from 7.30am and on a Thursday evening until 7.30pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- All clinical rooms had wide door frames and large rooms with space for wheelchairs and prams/pushchairs to manoeuvre.

Access to the service

The practice was open between 8.30am and 1pm Monday, Wednesday, Thursday and Friday and offered extended hours on a Tuesday morning from 7.30am to 8am. Afternoon surgery started from 1.30pm until 5.30pm on Tuesday and Wednesday and until 6pm on Monday and Friday with extended hours on Thursdays until 7.30pm. Appointments could be booked up to 2 weeks in advance with both urgent and routine appointments available on the day with a preferred GP or nurse.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above the local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 96% patients said they could get through easily to the surgery by phone compared to the CCG average of 73% and national average of 73%.
- 90% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 79% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system. Posters were displayed and information in the practice leaflet and on the practice website was available. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Staff were open and transparent when with dealing with the complaint and they worked in line with the practice's own complaints policy.

Lessons were learnt from concerns and complaints and actions were taken as a result to improve the quality of care. For example; a patient was unhappy with a member of staff who was abrupt, the staff member apologised and took the opportunity to reflect on how she communicated to patients, the patient was happy with the outcome and how the matter was handled.

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. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. 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 confident in doing so and felt supported if they did. Staff said they felt respected, valued and

supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. We were unable to meet with the PPG on the day of the Inspection.

The practice had also gathered feedback from staff through an annual staff survey, through staff away days and generally 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. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was part of a pilot scheme led by Norwich CCG to reduce the amount of acute bed days in both general and psychiatric admissions. This included regular virtual multidisciplinary team meetings by the practice, Norfolk and Suffolk NHS Foundation Trust, The Wellbeing Service and Norfolk Recovery Partnership. The pilot had so far demonstrated evidence of early advice and had signposted patients to the formal interventions. They utilised Norfolk First Support (a Norfolk County Council Service) and the admission prevention team to arrange alternative non acute admissions to specialist care for patients. A partner at the practice was working on the CCG Commissioning programme for mental health.